

COPD and Compensation Claims: Every Miner has their Story

Sherry Mongeau, Ph.D., MA, BA

Disclosure of Affiliations, Financial Support, & Mitigating Bias

Affiliations:

1) Laurentian University:

- Member, Centre for Research in Occupational Safety & Health

2) NOSM University:

- Interim Director, Learner Support Services

Rationale

COPD

- ▶ **the primary cause of COPD** includes long-term exposure to lung irritants, and **the primary irritant is tobacco smoke**
- ▶ however, recent research studies have shown that **occupational exposures** (e.g., organic and inorganic dusts, chemical agents, fumes, and respirable quartz) **are also associated with the development of COPD**

Occupational Exposures

- ▶ **whenever people inhale airborne dust at work, there is a risk for occupational disease**
- ▶ hazardous dust in the workplace includes mineral dust from the removal and the processing of minerals (these often contain silica, which is particularly dangerous); metallic dust (e.g., lead and cadmium); other chemical dust (e.g., bulk chemicals and pesticides); and pollens, moulds and spores
- ▶ the 2019 Global Strategy for Diagnosis, Management, and Prevention of COPD report included occupational dusts, organic and inorganic, to be among the risk factors for COPD development
- ▶ **it remains essential that an occupational history be taken** for all individuals assessed for respiratory diseases

Impact (psychosocial, occupational, financial, and physical)

- ▶ **COPD causes physical and mental suffering, impairs patients' quality of life**, limits their functions within the family, and influences the whole family's functioning
- ▶ a significant element in COPD patients' management is the disease severity, which influences the patient's prognosis, quality of life, and limitations of life activities

Workers' compensation

- ▶ COPD is classified as an occupational disease included in long latency WSIB illness claims
- ▶ workers' compensation claims are one source of data for occupational diseases in Ontario and Canada and are used to monitor and track hazardous exposures in workers exposed to high hazard occupations such as mining
- ▶ **occupational COPD is likely under-diagnosed and under-compensated**

Research Objectives

To explore the impact (i.e., psychosocial, occupational, financial, and physical) of chronic obstructive pulmonary disease on some underground workers in the minerals industry in Northeastern Ontario

To describe underground mineral workers experiences with the Ontario workers' compensation claim process

To describe physician and union compensation representative experiences working with underground mineral workers diagnosed with occupational COPD and their experiences with the Ontario workers' compensation claim process

Study Methods

qualitative narrative
study design

16 underground
mineral workers

Northeastern
Ontario – Sudbury,
Timmins, Kirkland
Lake, Matachewan

Verbatim
transcription

In-person, in-depth,
semi-structured,
telephone
interviews

Braun & Clarke
reflexive thematic
analysis

Research Findings

- COPD is exhausting
- I cannot breathe
- I smoked; I did not think I could get compensation
- The compensation process is a joke
- We need people to fight for us
- Working in the mine is a dirty job – we did not know any better
- Doctors do not know anything



Results - COPD is exhausting

“I go shovel some snow, and I have to stop. I hold the shovel, and I look around, and people think I am just looking around, but **I have to stop because I cannot breathe.**”

“I stopped hunting and fishing. **I stopped doing everything because I could not breathe,** I could not get enough air.”

“**Just having a shower takes my breath away,** and I have to sit down for 15 to 20 minutes just to catch my breath.”

Results – I cannot breathe

“I do not have enough air. When I am talking to you, I have to take deep breaths just to talk to you. I run out of breath easily. Breathing is the hardest thing; I just have a hard time breathing. Being out of breath all the time, you cannot breathe; it is **like having an elephant on your chest.**”

“Like you have no strength when you have no oxygen, trust me, it is not a fun thing; everything is a pain in the ass; **it is not a fun disease.**”

Results - I smoked; I did not think I could get compensation

“I was not even thinking about compensation for my COPD. When I told my NP that I was going to submit it, she said that was fantastic. **It had never come up in conversation with my doctor about submitting a claim to compensation.**”

“cigarettes were the answer, and there was no going either way; **cigarettes were the problem.**”

“The doctor asked what kind of work I did, and she said, oh you work lots with diesel equipment, and I told her yes and she said that it did not help, and she asked if I smoked, and I said yes, and she said **well your smoking did not help, and that is your number one contributor to your lung disease.**”

Results - The compensation process is a joke

“As far as I am concerned, it is a farce; it is a joke. I had a **hard time getting my claim approved** because doctors did not want anything to do with compensation, and if you did get a doctor to complete the form, you went through a lot of bull. I just get pissed off thinking about it. It is not easy for anybody. **It seems that if you have something legit, it does not work, but if you are a phony and know the ropes, you get approved.**”

“I fought for my compensation claim; I was rejected. I told the case lady at compensation I did not care. I have good people who will help me and every time I have been rejected, I have fought it and I won, and I will beat you too. I am not letting this go. They scare people off with their tactics, so they do not have to deal with them. Sadly, it has to come down to that. Compensation says I was not exposed enough, well how exposed do you have to be? **I worked for 22 years in the mine; do you have to die in order to be compensated?**”

Results – We need people to fight for us

“You do not dare fight the big companies; **they have better lawyers** than you do; you would not dare fight.”

“If you do not have a **doctor who protects you**, you are a dead fish out of water. You will not have a leg to stand on. If you have a good representative, then they will fight for you. You have to find a good doctor who will **acknowledge** your position; otherwise, you will not stand a chance. Everything needs to be **documented**. If your doctor is on your side, it makes a big difference; they are **willing to fight for you**.”

Results - Working in the mine is a dirty job – we did not know any better

“It was a **dusty, dirty hole**. When you came up from underground, you would blow the crap out of your nose for two days afterward. It was **dark, dismal and very dusty**, and you could **smell the diesel fumes all the time**. **Underground was a hell hole**; it was dusty and when you went home and blew your nose, it was always black.”

“The dust was so bad underground that you would have it in your armpits, groin, and butt. **The grit would get in there and almost scald you like sandpaper. It would get so bad you would bleed.**”

“The old miners we know, we know what we faced, **mining is a tough job**, and this job was not for everybody; it is a dangerous job. However, **when you have no education**, and you have kids and a mortgage over your head, **you have no choice.**”

Results - Doctors do not know anything

“When you talk to a doctor, **they do not know anything about working underground**; they do not know what it was like to breathe in that stuff, so the doctor does not support me.”

“I was having difficulties, so I went to see a lung doctor, and he said you have COPD. So, **I said, well, that has to be due to when I worked in the mines** because I was breathing a lot of diesel and dust, and he said, are you a smoker, and I said, well I used to be a smoker, but I quit; the doctor told me that **no doctor would say that COPD was due to the exposure in the mines.**”

Discussion

- ▶ participants (underground mineral workers) shared emotional and passionate stories about their experiences as an underground mineral worker diagnosed with occupational COPD and the compensation claim process
- ▶ it was clear that they had similar challenges when dealing with the compensation claim process, including frustration about a lack of understanding about the compensation claim process and feeling unsupported by the healthcare system when attempting to document COPD as an occupational illness with the compensation system
- ▶ taking an occupational history would help identify possible relevant exposures
- ▶ occupational lung illnesses are frequently ignored, misdiagnosed, and misattributed to non-occupational causes
- ▶ living with COPD is a burden for most individuals
- ▶ participants (underground mineral workers) understood that smoking was a significant contributor to COPD; however, they emphatically expressed that they believed working in the mining industry and being exposed to dusts and fumes contributed to their COPD

Discussion

- ▶ there are multiple but little-studied barriers at the physician level
- ▶ some of these barriers include physicians' attitudes to lifestyle factors, especially smoking, their perception of their role in occupational health, and workload
- ▶ smoking status reduced the number of referrals for compensation made by general practitioners resulting from a lack of understanding that the combination of cigarette smoking and occupational exposures greatly enhanced the risk for occupational respiratory illnesses
- ▶ healthcare providers were only focused on the fact that they previously smoked and would not consider occupational exposures as a confounding factor for developing COPD
- ▶ many participants (underground mineral workers) in this study initially faced denial of their claim by the compensation office
- ▶ participants (underground mineral workers) specifically spoke about being punished by the compensation office because they were smokers, and they did not feel it was fair to cut their compensation payment in half because they were smokers
- ▶ enhanced education could help mitigate the barriers associated with being diagnosed with COPD as an occupational illness, submitting a compensation claim, and ultimately the worker's long-term well-being

Study Strengths

first study to explore the experiences of underground workers diagnosed with COPD as an occupational illness across Northeastern Ontario

adds to the existing literature by providing insight and reflecting on the experiences of underground mineral workers in Northeastern Ontario diagnosed with occupational COPD and the compensation challenges

the ability to capture in-depth perspectives of underground workers diagnosed with COPD who all had direct experiences with the compensation claim process

underground mineral workers, union compensation representatives, and medical participants were keen on seeking changes to improve the compensation claim process

Study Limitations

only collecting data from male participants such that female underground workers could enhance the data by providing a different perspective

a small sample size

the possibility of selection bias from only participants who were faced with negative encounters with the compensation process

recall bias

researcher bias

language, as interviews were conducted only in English, and there are Francophone workers in the area (most participants were Francophone), race, and culture

Conclusions

- ▶ this study **supports findings from previous qualitative work** on occupational COPD and the compensation claim process experiences
- ▶ this study gives a **deeper understanding of previously identified issues of living with occupational COPD** and suggests why individuals act in the way they do
- ▶ this study **brings awareness that the main challenges** for occupational COPD are **workplace hazards, the lack of early detection**, and the constraints towards recognizing COPD as an occupational disease
- ▶ this study **suggests that physicians** need to be aware of and **report cases about occupational respiratory hazards**
- ▶ identifying methods for **early detection** and **monitoring occupational COPD** should be a priority for public health research
- ▶ there needs to be a **revamp of the compensation system** where the burden of proof does not rest on workers' shoulders
- ▶ while smoking is a significant cause of COPD, this study contributes to the research that indicates that **exposure to hazardous workplace toxins could be linked to the development of COPD**
- ▶ public health agencies must continue to provide **education about the importance of smoking cessation** and work towards **maintaining safe and healthy workplaces** by providing adequate ventilation and proper respiratory protection

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