GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH RESEARCH

LOK SABHA
UNSTARRED QUESTION NO. 1049
TO BE ANSWERED ON 05TH DECEMBER, 2025

HEALTH IMPACT ON MINING WORKERS

1049. SHRI VISHNU DAYAL RAM:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has conducted any studies on the health impacts of living near mines and collieries and if so, the details thereof;

(b) the details of the provisions in place for periodic health check-ups, screening, and medical assistance for these populace;

(c) whether there is coordination between the Ministries of Coal and Health for mitigation and healthcare delivery in mining zones in the country; and

(d) if so, the details thereof?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI PRATAPRAO JADHAV)

(a): Indian Council of Medical Research (ICMR) has informed that National Institute of Occupational Health (ICMR-NIOH), had carried out following studies which assessed health impact on vicinity community near mines and collieries:

A study was carried out upon the coal field workers and the residents living in the vicinity of coal mines of Northern Coalfields Limited. A total of 1202 subjects were included in the health monitoring study which included 559 workers working on the direct mining activities and 303 employees working in supporting and supervisory activities of Northern Coalfields limited selected by proportionate stratified random sampling method and 340 residents in the immediate vicinity of the mines. In the resident groups 3.0% reported cough. Similarly, among residents the other symptoms included tiredness (2.7%), backache (4.2%), headache (2.1%) and digestive disturbances (1.8%). The abnormal pulmonary function test pattern reported among workers, supervisors and community were 14.3%, 10% and 7.8% respectively. The chest X-ray showing the findings of interstitial lung fibrosis was observed in 2.5% miners, 2.3% supervisory workers and 2.7% residents in the vicinity of mines. Blood mercury analysis was done on 237 mining workers, 94 supervisory workers and 138 residents. When compared to the permissible level of mercury in blood i.e. <5.8µg/dl it was found that 6.8% subjects in mining group and 8% in the residents group had blood

mercury levels higher than Permissible Exposure Limit (PEL). None of the subject in supervisory group had higher than PEL levels of blood mercury.

Another study assessed lead levels in air, water, and children's blood, along with medical and psychological evaluations of 298 exposed and 154 control children residing near the Rampura Agucha Mine, Hindustan Zinc Limited, Bhilwara, District, Rajasthan. Air and water near mining areas met Central Pollution Control Board (CPCB) lead standards. The mean blood lead levels were higher in exposed group (Male:7.7 ± 3.5 μg/dL, Female:8.56 ± 3.49 μg/dL) than control group (Male:6.12 ± 2.68 μg/dL, Female:4.63±3.51 μg/dL). No cases of lead toxicity were found among the examined children. Physical growth and IQ scores were similar between exposed and control groups, indicating no observed impact from the lead exposure levels. Overall, lead exposure in mining areas showed no detectable health effects in children.

In yet another study in and around operating units of National Aluminium Company Limited (NALCO), a total of 428 subjects from Angul and Damanjodi communities and workers from smelter, captive power plant, mines, and refinery were assessed. The respiratory impairment among the community people were Angul Community 2.35% and Damanjodi Community 2.04 %.

(b) to (d): Ministry of Coal has informed that Coal India Limited (CIL) and its subsidiaries regularly provide the healthcare facilities to the persons living in nearby villages of mining area. Health Camps and healthcare facilities mainly focuses on screening and general healthcare, eye checkup camps, immunization camps, maternal and child health management camps, tuberculosis detection and management camps through "Pradhan Mantri TB Mukt Bharat Abhiyan". Cancer detection camps, Thalassemia detection camp, mental health consultation and stress management systems are given utmost importance. CIL engages mobile medical vans to provide healthcare facilities with doctors and trained staffs for providing medical care to far flung villages and for the backward communities and regions specially. Surgeries are conducted regularly at different hospitals for local villagers at no cost basis or with very minimal charges. CIL and its subsidiaries have a total of 64 hospitals including 16 central hospitals and 300 dispensaries spreading across 8 states, and is staffed by 1060 Doctors, 940 Nurses and around 2301 Paramedical Staffs, with 3600 hospital beds, 494 ambulances and 18 mobile Vans. These healthcare facilities are available to all local populace also on mostly no cost basis or with a nominal fees. Further, various initiatives from Corporate Social Responsibility (CSR) funds are undertaken by Coal India Limited (CIL) and its subsidiaries to provide healthcare services to the populace residing in mining areas. These efforts include periodic health screening camps, operating Mobile Medical Units (MMUs), creation of healthcare infrastructure, providing financial assistance for medical equipment in existing hospitals and projects targeting specific diseases.

Similarly, NLC India Limited (NLCIL) has established comprehensive health-care arrangements for project-affected population across its project area in the states of Tamil Nadu, Rajasthan, Odisha and Jharkhand. It provides for the consultations by specialist doctors and awareness programs on hygiene, nutrition, and preventive healthcare.

The Singareni Collieries Company Limited (SCCL) has stated that the most of the communities residing in areas surrounding the Coal Mines are residential colonies of employee families and they

are having near access to Company Hospitals and Dispensaries. A total of 12 Occupational Health Centers are functioning in area hospitals located near the mining areas. These centers facilitate periodic screening for occupational diseases. Identified cases are placed under surveillance to monitor disease progression and ensure compliance to prescribed medication. SCCL operates 7 area hospitals, including the Main Hospital, and 21 dispensaries across the coal belt. These facilities provide medical services to employees, their families, retired personnel, spouses, and civilians affected by the projects. Area hospitals offer specialty care and 24/7 emergency services. Surgical procedures and maternal & child health (MCH) services are routinely performed. Memorandums of Understanding (MoUs) are in place with corporate hospitals for tertiary care services. Mobile medical camps are regularly conducted in residential colonies of project-affected areas as part of SCCL's Corporate Social Responsibility (CSR) initiatives. Patients requiring tertiary care are referred to corporate hospitals for advanced treatment.

The Department of Health & Family Welfare, Government of India provides technical and financial support to the States/UTs under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD). The Chronic Respiratory Diseases (Chronic Obstructive Pulmonary Disease (COPD) & Asthma) are an integral part of NP-NCD. The programme includes strengthening infrastructure, human resource development, health promotion, screening for common NCDs i.e. diabetes, hypertension and common cancers (oral, breast and cervical), early diagnosis and management and referral to an appropriate level of healthcare facility

Ministry of Coal and Health Ministry have an effective coordination and communication. Regular meetings take place between the State/District/Health Authorities and Coal India subsidiary Authorities for implementation of different Govt. Programmes which are primarily targeted for the benefit of population living in nearby mining Zones in the country.

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