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Our study suggests that proximity to heavy coal truck traffic subjects these communities to chronic exposure to coal dust and leads us to conclude that there is an urgent need for new regulations to address the primary sources of this particulate matter.

Many chemicals are being introduced into mining operations and awareness of potential toxic exposures and new diseases not previously reported in the mining industry must become part of the surveillance system by mine management and labor safety committees.

Surface coal mining and processing impose public health risks on residential communities through air and water pollution.

Exposures associated with MTR mining included reports of PM levels that sometimes exceeded Environmental Protection Agency (EPA) standards; higher levels of dust, trace metals, hydrogen sulfide gas; and a report of increased public drinking water violations.

The main result revealed that coal-mining county residency increased the probability of dying from NMRD.

Coal mining activities may increase residential exposure to polycyclic aromatic hydrocarbons (PAHs), but personal PAH exposures have not been studied in mining areas.

The reported assessments are too meager, and at times contradictory, to make definitive conclusions about population cancer risk due to coal mining. However, the preponderance of this and other data support many of Hill's criteria for causation.

The toxic trace elements such as Cr, Cu, Mn, Pb, Ti, Cd, Co, Th, Fe, Al, and Mo caused non-carcinogenic risk with high morbidity in children than adults. By assessing environmental risks, coal and coal wastes caused high risk, food and plants faced moderate to high risk, while mountain and agriculture soil are prone to low to considerable risk. The pollution in Hancheng County is extreme as compared to the countryside. The study concluded that the contamination is geogenic in both the areas but coal mining enhance the metals contamination and has extensive impacts on the living community and environment of Hancheng areas.

Coal-mining areas are characterized by greater socioeconomic disadvantage, riskier health behaviors, and environmental degradation that are associated with reduced HRQOL.

Chronic risk or health index (HI) values were observed < 1 for all PHEs and in the order of Pb > Cr > Cd > Ni > Cu > Co > Zn. Higher HI values of Pb, Cr, and Cd could attribute to various chronic health problems as observed during the medical examination survey of this study. Cancer risk (CR) values for this study were observed within the US Environmental Protection Agency (EPA) limits. However, if current practices continued, the PHEs will cross these limits in a near future. Therefore, this study strongly recommends the provision of safety measures, rules, and regulation to avoid health hazards in the future.

After covariate adjustment, the persistence of a mining effect on low-birth-weight outcomes suggests an environmental effect resulting from pollution from mining activities. Air and water quality assessments have been largely missing from mining communities, but the need for them is indicated by these findings.

Children in opencast communities were exposed to a small but significant amount of additional PM10 to which the opencast sites were a measurable contributor. Past and present respiratory health of children was similar, but GP consultations for respiratory conditions were higher in opencast communities during the core study period.

Research priorities to reduce Appalachian health disparities should focus on reducing disparities in the coalfields. The human cost of the Appalachian coal mining economy outweighs its economic benefits.

There is a positive association of GRO with hospitalisations due to circulatory diseases (1.022, 99% CI: 1.002-1.043) and respiratory diseases (1.031, 95% CI: 1.001-1.062) for the whole of Queensland.

The prevalence of obesity and BP consistent with hypertension in this population of coal miners is substantial, indicating a need for cardiovascular health interventions in coal mining communities.

Coal and coal seam gas mining have impacts on the water and sediment quality in the proximity of the mining areas, increasing the concentrations of heavy metals downstream of the mine discharge points.

Soil heavy metals harm ecological biodiversity and human health, and quantifying the risks more accurately is still obscure.

The limited public health studies available focus primarily on the impacts of coal mining and do not measure personal exposure, constraining the ability to identify causal relationships between environmental conditions and public health.

Higher chronic heart, respiratory and kidney disease mortality in coal mining areas may partially reflect environmental exposure to particulate matter or toxic agents present in coal and released in its mining and processing.

We analyse mining- and coal-related air pollution in a contested socio-political arena, where residents, civil society and local government groups struggle with corporations and state government over the burden of imposed health risk caused by air pollution.

Metal levels in two fish species from a waterbody impacted by metallurgic industries and acid mine drainage from coal mining in South Africa

The dust particles act as centres of catalysis for many of the chemical reactions taking place in the atmosphere. Characteristics and effects of the pollutants have been discussed. An estimate of the dust generated and discharged into the atmosphere can be made by using emission factor or prediction type equations. It is disirable that this exercise is to be undertaken in planning stage so that adequate and appropriate mitigating measures can be incorporated into the project at least cost.

In order to protect public health and crops from soil heavy metal (HM) contamination at a coal mining area in Henan, central China, HM pollution investigation and screening of autochthonous HM phytoextractors were conducted.

Small intestinal neuroendocrine tumors (SINT) are rare with incidence increasing over the past 40 years. The purpose of this work is to examine the role of environmental exposures in the rise of SINT incidence … We report a spatial cluster central to historic coal mining communities, associated with a 2.86 relative risk (p = 0.016) of SINT.

Symptoms across multiple organ systems were related to residential proximity to mountaintop removal mining.

[I]ncreases in extractive activity are associated with net increases in county-level total, cancer, and infant mortality in the long run, and at very high levels of activity, and are strongly impacted by coal mining activity. Additional analysis is required regarding the short- and long-run mechanisms, but the paper provides preliminary evidence that extractive activity and local community pollution are positively related.

MTM activity is significantly associated with elevated chronic CVD mortality rates.

We found little evidence for associations between living near an opencast site and an increased prevalence of respiratory illnesses, or asthma severity. Some outcomes such as allergies, hayfever, or cough varied little across the study communities.

Putative risk factors from the Scottish studies include increased paternal age in AD men and coal mining as paternal occupation in both AD and vascular dementia. Migration effects suggest that environmental factors in high-incidence AD areas are important during adult life.

Obstruction was the most common abnormal spirometric pattern among all miners (16.9%). Coal miners were more likely to demonstrate an obstructive pattern and report chronic bronchitis symptoms than non-coal miners (adjusted odds ratio [OR] = 1.24, 95% confidence interval [CI]: 1.03, 1.48; and OR = 1.47, 95% CI: 1.24, 1.75, respectively). These associations remained significant among never smoking miners.

Our results demonstrated significant relationships between ecological integrity and human cancer mortality in West Virginia, and suggested important effects of coal mining on ecological communities and public health. Assessments of ecological integrity therefore may contribute not only to monitoring goals for aquatic life, but also may provide valuable insights for human health and safety.

Surface coal production, however, was significantly related with RHR ($P < 0.05$).

Rural coal mining areas had higher total, cancer, and respiratory disease mortality rates.

Life loss from cancer is higher in the steel-producing communities; whereas life loss from respiratory diseases and lung cancer is higher in the coal mining communities. These (and other) decompositions of life loss disclose patterns in health deficiencies that give rise to etiologic hypotheses and provide clues and directions for prevention and interventions.

silica is a significant component of the respirable environment: in coal mining (which has an excess of gastric cancers) with variations in silica exposure;

Radiation hazard of coal-slags

Coal mining is big business in the B.C. Rockies. It could get bigger if these projects are approved

Air Pollution Emissions 2008–2018 from Australian Coal Mining: Implications for Public and Occupational Health

Coal Mines Clouding America’s Air