



***National Environment Protection
(Ambient Air Quality) Measure***

**Summary of Submissions
received in relation to the
Discussion Paper
on Setting a PM_{2.5} Standard
in Australia**

June 2002

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1 INTRODUCTION

There were 52 submissions in response to the discussion paper:

- 16 from industry and consultants;
- 8 from state government agencies;
- 1 from local government;
- 3 from academics; and
- 24 from community groups and individuals.

A full list of submitters is included as Attachment 1.

Submissions from state government departments were referred to state Jurisdictional Reference Network (JRN) representatives. These submissions will be considered during the development of the NEPM variation, but are not included in this document.

The discussion paper outlined a number of key issues:

- methods of setting a standard;
- health effects of PM_{2.5};
- exposure assessment;
- options for the form of the NEPM variation; and
- monitoring.

This summary document addresses each of these points by providing a short overview of the issues raised in the Discussion Paper, a summary of the submissions and the Project Team's response to the views expressed in these submissions.

2 METHODS OF SETTING A STANDARD

2.1 KEY ISSUES

The Discussion Paper outlined three broad approaches to standard setting:

- risk assessment;
- adopting standards from overseas; and
- advice from an expert panel.

QUESTIONS 1 AND 2

Which of the approaches described should be used to set a standard?

Are there other approaches to standard setting that should be considered in the development of a PM_{2.5} standard?

Submissions

In general, there was strongest support for a risk assessment approach. Qualitative and/or quantitative approaches to risk assessment were given various levels of support by different submitters.

Submissions from community members overall favoured the use of risk assessment, indicating a preference for the use of USEPA dose-response relationships for both long term and short term mortality.

The industry submissions were generally supportive of risk assessment, but noted that the usefulness of risk assessment depended on the quality and relevance of input data. Submissions 13 and 46 indicated that gathering reliable data was an essential precursor to undertaking risk assessment.

Three industry submissions expressed a preference for the use of an expert panel, employing elements of a risk assessment approach to develop standards and taking into account overseas experience.

Several submitters noted the difficulties of applying overseas standards in Australia, as different patterns of emissions, geographic features, climate and life styles will all have an impact on how relevant those standards may be in the Australian context.

One submission (29) raised a concern that whilst risk assessment can be useful as an objective means of developing a standard, resources and time may constrain the ability to achieve this end. This submission noted that reviewing the applicability of overseas standards offered a relatively cheap method that may produce acceptable results.

Several submitters outlined approaches that combined elements of the proposed alternatives. Submissions 32 and 42 both supported the use of risk assessment. Submission 42 recommended that a pragmatic assessment of what could be implemented in Australia in terms of management strategies be undertaken, while submission 32 recommended that any standard derived from a risk assessment be compared with overseas standards to check for consistency.

In considering overseas standards, one submission (13) noted that the UK had chosen not to set a standard for $PM_{2.5}$ as the PM_{10} standard was determined to adequately address $PM_{2.5}$.

Two submissions (43 and 45) raised a concern that the US $PM_{2.5}$ standard had been dismissed from consideration as it was higher than the existing Australian PM_{10} standard. Submission 43 also expressed the view that risk assessment would appear to be the most objective method of setting a standard but raised concerns regarding the paucity of Australian data and recommended that a phased approach to setting a $PM_{2.5}$ standard be adopted.

With regard to alternative approaches to setting standards, 18 submissions from individuals or community groups expressed a strong view that separate standards should be developed for both short term and long term health endpoints. This issue is considered under the responses to Question 6.

Two industry submissions (33 and 43) indicated that a staged approach to setting a standard for $PM_{2.5}$ was desirable. Submission 33 also indicated that it is premature to set a standard *per se* and that a guideline would be preferable in the first instance. Under this model, the first stage would be to set an interim guideline with requirements to gather data for later use in a more comprehensive health based risk assessment. These views are relevant to Question 14 and are considered in that section.

One submission (40) proposed that the USEPA approach to risk assessment for particles be used for the NEPM variation.

Response

Given the support received through consultation, the Project Team has proceeded with a risk assessment methodology in the setting of standard for PM_{2.5}.

3 HEALTH EFFECTS

3.1 KEY ISSUES

The Discussion Paper outlined the potential health impacts from PM_{2.5} identified in recent research. Drawing on these, the paper recommended that a range of short-term health end points be considered in the preparation of a health risk assessment:

- daily mortality – all cause, respiratory and cardiovascular causes;
- daily hospital admissions – respiratory and cardiovascular disease, asthma, chronic obstructive pulmonary disease (COPD);
- emergency room attendances – respiratory and cardiovascular disease, asthma, COPD;
- increases in respiratory symptoms – cough, wheeze; and
- decreases in lung function.

The Discussion Paper listed dose-response relationships for each of these endpoints, as a % increase in the prevalence of the symptom for each 10ug/m³ increase in PM_{2.5}.

The Discussion Paper also suggested that consideration needs to be given to whether additional protection of public health would be afforded by an annual average standard to protect against potential long term effects.

Susceptible subgroups within the population who are more sensitive to the effects of air pollution were identified in the Discussion Paper. These subgroups include people with existing respiratory and cardiovascular disease, people with respiratory infections such as pneumonia, the elderly, asthmatics and children.

QUESTION 3

Are the health endpoints in this Discussion Paper appropriate as a basis for a PM_{2.5} standard in Australia?

Submissions

Seven submissions (including academics, industry and government agencies) indicated support for the short term health endpoints identified in the Discussion Paper. One submission suggested that the endpoint for mortality should include lung cancer in light of a recent US study.

Six submissions (3, 13, 33, 34, 37, and 50) raised similar concerns about the nature of the health impacts from PM_{2.5}. The common thread in these responses was that whilst health impacts had been established, the impact could be a consequence of particle mass, number, chemistry and/or composition and that more research is necessary to better understand that link. One submission (13) cited a study by CONCAWE (Report 99/60) which found that 'PM_{2.5}, at normal ambient levels or those seen during episodic pollutant increases, pose limited if any risk to normal healthy subjects. Individuals suffering from cardiorespiratory disease or predisposed to other respiratory diseases such as asthma may be at risk of developing adverse responses to exposure to increased ambient levels of PM_{2.5}, but more robust evidence was required to substantiate this'.

Twenty submissions, mostly individuals and community groups, expressed a desire for the NEPM variation to address long term as well as short term exposure. This is addressed in the response to Question 6.

Response

Given the support provided for the short term health effects identified in the Discussion Paper, the Project Team consider these effects appropriate for the development of a PM_{2.5} standard.

QUESTION 4

Are there any other sensitive populations that need to be considered in setting a standard for PM_{2.5}?

Submissions

Fifteen submissions responded to this question. Of these, eight agreed that the list of susceptible subgroups contained in the Discussion Paper was comprehensive.

Other sensitive groups proposed by submitters were people:

- who spend a substantial part of their time outdoors in areas where particle levels may be elevated, such as urban park workers (33);
- with allergies (40 and 44);
- with chemical sensitivities (44);
- living in areas where air quality is generally worse (40 and 44); and
- living in areas adjacent to industrial estates, and subject to noxious industry (eg high temperature incineration, oil recycling, paint shops) especially where there is a 'combined effect' with PM_{2.5} (40 and 44).

One submission (46) expressed a view that 'the scale of air sheds and the diversity of population and their health quality make this an impossible task. It also ignores the impacts of indoor air pollution which has been acknowledged as in general being higher in concentrations and posing higher risks than outdoor ambient conditions'.

Response

The sensitive subgroups identified in the Discussion Paper are taken to be adequate. The health studies that will be relied upon for evaluating a possible standard will be reviewed to assess whether there are data available on exposure for the other groups that have been suggested.

There are no reliable data currently available to assess the impacts of 'combined effects'.

QUESTION 5

To what extent should Australian effect estimates be used in developing a standard for PM_{2.5}?

Submissions

Nine submissions responded to this question with a wide variety of views. Two submissions (3 and 6) were of the view that Australian effect estimates should be used as far as possible.

One submission (32) indicated a preference for using Australian data, whilst comparing it to overseas research to determine the focus of future research, confirm trends shown by Australian data and close gaps in Australian research. Submission 48 also preferred the use of Australian effect estimates as far as possible along with international data whilst giving Australian findings higher weighting.

One submission (28) recommended that if overseas estimates are used, some validation of those results and further study in Australia should be undertaken.

One submission (29) drew a distinction between health effects estimates that either (a) use Australian exposure data and overseas dose response relationships to estimate Australian health effects, or (b) use Australian health data and exposure estimates to infer the dose response relations. One submission (29) noted that results for studies that have inferred dose response relationships (as in (b) above) are contradictory, and recommended that further research be undertaken to clarify those uncertainties.

Response

The majority of available health effects data is from overseas studies as only limited data is currently available in Australia. These data will be reviewed to determine whether they are appropriate to be used in the Australian context and will be supplemented with Australian data where available.

QUESTION 6

Should consideration be given to setting a long term (ie annual average) standard for PM_{2.5}?

Submissions

Twenty-six submissions expressed support for a long term standard.

Many of these submissions referred to the recent staff recommendation from the Californian Environmental Protection Agency to set a long term annual average standard for PM_{2.5}, and other recent studies. One submission (45) stated that the results of studies on long term effects cannot be discounted, supporting the adoption of both 24 hour and annual average standards.

Another submission (32) argued that an annual average was more appropriate to deal with occasional high levels of PM_{2.5} that may be generated by local weather and geography.

Six submissions (all industry, including two from peak groups for the mining industry and one mine) argued that it was either inappropriate or premature to develop a long term standard at this time. The common argument was that current health research is not sufficiently robust to demonstrate a health impact from PM_{2.5} from long term exposure.

One submission (28) stated that standards based on annual means should be considered.

Another submission (29) noted that 'though it is widely accepted that there are both short term and long term health effects of particles, it does not follow from this that a long term standard for PM_{2.5} is needed.'

Response

As a consequence of the strong view in the submissions that a long term standard should be considered, a panel of health experts was convened to provide advice to the Project Team on this issue. This panel supported the view in the submissions that a long term standard should be considered. The Project Team will be giving consideration to the development of an annual average standard in addition to a short term 24 hour standard.

QUESTION 7

Should USEPA or WHO data be used for dose response relationships for PM_{2.5}?

Submissions

Twenty-seven submissions responded to this question. Almost all of the submissions agreed with the use of USEPA or WHO data, with caveats that the limitations of each be recognised. The general thrust of all the responses was that an appropriate combination of dose response relationships be used, based on an assessment of the applicability of overseas data in the Australian context with the use of relevant Australian data where available. Many of the submissions reiterated the view that long term health outcomes need to be considered, and as the WHO dose response relationships only cover two health outcomes, the USEPA relationships for long term impacts would be appropriate.

Response

The Project Team will be reliant on overseas data due to the paucity of Australian dose response relationships. The use of these overseas data will be validated against existing Australian studies and the applicability of the overseas studies in the Australian context (taking into account demographics, climate, particle levels, etc).

4 EXPOSURE ASSESSMENT

4.1 KEY ISSUES

The Discussion Paper reviewed options for assessing the exposure of the Australian population to concentrations of fine particles and proposed a way forward that:

- relies on exposure to ambient air (therefore not including indoor air measurements or measurements of personal exposure);
- assesses the exposure of populations considered to be 'at risk' – children, the elderly and those with pre-existing illness;
- draws on existing data – the question here is whether existing data sets using nephelometry (an instrument that measures particles by the degree of light scattered by the particles) or a technique that measures the mass of the particles is preferred. There is an extensive nephelometry data set available for a number of Australian jurisdictions; and
- whether modelling can be used, based on existing data, to estimate the concentration of particles across urban areas.

QUESTION 8

Is an exposure methodology based on ambient concentrations a reasonable approach?

Submissions

Thirty submissions expressed support for using ambient concentrations in assessing exposure.

A number of these submissions noted that there are confounding factors which make the application of ambient concentrations potentially problematic. These concerns are:

- high degrees of spatial variability in particle concentrations and composition (43);
- limitations of monitoring technology that may underestimate exposure (12); and
- a general lack of adequate data in Australia (45).

Issues raised about measurement techniques are further addressed in the following questions.

Response

The concern about the reliability of the data is noted. The Project Team will undertake an exposure assessment using available ambient data, noting the qualifications on the data and reflecting these in the reporting of the exposure assessment.

QUESTION 9

Can available data from major urban areas be used to represent other Australian cities and regional areas?

Submissions

Two submissions (9 and 25) supported this approach, although submission 9 noted that care should be taken when selecting these areas. One submission (40) was of the view that there are already sufficient data to obtain a reasonable estimate of annual exposure for most of the Australian population, relying on the use of nephelometry data for regional centres.

More generally, responses to this question indicated some concern about the usefulness of applying data to different areas. One submission (29) expressed the view that urban areas can be represented by appropriate modelling, but regional areas can probably not be represented adequately. A number of submissions noted that it may be necessary to use nephelometry data to estimate typical exposures for regional centres exposed to woodsmoke in winter (such as Canberra, Launceston, Armidale and Wagga).

One submission (19) expressed the view that similar residential areas affected by woodsmoke may be comparable, but other areas, such as the tropics where dry season burns may dominate emissions, may require a different approach.

Six submissions (32, 33, 38, 42, 43, and 49) argued that it was not possible to use data from some urban areas to represent others. Submission 42 noted that this is underlined by the wide variation in the proportion of PM₁₀ to PM_{2.5} between cities reported in the Discussion Paper. Submission 49 noted that further correlation of nephelometry data to gravimetric data was an essential precursor to doing this.

Response

The Project Team intends to undertake exposure assessment based on existing data sets for those Australian cities where data is available. The Project Team notes the limitations of current monitoring data and the uncertainty of extrapolating the results of any exposure assessment from one area of Australia to another. However, this approach is the same as that used in other countries (eg USA) and is considered appropriate.

QUESTION 10

Are the Australian fine particle mass databases a reasonable representation of ambient PM_{2.5} exposures? Could this be supplemented with modelling to provide better estimates?

Submissions

Fourteen submissions indicated that the particle mass databases alone were not adequate and should be supplemented with the use of the long term data sets provided by nephelometry data (see also Question 11). These submissions, however, do not question the validity of the particle mass data, but argue that it should be supplemented with the nephelometry data.

Two submissions (29 and 49) thought that the particle mass data sets were adequate for urban areas, but probably would not be adequate for regional centres.

Submission 33 was of the view that it is not possible to answer this question, as the impact of indoor exposure is not known, nor are the processes by which fine particles form in, and are removed from, the atmosphere sufficiently understood.

Response

Existing mass based measurements will be used for the risk assessment process. Nephelometry data will be used for comparison purposes with any proposed standard, for regional areas and other urban areas.

QUESTION 11

Should light scattering coefficient data (from network nephelometers) be used as input to the exposure assessment? If nephelometry data are to be used, is the number of nephelometry stations enough to represent the ambient conditions in Australian cities and regional areas?

Submissions

Seventeen submissions responded in support of using nephelometry data in setting a PM_{2.5} standard (many of these were the same respondents who mentioned this issue in answer to Question 10). The common argument in these submissions was that there is sufficient nephelometry data to use as the basis for an exposure assessment, particularly as this is the only long term data set for many places, especially country centres.

Two submissions argued strongly against the use of nephelometry data. Submission 29 argued that overseas standards are based on particle mass and although correlations are available between PM_{2.5} and the light scattering coefficient used in nephelometers, the exact nature of the relationship depends on the chemical composition of the particles which will vary. This submission argued that long term data sets are required to develop the calibrations and those data sets need to reflect diurnal, seasonal and annual variations. Submission 45 expressed a similar view.

One submission (32) indicated that nephelometry data should only be a tool to provide direction for further study.

A number of submissions were equivocal about the use of nephelometry. Submission 33 indicated that nephelometry could be considered as a surrogate for mass-based data only in those airsheds where correlations were established.

One submission (1) expressed the view that the correlation between the two broad data types had been sufficiently developed to allow the use of nephelometry data provided that the calibration formula chosen also accounted for city and seasonal variations.

Response

See response to Question 10.

QUESTION 12

Which of the Australian databases (nephelometry and gravimetric monitoring data) is sufficient for exposure assessment? Could they be combined? If so, why/how?

Submissions

A number of submissions suggested combining all available data using linear regression analysis.

One submission (29) noted that the available data could be used to undertake exposure assessments but that the results would not be robust.

One submission (33) also expressed the view that neither data set provides sufficient coverage for representative exposure assessment, but if the recognised shortcomings of nephelometry data can be addressed, the data sets could be combined.

Submission 43 echoed this view and stated that a clear understanding and assessment was required of the potential measurement errors with each method as a function of sites, season and particulate composition.

Response

See response to Question 10.

QUESTION 13

Is a more detailed exposure model, and therefore more detailed data (eg personal exposures, indoor air) required to help establish a PM_{2.5} standard?

Submissions

Two submissions (46 and 48) argued that the model used needs to take into account all components of personal exposure. One submission (33) noted that indoor exposure cannot be dismissed, but for logistical reasons accepted that a PM_{2.5} standard could be based on representative ambient data.

Otherwise, the general response to this question was that a more detailed model was not required as a precursor to setting a standard. Some responses indicated that indoor exposure was an important consideration, but that this could be addressed in a staged approach. Some responses also noted that the available health studies rely on ambient air quality.

Response

The exposure assessment will be based on ambient concentration data as the health associations which will be used have been derived from epidemiological studies that use ambient particle concentration data. In these studies, no attempt has been made to account for the influence of indoor air quality. It is also noted that the health effects to be considered vary in response to fluctuations in ambient concentrations. Further, management strategies used in the implementation of the NEPM variation would necessarily focus on ambient air quality, as indoor air is not monitored or regulated.

5 OPTIONS FOR THE FORM OF THE NEPM VARIATION

5.1 KEY ISSUES

Three options for the form of the NEPM variation were proposed in the Discussion Paper:

1. a standard and compliance goal with a specified monitoring and reporting protocol (reflecting the approach in the existing Ambient Air Quality NEPM);
2. an advisory reporting standard which would require monitoring to be undertaken and results to be reported, but the monitoring approach would be flexible and there would be no compliance goal; and
3. reporting against a protective health value with no prescribed monitoring or reporting requirements.

QUESTION 14

Which is the preferred option for the variation to the Ambient Air Quality NEPM?

Submissions

Twenty-two submissions preferred Option 1. These were primarily community groups and individuals as well as two academics and one industry submission (6). The reasons for supporting Option 1 were:

- it appears to be the most sensible way of tackling the problem;
- consistency with the existing Ambient Air Quality NEPM; and
- it should not be more expensive than the existing standard for PM₁₀, providing that monitoring only takes place for either PM₁₀ or PM_{2.5} at any one site – with the choice of whether to monitor for PM₁₀ or PM_{2.5} relying on which, if either, standard were likely to be exceeded at that site.

Thirteen responses preferred Option 2 – mainly industry groups or individual enterprises. The reasons for supporting Option 2 were:

- the significant costs of monitoring under Option 1 and more realistic monitoring costs under Option 2;
- lack of information on the nature and sources of PM_{2.5} makes compliance with Option 1 problematic as there is insufficient certainty in targeting sources to achieve compliance and justify possible costs; and
- Option 3 would not address the present position of inconsistent or incomplete data.

Only one submission supported Option 3, on the basis that existing information was not sufficient to set anything more stringent.

One submission (3) argued that none of the options were viable.

Response

The support for and concerns raised about the various Options are noted and will be taken into account in the development of the NEPM variation and the Impact Statement.

QUESTION 15

Are there other options, or variations within the presented options, that provide a suitable form for the NEPM variation?

Submissions

Only one submission was made in response to this question, which was the notion of an investigation level whereby, if the level is exceeded, further action is triggered in relation to the specific sources and the likely impacts of emissions from those sources in a particular airshed.

Response

See response to Question 14.

6 MONITORING

6.1 KEY ISSUES

The Discussion Paper noted that the development of a standard monitoring methodology for $PM_{2.5}$ is essential for the NEPM variation, and that any method used must be able to report against a mass based standard.

The Discussion Paper identified particle monitoring techniques that are currently used by regulatory agencies in Australia, as well as providing some examples used overseas, and provided an indication of the relative costs and resource implications.

QUESTION 16

What are the appropriate methods for measuring $PM_{2.5}$?

Submissions

Twenty-five submissions responded to this question, ranging from support for a number of different methodologies (TEOMs, nephelometers and high volume samplers) to support for just one particular method.

All but one submission supported the use of gravimetric/mass based methodologies, with a number of these raising technical issues in relation to the use of the various monitoring equipment. A few submissions stipulated the use of methodologies that are recognised by (or can be calibrated against) the USEPA Federal Reference Method. One submission suggested that particle count and to a lesser degree nephelometry should be considered.

A number of submissions supported the use of continuous monitoring.

Other submissions supported the use of methodologies for which a reliable conversion equation can be derived to convert the measurements into what would have been recorded on a Hi Vol Sampler. One submission (32) raised concerns about the use of nephelometers and the high dependence on calibration/conversion factors. Another submission (5) suggested that the use of nephelometers could supplement the use of the USEPA Federal Reference Method.

One submission (42) suggested that the recommendation of one particular piece of equipment is not possible at this stage, however comparability of data between jurisdictions, and with overseas data, must be paramount if there is to be real certainty in relation to dose response relationships. Submission 43 suggested that the choice of monitoring methods is a significant problem, as they all appear to have limitations.

One submission (46) considered that better cost-effectiveness information on each method is required before a decision can be made.

Another submission (49) recommended that an expert panel evaluate the most appropriate method(s) and protocols for PM_{2.5} measurement.

Response

The general support for a gravimetric/mass based measurement technique in developing the monitoring and reporting protocol is noted.

Noting the complexities raised in relation to monitoring methods, the Project Team convened a panel of monitoring experts from jurisdictional environment protection agencies to discuss the monitoring issues raised in the submissions. The panel reinforced the views expressed in the majority of submissions.

QUESTION 17

Are there other practical measurement techniques that should be considered?

Submissions

Sixteen submissions specifically addressed this question.

An orthogonal nephelometer was suggested as an alternative measurement technique by ten submitters, while another submitter suggested the use of a particle counter (by laser light scattering).

One submission (43) noted that ongoing work undertaken by regulatory authorities, such as the USEPA, in this area should be reviewed.

Response

The views expressed in the submissions have been noted. See also the response to question 16.

ATTACHMENT 1 - LIST OF SUBMITTORS

Submission Number	Submittor
1	Andrew Chan
2	Turnkey
3	Lear Siegler
4	Paul Smith
5	Louis du Plessis
6	Western Power
7	CABRA
8	Frank Stanton
9	Russel Hertel
10	Petra Sorensen
11	Bicycle New South Wales
12	Koonung Mullum Forestway Association
13	Australian Institute of Petroleum
14	Margaret Day
15	Michael Yeates
16	Anthony Morton - Monash University
17	Rodney G Stevenson
18	Tony Laffan
19	John Denlay
20	EPA Queensland
21	Bronwyn Laing
22	Suzanne Gordon
23	Transport SA
24	South Australian Government Agencies
25	The Australian Lung Foundation
26	Brisbane City Council
27	Department of Primary Industries, Water & Environment (Tas)
28	University of the Sunshine Coast
29	CSIRO Atmospheric Research
30	Tooher Smart & Assoc

Submission Number	Submittor
31	Rod Munro
32	OneSteel – Whyalla
33	Pacific Power
34	Carter Holt Harvey
35	Lloyd Lyons
36	Department of Environmental Protection
37	Philip Clark
38	Edward Campbell
39	Department of Conservation & Land Management
40	Armidale Air Quality Group
41	Queensland Conservation Council
42	Extractive Industries Association (Vic), Clay Brick & Paver Association (Vic) and Cement Industry Federation
43	Kalgoorlie Consolidated Gold Mines
44	Allergy, Sensitivity & Environmental Health Assoc (Qld)
45	Clean Air Society of Australia & NZ (NSW)
46	Australian Environment Business Network
47	Transport WA
48	Alcoa World Alumina – Applecross
49	BHP Billiton - Iron Ore (WA)
50	Minerals Council of Australia
51	Department of Human Services (Vic)
52	The Coastwatchers Association