Lung Diseases in the Mining Industry

by D. Miner

The establishment of the Pneumoconiosis Field Research Programme and the surveillance of occupational lung disease in this industry represents an important event in my area of study.

Without disease surveillance it is impossible to track the causes of occupational illness in an industry. Were it not for the registry, miners’ lung diseases may have been blamed on their smoking habits as opposed to the contribution of coal dust. The surveillance programme certainly established the need to compensate miners for coal workers’ pneumoconiosis (CWP) – a disease characterised by the progressive scarring of the lungs. The program also pointed to the potential success of the new control technologies and dust regulations in reducing disease. Had the mines stayed open, the surveillance program could have looked at the question of whether or not mechanisation led to increased dust levels and more disease.

The surveillance programme also allowed for the assessment of miners’ disabilities and the potential effect of closing the mines. As one study noted, 35.6 per cent of disabled miners had lung disease. However, only a third if these men had registered for the disability. These data were collected in 1967 - the actual numbers may in fact be much higher due to inherent underreporting and an increase in disease rates over time before the 1975 regulations.

Lastly the surveillance programme also established that miner’s lung diseases such as chronic bronchitis and emphysema were related to work in the mines as well as to smoking. A system of compensation has been established after successful law suits

Although the hazards of coal mining are truly more incredible than I could have imagined, the United States would learn a great deal if the disease surveillance system was more rigorous there.
Useful References


Temple, D. Durham Miners’ Millennium Book


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