

NOTES OF MEETING HELD AT PORGERA, 18-19 FEBRUARY 2002

Attendees:

Komiti Members

- Sir Alkan Tololo - Chairman
- Dr Graeme Batley - CSIRO (PJV/Placer Technical Advisor)
- Lady Hilan Los - NGO (ICRAF)
- Elizabeth Karava - NGO (National Spiritual Assembly of Baha'is of PNG)
- Evelyn Mopafi - Government alternate for Patricia Pepena (Department of Mining)
- Pete Neilans - Porgera Joint Venture
- Mel Togolo - Placer Dome Asia Pacific
- Michael Wau - Government alternate for Gunther Joku (Department of Environment & Conservation)

Apologies:

- Wep Kanawi - NGO (The Nature Conservancy)
- Dr Charles Mgone - NGO (PNG Institute of Medical Research)
- Michael Kiap - PNG University of Technology (Government Technical Advisor)
- Dr Bob Pidgeon - Independent Expert (Environmental Research Institute of the Supervising Scientist - Australia)
- Dr Michael Rynkiewich - NGO (Melanesian Institute for Pastoral & Socio Economic Service)

Regular Observers:

- Evert van den Brand - Managing Director, Placer Niugini Limited.
- Tim Omundsen - Manager Environment, PJV

Invited Guests (part time):

- Guy Mascord - Consultant to the Department of National Planning and Implementation (Government of Papua New Guinea)
- Dr Cathy Reto - PJV Medical Centre
- Dr Tukutau Taufa - Associate Professor, School of Public Health & Tropical Medicine, James Cook University.

Agenda Item 1

Introductions & Apologies

Introductions made and apologies received. The Chairman took the opportunity to welcome members and encourage effective participation and cooperation in order to respond to the needs of the community and advise the PJV accordingly.

Agenda Item 2

Notes of Previous Meeting

Notes of the previous meeting were noted and accepted.

Agenda Item 3

Action Items / Matters Arising

Action items were dealt with and out of the meeting new action items were included as follows:

Action Item 1

Copies of Dr. Taufa's final report (when received) of his team's investigation of deaths from unknown causes in the Upper Strickland region to be distributed to PEAK and relevant Government agencies (Tim Omundsen/Mel Togolo to action)

Action Item 2

The relevant communities to be informed of the results of the research and remedial actions taken (PJV Medical Centre and PJV Community Affairs)

Action Item 3

The results to be published in a reputable medical journal in Australia (Dr. Taufa to action)

Action Item 4

A draft copy of the Environmental Report be will be distributed to PEAK members before it is finalised. Comments will be gladly received, if PEAK members wish to provide feedback before the report is finalised (Tim Omundsen to action)

Action Item 5

In future PEAK to be briefed on the results of the investigation to be carried out on the absorptive capacity of the natural riverine sediments to take up dissolved metals (Tim Omundsen to action)

Action Item 6

PEAK requested regular update on the progress of mine closure program and activities (Graham Johnson, Mel Togolo and Tim Omundsen to action)

Action Item 7

Update contacts and addresses of PEAK members (Mel Togolo to action)

Agenda Item 4

Environmental Status Report

- PJV continues to be in compliance with government criteria at SG3
- Total rainfall for 2001 was 3,961mm - 7% above average
- Renewal and applications for outstanding Water Use Permits have been granted.
- To date volumes waste rock discharged is 80MT at Anawe and 146MT at Anjolek. Life of mine volumes for Anawe and Anjolek are predicted to be 116.5 MT and 157.3 MT respectively.
- Sediment samples collected from Mamboi River breakthrough.
- A gauging station has been installed at Palaipaka Creek.
- PEAK briefed on monitoring of environmental spills according to predetermined criteria.
- PEAK members briefed on rehabilitation, design of waste dump covers and implementation of waste rock management.
- Report on the Status of action taken by PJV on CSIRO recommendations was given to PEAK and was accepted.
- Work on co-disposal of mine waste and study on in-pit tailings disposal continue.
- An expert in the relevant field will undertake review of possible potential impacts on human health downstream of the mine.

- Draft mine closure plan to be completed December 2002.
- A senior closure-planning officer has been recruited.
- Biophysical and socio-economic aspects of mine closure are currently being catalogued.
- Anawe North LMP explores new sustainability avenues.
- Negotiations of Anawe south LMP at advanced stage.
- Portal resettlement programme completed.
- Long-term economic study of the Porgera Valley was presented to the Government.
- Discussions with churches for an alliance in addressing health issues downstream of the mine have started.
- Social Development and & Youth Section have combined to promote community development.

Agenda Item 4.1

CSIRO Recommendations

A report has been completed by PJV's consultant experts and copies of the Status Report were distributed to PEAK members. PEAK reviewed the report and acknowledged the conclusions of the report. This report will be distributed to relevant government departments and bodies as well as being posted on PEAK's website.

Agenda Item 4.2

Operational Performance

1. · Safety

1.

1. LTI for 2000 and 2001 remain at 6.

LTIF for 2000 and 2001 remain at 0.177.

Serious accidents declined from 149 in 2000 to 76 in 2001.

Serious accident frequency dropped by 50% from 4.30 in 2000 to 2.12 in 2001.

- Gold production was 760, 000 ounces for 2001 but operating cost are likely to increase from \$US218.00 in 2001 to \$US250.00 per oz in 2002.
- Low gold prices have impacted on reserves, which are beginning to decline.
- Surface mine

Final cutback has started under plans for Stage V.

Rehabilitation of pit area has started on the west wall.

After three months negotiations Anawe North LMP has been completed and relocation investment option was accepted.

Drainage tunnel completed and resettlement programme fully implemented.

Increasing safety problem with large numbers of illegal miners encroaching. There have been 3 fatalities of which 2 were in February.

Dept of Mining and Police are doing independent investigations, results are pending.

Steps taken to manage trespassing and reduce confrontations.

- Mill - Acacia reactor installed in the gravity circuit and autoclave circuit made
- Mill - Acacia reactor installed in the gravity circuit and autoclave circuit made record throughput.
- Community affairs

60 PJV families have settled in Paiam town.

Paiam market has been completed and opened to public.

Paiam is now a weapon free zone.

Formation of law and order committee has reduced petty crimes.

Education facilities unable to support influx of families.

Hides power line was damaged. Power was lost for 40 hours.

- Employee relations

Higher turnover of employees in 2001. 19% for expats (14% 2000), 11% for citizen staff (10% 2000) and 19% (15% 2000) for award workers.

Consideration for children's education seems critical in moving families.

Application for short-term visa continues to be a major problem.

- Underground mine

Eastern deeps to come into production soon.

Access to North zone is currently being investigated.

A total of 440,000 ounces over 4 years will be extracted from underground.

Underground exploration continues to be encouraged.

North and Central zones look encouraging.

Agenda Item 4.3

Briefings as required - None was required.

Agenda Item 4.3.1

Long-term Economic Plan

A brief was given to the Komiti on the long-term economic plan of the Porgera valley. It dwelled more on the socio-economic analysis of the region and attempted to predict economic parameters. In part it was based on the Porgera

Sustainability Plan. The plan attempted to cover culture, income generation, demographic changes, social and economic sectors.

The brief noted that the population of the Porgera valley was estimated at 32,980 and growing rapidly. Population growth between 1990 and 2000 was 5.5% per annum higher than the national average of 3.2%. The study predicted that population will decline in future starting at about 2006 as a result of the reduction in mining. The high growth rate in population is impacting negatively on current resources and facilities in education, health and other sectors. Lack of resources and facilities mean 32% of 7 year olds in the Porgera valley are not in school.

Cessation of mining will also mean that current sources of income for the region will drastically reduce. To be sustainable, the region has to be looking at opportunities that are non-mining related or income remittances from outside sources.

Agenda Item 5

Community Consultation

Agenda Item 5.1

World Alliance for Community Health Update

The focus of this project is the Nomad and Mid-Strickland River areas, which are some of the most isolated areas in the country. There are little or no government services in the area.

Malaria, filariasis, enteric parasites, vaccine preventable childhood diseases, high infant and maternal morbidity/mortality rates are endemic and pose big problems for the people.

The update presents some of the findings of the disease prevalent and the conditions observed during the survey. Accessibility to the area is by helicopter, canoes, outboard motor and walking. The treatment area covers 1360 sq. km and approximately 200 km down the river covering 11 villages.

Project owners include;

World Alliance for Community Health (WHO)

Provincial Governments of Western Province, Southern Highlands and Enga.

PNG Institute of Medical Research and Porgera Joint Venture.

There were three stages to the programme;

Stage 1 (July 2000)

Mass Drug Administration (MDA) for malaria and filariasis

Village Health Volunteer training (VHV)

Bed net treatment and distribution

Health education

Medical Clinics, mass immunisation and antenatal checks

Stage 2 (Jan/Feb 2001)

VHV refresher training

Health education

Mass immunisation

Medical clinics

Stage 3 (July 2001)

MDA re-treatment

Follow up survey on disease burden and health status

Health education

Medical clinics

The objective is to develop a collaborative response to reduce existing health problems in the Mid-Strickland area. The focus will be on eliminating:

Hyper-endemic malaria

Endemic lymphatic filariasis

High infant mortality

High maternal mortality

Malnutrition and anaemia.

So far some activities been undertaken included village census, identification and tracing of VHV for training, diseases survey, mass drug administration of albendazole and DEC, mass immunisation of children, maternal health checks, distribution of bed nets and general health checks and treatment of acute illness.

Activities yet to be identified include, identification and tracing of Village Birth Attendants (VBAs).

In the long-term the programme aims to:

Reduce incidents of infection with malaria and filariasis

Reduce prevalence of infection with intestinal parasites

Achieve an immunisation coverage target of 75% of children under 3 years old.

Decrease prevalence of vaccine preventable diseases.

Reduce infant and maternal mortality rates.

Every village to have a trained VBA and VHV.

Every village to have regular supplies of basic medicines.

For sustainability maintain refresher training for VBAs and VHVs.

Agenda Item 5.2

Dr. T Taufu's Report into investigations into diseases in the Strickland Gorge Area.

The aim of the investigation was to determine the epidemiology and possible causes of what was described as a "mysterious disease" (in the Lagaip/Strickland river areas) that caused 42 deaths first reported by two anthropologists, Ms Robinson and Ms Haley in 1998. The symptoms were described as causing "swelling of arms, legs and face, distended abdomen with occasional fever and all victims had bleeding from the nose, mouth and ears". It was said that death followed 24-48 hours later. Villages affected by this "haemorrhagic type" disease were identified for a medical survey. In April 2001, Dr. Taufu's team selected random samples of people in the affected villages to be investigated.

Specimens collected from various villages included; blood, faeces, urine, sputum, water from the Strickland River, Ok Om River and creeks used for village water supplies, rain water from tanks, jaw bone from a dead pig etc. All these were sent to various laboratories in Australia and other countries for analysis.

Particular attention was paid to water as all the stories were invariably linked to the Strickland River as the source of pollution, suggestive of heavy metal poisoning. The most polluted water source was the pristine clear spring from the lime caves of Kunanap. The study also found that, except for the water tank in Bulago village, all drinking water from the rivers, springs and water tanks, used for drinking by the villages studied, were contaminated by bacteria.

The study also pointed out that heavy metals were not responsible for the deaths as was often alleged by the communities and the media. People don't die from heavy metals by washing in a river, which may be carrying heavy metals. For example, the dead pig did not die from heavy metal poisoning as shown by laboratory tests carried out on the jawbone.

Despite the fact that typhoid is out of control in the Highlands provinces, the study did not find any evidence of it in the areas surveyed.

Tests carried out for dengue fever were, however, interesting. From the serological ELISA tests done for flavivirus, it showed that there was dengue in the area surveyed and the haemorrhagic components fits in well with the signs and symptoms described by the villagers. Of those infected by dengue, 33% were females and 67% were men. It is first time in PNG for the haemorrhagic type dengue to be found.

Of even more interest were the results of virological tests for Scrub Typhus. This was of complete surprise to the investigating team as no such cases of Scrub Typhus had previously been recorded in PNG. This is the first. The area surveyed had undergone an epidemic of Scrub Typhus. People surveyed from selected villages showed significant positive signs of Scrub Typhus and spotted fever. Symptoms of deaths described by villagers fit in well with symptoms of Scrub Typhus. In Egali and Yokona villages alone 70% and 60% respectively of those surveyed were positive with Scrub Typhus.

The report recommends that the people are informed of the findings and preventative measures are taken to avoid future outbreaks. For example, the use of impregnated bed nets and the administration of tetracyclines and chloramphenicol to people infected by the disease.

It also recommends that a medical/entomology team be tasked to establish the exact life cycle of Scrub Typhus.

Agenda Item 5.3

Porgera Valley HIV/AIDS Intervention Programme

Dr. Cathy Reto of the PJV Medical Centre gave a brief on this programme. HIV/AIDS is an emerging and serious public health problem. It affects the body's immune system and brings about slow death to a person. It is a serious problem in PNG and increasing at an alarming rate. The brief described its causes and how it is passed on from person to person. It highlighted some of the risks and the disease's evolution in PNG. It also highlighted the fact that it is already in the Porgera Valley; 22 cases in 2001 and between 1998 and 2001 a total of 48 cases.

What are the aims of the intervention programme?

Placer Dome wants. "to combat HIV/AIDS at the workplace and the impact communities around its operations....."

The main objective is to provide as much awareness and education as possible. Within PJV this will be done through the following;

- Tool box meetings
- Induction of new employees
- Talking to interest groups on invitation
- Postures, pamphlets, billboards
- Promotion and distribution of condoms
- Voluntary screening for HIV
- Treatment, tracing and follow-up of STI
- Social support and counselling
- Building local partnerships

And outside the PJV

- Establish Porgera District HIV/AIDS Council with and inclusive membership to plan and monitor programme
- Awareness through women's association, youth groups churches, schools and village councillors.
- Ensure PJV rep to be on Enga provincial HIV/AIDS Council
- Involvement of PNG Institute of Medical Research to tap existing programmes, skills and resources.

PJV's approach is to collaborate with other sectors in addressing HIV/AIDS as a public health concern.

Agenda Item 6

Recommendations

Nil

Agenda Item 7

PEAK Reporting

None

Agenda Item 7.1

Annual Report

The draft of the Annual Report was accepted and approved. It will be printed in Porgera's Sustainability Report for 2001.

Agenda Item 8

Administrative Issues

Return travel arrangements were clarified.

Agenda Item 9

Any Other Business

Request for update of contacts and addresses of members. This will be done and distributed.

Agenda Item 10

Future Meetings

The next meeting of the Komiti will be in Port Moresby on Monday 14 and Tuesday 15 October 2002.