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COMPENSATION FOR SILICOSIS, ASBESTOSIS, AND OTHER FORMS OF PNEUMOCONIOSIS

I. REVIEW OF LEGISLATION[1]

Scope

This paper deals with special provisions concerning compensation for pneumoconiosis[2] found in the legislation of 29 countries. Twenty-five of the countries whose legislation is reviewed have been invited to be represented at the 1950 I.L.O. Conference of Experts on Pneumoconiosis. In addition, the legislation is included of four other countries which have ratified international Convention No. 42 and have submitted annual reports since the war on their application of this Convention.

The paper covers four Far-Eastern countries - Australia, China, India and New Zealand - three in the Near or Middle East - Egypt, Iraq and Turkey - and one in Africa - the Union of South Africa. Five Latin-American States - Brazil, Chile, Cuba, Mexico and Peru - and two in North America - Canada and the United States - come under review, while the remaining 14 are European - Belgium, Czechoslovakia, Denmark, France, Hungary, Ireland, Italy, Luxembourg, Netherlands, Norway, Poland, Sweden, Switzerland and the United Kingdom.

Three of the countries covered - Australia, Canada and the United States - are federal countries in which legislation dealing with compensation for employment injury and occupational disease is a State or Provincial responsibility. In the case of these countries, the paper deals only with the chief mining States or Provinces. It may be noted, however, that all seven of the Australian States have legislation providing compensation for some form of pneumoconiosis; seven of the ten Canadian Provinces (the exceptions being New Brunswick, Prince Edward Island and Newfoundland) have such legislation; and more than three-fourths of the 48 States of the United States have laws dealing either explicitly or generally with compensation for industrial dust diseases.

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[1] This part of the paper is reproduced as it was presented to the Conference. The second part, "Texts of Laws and Regulations" has been brought up to date by the Office.

[2] Except where the context indicates otherwise, the term "pneumoconiosis" is used throughtut this report in a generic sense in reference to any pulmonary disease resulting from exposure to dust during employment.

In the case of Australia, the legislation summarised is that of New South Wales, Queensland, Tasmania and Western Australia. The Provinces of Nova Scotia, Ontario and Quebec are dealt with in the case of Canada. In the United States the eight States of Illinois, Kentucky, Minnesota, New York, Ohio, Pennsylvania, Utah and West Virginia are covered.

It is not intended to make an exhaustive summary of all provisions of the general compensation laws applicable to pneumoconiosis; to do so would require a paper of much greater length and of very different form. In those respects, therefore, in which laws applying to pneumoconiosis on the one hand and to employment injuries or occupational diseases in general on the other, are similar, the paper does not undertake to set forth their substantive content. It is rather concerned with special provisions relating to compensation for pneumoconiosis and with significant differences in the countries covered between compensation provisions in general and those for pneumoconiosis in particular. The data have accordingly been selected from amongst those likely to possess the greatest utility for a discussion concerned not with standards for compensation of occupational disability in general but with the deviations from such standards considered desirable in respect of pneumoconiosis.

Prevalence of Laws for Compensation of Pneumoconiosis

Legislation providing compensation for victims of pneumoconiosis exists in 26 of the 29 countries dealt with in this paper. There are three States where no national legislation of this type appears to be in effect - China, Egypt and India. The following points must, however, be noted in respect of these countries. India at present makes no provision for compensation for any form of pneumoconiosis, but the Government's five-year plan of labour welfare envisages an amendment of the Workmen's Compensation Act to include such diseases as silicosis. In addition, Mysore State has its own scheme of compensation for silicosis. The China Social Relief and Assistance Act, 1943, provides for assistance to those persons who are physically or mentally disabled as a result of sickness, injury, etc., and for the education and training of the disabled. The Industrial Accident Law of Egypt does not apply to occupational diseases but a draft law concerning compensation for such diseases is under consideration.

In the following countries compensation for silicosis, asbestosis and/or other forms of pneumoconiosis is granted by including them in the list of occupational diseases which are placed on the same footing as industrial accidents in workmen's compensation laws: Australia (Queensland and Western Australia), Brazil, Canada (Ontario, Quebec), Chile, Cuba, Czechoslovakia, Denmark, France, Hungary, India (Mysore), Iraq

Ireland, Italy, Luxembourg, the Netherlands, Norway, Peru, Poland, Sweden, Switzerland, Turkey, the Union of South Africa (as far as the Workmen's Compensation Act is concerne the United Kingdom and several States of the United States.

In Belgium, Sweden and three States of the United State Illinois, Pennsylvania and Utah - a special law provides for compensation for injury caused by occupational diseases. In New Zealand the Workmen's Compensation Act applies also to a worker "who contracts any disease, if the disease is due to the nature of his employment". Similar general coverage exists in the United States in Illinois and Minnesota.

In five cases compensation for pneumoconiosis is provid under two different schemes.

In Australia the Workers' Compensation Act, 1920-1929, of New South Wales excludes from compensation diseases cause by silica dust, but special provisions for persons suffering from pneumoconiosis are made under the Workers' Compensation (Broken Hill) Act, 1920-1929, which covers workers engaged i the Broken Hill mines, and under the Workers' Compensation (Silicosis) Act, 1942, which applies to all other workers. Western Australia provisions in the Worker's Compensation Ac place scheduled diseases on the same footing as industrial accidents. Pneumoconiosis and miners' phthisis are mentione on this list. Mineworkers who, under the Act relating to th relief of mineworkers, are prohibited from employment on the ground that they have been suffering from both tuberculosis and silicosis, or from silicosis in an advanced stage, are entitled to compensation in accordance with the Workers' Compensation Act. They are not entitled to any benefit under the Mine Workers' Relief Act until they have received in full any compensation to which they are entitled under the Worker Compensation Act.

In Belgium the Act providing compensation for injury caused by occupational diseases covers this risk in certain listed industries; underground mining is not mentioned in the list but the Miners' Pensions Scheme provides for invalidity pensions for miners who have ceased employment on account of sickness.

New Zealand provides compensation under the Workmen's Compensation Act for any disease that is caused by employment but not for workers who are entitled to a miner's benefit under the Social Security Act, 1938.

In the Union of South Africa the Silicosis Act provides compensation for miners, while the Workmen's Compensation Act lists as the only occupation where silicosis is recognised as an occupational disease "excavation work", from which mining has been explicitly excluded.

Forms of Pneumoconiosis covered

The laws of the 26 countries mentioned above as possessing legislation dealing with compensation for pneumoconiosis exhibit a certain degree of diversity in the specific types of diseases (and of the occupations where these diseases are considered to be of an occupational character) for which compensation is provided. Some of the laws appear to apply to a wider range of diseases than others. This apparent difference may be due in part to the use of dissimilar terminology to identify the diseases. Differences in natural resources and types of production, such that exposures to certain kinds of noxious dust is greater in some countries than in others, may also account for some of the differences in the scope of legislation, as far as specified occupations or industrial processes are concerned.

In international Convention No. 42 concerning workmen's compensation for occupational diseases (Revised 1934) silicosis is mentioned in the "list of diseases and toxic substances" as -

> "silicosis with or without pulmonary tuberculosis, provided that silicosis is an essential factor in causing the resultant incapacity or death".

This phrasing is used in the national legislation of Cuba, Hungary, Iraq, the Netherlands, Norway and, with slight alterations, Poland.

The Second International Conference on Silicosis, held at Geneva in 1938, reaffirmed the conclusion reached by the 1930 Conference at Johannesburg that "silicosis is a pathological condition of the lungs due to inhalation of silicon dioxide". This definition seemed inadequate for compensation purposes and various other forms are to be found in the legislation of certain countries. It must, however, be remarked that many of these definitions, although they may stipulate certain procedures of investigation, seldom give an exact definition of what is meant by silicosis or pneumoconiosis as compensable occupational diseases.

"Silicosis" without further specification is compensated in Canada (Nova Scotia), Luxembourg and the United States (Ohio, Pennsylvania, Utah and West Virginia), with or without tuberculosis in Italy, and under certain conditions in India (Mysore) and the Union of South Africa. In Kentucky (United States), silicosis is subject to voluntary insurance by the employer.

"Asbestosis" is compensated in Czechoslovakia, Italy, the United Kingdom and Pennsylvania (United States), "siderosis" in Chile, Czechoslovakia and Mexico[1]. "Byssinosis" is compensated as an occupational disease in Chile and under certain conditions in the United Kingdom.

"Pneumoconiosis" is compensated as an occupational disease in New South Wales (Australia), Belgium (Act respecting occupational diseases), Quebec (Canada), Czechslovakia, New Zealand (Social Security Act) and Peru, while "silicosis and pneumoconiosis" are separately mentioned without further specification in Tasmania and Western Australia (Australia) and Ontario (Canada). "Silicosis and other dust diseases" are compensated in the State of New York (United States).

However, the use of the word "pneumoconiosis" is misleading in some of the legal texts and does not provide the general coverage of all dust diseases which the term suggests. In New South Wales (Australia) the Broken Hill Act uses the term pneumoconiosis, but this applies only in the Broken Hill mines, where the actual risk is that of exposure to silica dust. In the Workmen's Compensation (Silicosis) Act, compensation is limited to diseases caused by the inhalation of silica dust. In Belgium, similarly, the industries and processes listed in which pneumoconiosis is considered to be an occupational disease are those where the noxious agent is in fact silica dust. In the Quebec law (Canada) pneumoconiosis is defined as being due to exposure to siliceous dust and is limited to silicosis and asbestosis. The Czechoslovak National Insurance Law uses the term "pneumoconiosis caused by quartz and iron dust" and compensates asbestosis as a separate item in the schedule. The definition used in New Zealand states that miners' phthisis (the former expression for silicosis) means pneumoconiosis, and pneumoconiosis is actually limited to silicosis.

A more general coverage of dust diseases is found in Australia (Tasmania and Western Australia), Brazil, Canada (Ontario), Chile, Mexico, the Union of South Africa, the United Kingdom and the United States (New York). In Mexico the general expression "other lung diseases due to the inhalation of dust" follows a list of some specific dust diseases, while in the Union of South Africa the definition of silicosis - "any form of pneumoconiosis due to the inhalation of mineral dust" - does not limit the cause of the disease to siliceous dust only.

A general coverage of occupational diseases - thus including pneumoconiosis - is found in a few countries, viz. in Belgium, where the Mines Pension Scheme compensates for invalidity generally without making special provision for occupational diseases, and in New Zealand, where the Workers' Compensation Scheme covers all diseases contracted in any employment to which the scheme applies and due to the nature of such employment. The laws of various States of the United States are exclusively of the "blanket type", i.e., they authorise compensation, defined in general terms, without listing particular diseases. In various parts of the laws of Illinois and Minnesota which are based on this principle, however, silicosis, asbestosis and any disease complicated with tuberculosis are expressly referred to.

In some countries occupational diseases are classified according to the substance which causes the disease: viz. Denmark and Sweden - the inhalation of stone dust; France - the inhalation of free silica and asbestos; Switzerland - diseases due to silica or quartz.

Special symptoms are enumerated in the legislation of a number of countries.

The Italian Act includes "bronchitis and emphysema and repercussions of the circulatory apparatus" among the symptoms of the disease.

Radiographic symptoms are described for defining the ante-primary and the primary stage of the disease in Tasmania (Australia), Italy, and Ohio and Utah (United States), while Czechoslovak and French laws mention "typical X-ray indications" without more detailed specifications. The pathological condition of the lungs is described as fibrous (or fibrotic) in Quebec (Canada), France, Italy, the United Kingdom, and Ohio and West Virginia (United States); less precisely defined requirements exist in the legislation of the following: Tasmania (Australia) - ante-primary stage: "earliest detectable specific signs; primary stage: "definite and specific physical signs". Mysore (India) - ante-primary stage: "earliest detectable specific physical signs"; primary stage: "definite and specific physical signs"; secondary stage: the same terminology is used as for the primary stage, but serious and permanent incapacity for work must exist. West Virgina (United States) - first stage: "earliest detectable specific signs"; second stage: "definite and specific physical signs"; third stage: "silicosis accompanied by active tuberculosis"; the Union of South Africa - first stage: "earliest symptoms of silicosis"; second stage: "moderately marked specific signs"; third stage: "marked specific signs", in the Silicosis Act 1946, and "pathological condition of the lungs" in the Workmen's Compensation Act.

Functional disturbances are specified in Czechoslovak and in French legislation (in the latter dyspnoea is particularly mentioned).

Coincidence of other diseases with silicosis is covered in certain countries.

The text of Convention No. 42 mentions the combination of silicosis and tuberculosis, and stipulates that silicosis should be the essential factor causing incapacity or death. The countries which include this clause in their national legislation are mentioned above. In Brazil and Czechoslovakia compensation is given for complication with tuberculosis in diseases caused by dust; in the latter case it is provided that where the silicosis is "accompanied by pulmonary tuberculosis, the tuberculosis shall be treated as pneumoconiosis for purposes of compensation", and a separate item of the schedule prescribes the compensation of silicosis or siderosis "in conjunction with

In the Mysore (India) Silicosis Rules "silicosis with active tuberculosis" is considered to be secondary-stage silicosis, and in West Virginia (United States), complication of silicosis with active tuberculosis of the lungs is classified as third-stage silicosis.

In Australia "tuberculosis" is compensated as an occupational disease in New South Wales and Queensland for workers who have worked as miners for a certain number of years. Similar provisions exist under the South African Silicosis Act, which authorises compensation for tuberculosis without silicosis for workers who have been employed in a dusty occupation for a prescribed period.

The French law compensates infectious complications of silicosis, whether tuberculous or otherwise, if silicosis has contributed to such complications. The same law mentions cardio-vascular complications of silicosis as a compensable disease.

Occupational Restrictions on Compensation

Since the Convention concerning workmen's compensation for occupational diseases requires that "compensation shall be payable to workmen incapacitated by occupational diseases, or, in the case of death from such diseases, to their dependants, in accordance with the general principles of the national legislation relating to compensation for industrial accidents", it is obvious that compensation is limited in terms of the occupational source or derivation of the disease, and the dust disease to be compensatable must be contracted in, and/or be due to, the nature of the employment. This limitation is expressed in the second column of the schedule in Article 2 of the Convention, opposite "silicosis": "Industries or processes recognised by national law or regulations as involving exposure to the risk of silicosis".

The laws of some countries do not confine the granting of benefits for pneumoconiosis solely to victims who have been employed in specifically designated occupations or have been exposed to designated substances. In Denmark, New Zealand, Norway, Sweden and Switzerland compensation for occupational diseases is granted to all insured persons, or to workers in all operations covered by the Workmen's Compensation Act. In Czechoslovakia pneumoconiosis is recognised as an occupational disease in "undertakings in which insured persons are exposed to the said danger" (of inhalation of noxious dust). Iraq does not mention any specific occupations in its schedule, and the Act covers all workers in industrial undertakings.

The listed occupations in the legislation of the other countries (see the second part of this paper, "Texts of Laws and Regulations") include a great variety of the processes and occupations, but they relate to a few branches of industry

only - mining and other occupations involving the handling of stone or rock, manufacture of ceramic products, foundry work, manufacture of abrasive powders, cleaning and polishing operations by sandblast. Mining is the only operation covered in New South Wales and Tasmania (Australia). In the Union of South Africa mining operations are covered under the Silicosis Act, excavation works under the Workmen's Compensation Act.

Other Qualifying Conditions

Apart from the requirements regarding past employment in specified occupations as described above, most laws specify certain conditions which victims of pneumoconiosis must meet before qualifying for benefit. National practice in this respect is summarised below under four separate headings - minimum duration of prescribed employment, location of qualifying employment and residence requirements, time lapse of qualifying employment, and other conditions.

Silicosis regulations exist either in separate acts or in special sections of general acts which specify the difference in treatment from other occupational diseases. The legislation of some countries provides compensation for workers suffering from silicosis even when no definite incapacity for work exists.

Minimum Duration of Qualifying Employment

About one-third of the countries covered in this report have special provisions fixing a minimum length of time during which workers must have been engaged in certain prescribed employments or exposed to specified risks in order to qualify for benefits in case of pneumoconiosis. Some other countries have comparable requirements which apply, however, to all occupational diseases. Some countries do not specify any minimum period of exposure, and for a few the relevant information is not available. It should be noted that a few countries having special regulations concerning pneumoconiosis require that the qualifying employment should be continuous; in others, it is cumulative.

The shortest minimum period of prescribed employment appears to be that mentioned in the law of Queensland in Australia; it requires at least 300 days of employment where the worker has been continuously resident in the State for five years immediately preceding incapacity or death, or 500 days where he was resident for a period from five to seven years. In four cases legislation normally requires at least two years in the specified type of employment. Ontario (Canada) provides that a victim must have been actually exposed to silica dust in his employment for two years. In the United States, both West Virginia and Kentucky require exposure to dust for at least two years, the latter also requiring that

no part of the said period shall be more than five years prior to the last exposure. The United Kingdom provides that an aggregate of two years of employment in a prescribed occupation is necessary to create a presumption that pneumoconiosis is due to the nature of the victim's employment (see below for byssinosis requirement).

Employment as a miner for a total period of at least two and a half years is needed to qualify for pneumoconiosis benefits under the New Zealand Social Security Act. Three years of exposure to dust is a condition of eligibility under both the Belgian occupational disease law and the Ohio law in the United States. Pennsylvania, in the latter country, requires aggregate employment in an occupation having a silica or asbestos hazard of at least four years, falling within a period of eight years preceding the date of disability.

In six cases a normal minimum requirement of at least five years in specified types of employment is laid down as a condition for benefit. Tasmania in Australia specifies that victims shall have been engaged continuously in prescribed operations for at least five years immediately prior to ceasing employment. In Canada, both Nova Scotia and Quebec require exposure to inhalation of dust in employment during periods of at least five years; the latter Province authorises the Board to pay compensation regardless of when disability arises, however, if brought about through exposure to dust in industry and if the victim has had no other exposure outside the Province. A similar provision for administrative exception exists in France where the normal qualifying condition is employment during one or more periods in a specified process for at least five years; this may be reduced to two years on certification by a specialist in pneumoconiosis that the victim suffers from silicosis having a premature functional manifestation. In the United States the law of Minnesota provides that silicosis and asbestosis shall be presumed to be due to the nature of the victim's occupation if he has been exposed to the inhalation of silica or asbestos dust during the preceding five years; compensation is payable for shorter periods of exposure only if there is "conclusive evidence" that disability or death was caused by the disease. Utah requires a minimum total period of exposure to dust of five years, which must be within the ten years immediately preceding disablement.

Invalidity pensions under the Belgian Miners' Pension Scheme are subject to periods of service varying from 10 to 20 years according to the age of the insured person; the minimum service and age conditions are waived, however, if the claimant has worked in occupations covered by the scheme for all but one year (or less) of his working life. The United Kingdom requires compensable victims of byssinosis to have spent at least 20 years in prescribed types of employment.

Location of Qualifying Employment

Nearly all of the State and Provincial laws of the federal countries included in the report expressly require that the prescribed minimum periods of exposure in employment shall have been spent exclusively in the particular State concerned. Inclusion of such provisions is probably due to the fact that inter-State migration of workers within the three federal countries is quite common. It is perhaps implicit in the laws of most other countries that periods of qualifying employment must be served only within the country concerned. New Zealand, a non-federal country, specifies in its Social Security Act that compensation for miners' phthisis is payable only to persons who contract it while engaged in mining in that country.

Cessation of Employment

About one-half of the countries place a limit upon the time which may elapse between cessation of prescribed employment and incapacity or death; where this period is exceeded compensation is not ordinarily payable. The limit ranges from one to fifteen years according to the country.

Under the New Zealand Workers' Compensation Act the employer's liability continues for only one year after the worker ceases to be employed by him. In Australia both of the Western Australian schemes also require that normally the victim must have been engaged in a specified employment within one year prior to disability or death. Tasmania has a one-year limit for "pneumoconiosis" but provides a two-year limit for "silicosis". Turkey grants benefits only if less than a year elapses between the end of employment and appearance of the disease. In the United States Pennsylvania makes compensation payable only if disability results within one year or death within three years after the last employment involving exposure.

Disability or death must follow within two years after the last injurious exposure for compensation to be payable under the laws of Ohio and Utah in the United States, with the exception of cases where death follows continuous and compensated total disability. In the latter circumstances Ohio places no limit, but Utah requires that death, to be compensable, must occur within five years after the end of the employment giving rise to the claim. Belgium also requires that claims for invalidity pensions under the Miners' Pension Scheme must be made within two years of the date when a worker leaves a covered occupation. A three-year time limit after the last exposure is fixed by three States in the United States - Illinois, Kentucky and Minnesota. Kentucky, however, also compensates for deaths which follow a continuous disability if a claim is made within ten years following the last exposure.

A limit of five years is fixed by the laws of Quebec in Canada, France and the Netherlands, but in each instance certain qualifications or exceptions apply. The Netherlands provide that the connection between the disease and employment must be demonstrated if it appears within one year after termination of employment; when a victim has been employed for three months or more in a prescribed occupation, however, he or his survivors may furnish evidence within the next five years that a disease which appears more than one year after cessation of employment is connected with the occupation. Quebec requires that claims must be filed within five years after leaving employment, but authorises the Commission at its discretion to receive claims after the expiration of five years in cases of uncomplicated pneumoconiosis. The normal period of liability for compensation is fixed in France at five years after exposure ceases; since a large number of workers are now suffering from silicosis, however, the period of liability has been extended to ten years for cases in which the existence of silicosis is certified between 1 January 1947 and 4 February 1951 and exposure to risk had ended before February 1941.

West Virginia in the United States (which distinguishes three different stages of silicosis for purposes of disability compensation) places a six-year limit on payment of death benefits where death results from determined third-stage silicosis. The Swedish law requires that a compensable disease must appear within ten years of the last employment involving risk of such disease. The longest time limit noted is that in the Queensland law, in Australia, which provides that compensable incapacity or death must occur within 15 years after ceasing employment in a prescribed occupation.

Miscellaneous Conditions

Tasmania (Australia) limits compensation for silicosis and pneumoconiosis to victims engaged in manual labour whose average weekly earnings do not exceed £11. Invalidity pensions under the Belgian Miners' Pensions Scheme are payable only to persons who earn a gross amount per month of 1,000 francs or less from their work. Benefits for miners' phthisis under the New Zealand Social Security Act are not payable to claimants who during the past five years have deserted or wilfully failed to provide for wife or children, nor to those who are not of good moral character and sober habits.

Special Provisions Regarding Compensation

This section deals with the extent to which, and the manner in which, provisions in national laws regarding monetary compensation for pneumoconiosis differ from those governing compensation for employment injuries or occupational diseases generally. No attempt is made to describe the nature or amount of benefits payable for pneumoconiosis in countries where such

benefits are the same as those provided under the general compensation legislation.

No significant divergence between compensation provisions applicable in case of pneumoconiosis and those applicable in other cases have been noted in the laws of 15 countries covered by this report: Belgium, Brazil, Canada (three Provinces), Cuba, Czechoslovakia, Denmark, Hungary, India (Mysore), Iraq, Luxembourg, Mexico, Netherlands, Norway, Turkey and Illinois (United States). Special benefit provisions applying to pneumoconiosis in the remaining countries are summarised below.

The laws of a few countries deny benefits entirely to certain categories of pneumoconiosis victims, although authorising them for similar categories of victims of industrial accidents, and vice versa. These special provisions for pneumoconiosis are as follows:

In the United States no compensation is payable under the laws of Ohio, Pennsylvania and Utah for partial disability caused by pneumoconiosis, nor is it payable in Minnesota except when partial disability follows a period of total disability. In Ireland the law requires that compensation payable for total disablement or death resulting from pneumoconiosis shall be the same as for employment injury generally, but permits deviation from the main law in respect of benefits for other circumstances. In Italy, benefits are payable if death results from silicosis or asbestosis or if the victim suffers from permanent incapacity exceeding 33 per cent.; benefits are also payable if silicosis or asbestosis appear in conjunction with active lung tuberculosis so that the victim has to abandon employment, irrespective of the degree of incapacity resulting from the silicosis or asbestosis.

In Czechoslovakia it is provided that when silicosis or siderosis is "accompanied by pulmonary tuberculosis, the tuberculosis shall be treated as pneumoconiosis for purposes of compensation", and a separate item in the schedule of compensable diseases covers silicosis or siderosis "in conjunction with active pulmonary tuberculosis". Various forms of benefit exist in South Africa for the different stages of silicosis and for complication with tuberculosis covered by the Silicosis Act.

On the other hand, benefits are accorded in some countries to workers suffering from pneumoconiosis to compensate for change of work even if no definite incapacity for work exists. In Western Australia the mineworker who suffers from silicosis and/or tuberculosis to such a degree that he should not be re-engaged for mining work or should be withdrawn from employment in mines is entitled to compensation under the Workers' Compensation (Broken Hill) Act under certain other specified conditions. In Tasmania compensation may be paid to an eligible employee who suffers from silicosis in the ante-

primary stage, although in this stage capacity for work is not necessarily reduced. In France special compensation is payable to a worker who is obliged to change his employment in order to prevent aggravation of his condition but who does not fulfil the conditions for receipt of a pension. The South African Silicosis Act grants a lump-sum benefit to a miner who is suffering from first-stage silicosis, whether his capacity for work has been impaired by the disease or not, and provides a pension for miners suffering from second-stage silicosis in which the disease has not incapacitated them from performing moderate manual work.

Significant differences between the amounts and nature of compensation for pneumoconiosis and that for other diseases or injuries connected with employment exist in five countries: Australia (New South Wales, Queensland, Tasmania, Western Australia), New Zealand, the Union of South Africa, the United Kingdom, and the United States (West Virginia, Utah, Minnesota).

Special Provisions for Medical Care and Rehabilitation

The laws of the great majority of countries contain no special provisions respecting medical or rehabilitation benefits or services for victims of pneumoconiosis. In these countries, presumably, the types and amounts of benefits or services available to victims of employment injury or other occupational diseases are also available, subject to the same restrictions, to workers suffering from pneumoconiosis. Provisions in the laws of five countries which do authorise somewhat divergent treatment for pneumoconiosis are summarised below.

The Silicosis Act of the Union of South Africa provides that the Silicosis Board administering the Act may defray a part, not exceeding half, of the cost of establishing or maintaining sanatoria for the accommodation and treatment of miners and native labourers suffering from silicosis. The Board is also authorised to defray part or all of the cost of training a beneficiary to become proficient in any trade or occupation, and may do so in the case of his wife, widow or dependant. The Board may conduct an employment bureau or co-operate with any such bureau to find employment for beneficiaries and may render financial assistance to any persons employing such persons. Special provisions exist in respect of native labourers. A special Silicosis Medical Bureau is established to perform medical and research work for the prevention of silicosis or tuberculosis and the improvement of the condition of victims of these diseases.

In the United States, five States have special provisions concerning medical care for pneumoconiosis victims. In general, these have the effect of limiting the care provided for such victims compared with that provided for victims of

industrial injuries. No allowance is provided in the West Virginian law for medical treatment of silicosis, in contrast to a maximum allowance of $800 normally available for medical, hospital and related treatment in case of compensable injuries. Illinois provides that reasonable medical care and related services shall be provided in case of silicosis or asbestosis only for a period of six months following disablement; no similar limit is placed on the duration or value of medical care provided in case of injuries or other diseases. In Minnesota, the liability of an employer to furnish medical benefits for dust diseases does not extend beyond the period during which weekly disability benefits are payable; the latter is restricted by a progressively rising upper limit on aggregate payments as described in the section on special provisions regarding compensation above. Victims ordered to be removed from employment are eligible for retraining benefits as an alternative to disability benefits. Ohio does not provide for payment of medical, hospital and nursing expenses on account of silicosis in the event of partial disability only. Medical benefits may be provided, however, to a worker suffering from silicosis who is ordered to change his occupation: the $200 limit on expenditure for such therapeutic treatment is the same as that for all employment injuries. Utah fixes a limit of $500 on medical care provided for totally disabled employees suffering from silicosis; the same statutory limit applies for an accidental injury but in that case the administrative agency is authorised to raise the limit.

There appear to be no special provisions in Switzerland for medical care or rehabilitation in the event of silicosis, but sickness insurance, including special provision for tuberculosis, is compulsory for employees engaged in the construction of tunnels or galleries for not less than one month; the employer must insure the worker by taking out a collective insurance policy with a recognised sick fund and pay at least one-half of the premium. In Italy, treatment for silicosis and asbestosis is the responsibility of the insurance carrier.

The State of New South Wales in Australia provides in the Broken Hill Scheme that compensation for pneumoconiosis shall include the cost of medical, surgical and reasonable hospital treatment to relieve the victim from the effects of the disease; the amount payable for medical services may not exceed £125. Under the general Workers' Compensation Act, on the other hand, costs of medical treatment are payable only up to £25, with additional payments up to £2 2s. for ambulance service. Under the Workers' Compensation Act of Tasmania, employers are liable to pay the reasonable costs of necessary medical services up to £75; no comparable provision authorising furnishing of medical care appears to exist in the case of pneumoconiosis. The Queensland law provides that in case

"necessary and reasonable medicines and medical comforts"; in addition, where a worker's condition is certified to be capable of cure or mitigation by special hospital or sanatorium treatment, the Commissioner is authorised to arrange for such treatment in lieu of benefit payments. In the case of employment injuries generally, however, Queensland places a £25 limit on expenditure for medical care, except that when an artificial limb is provided the full cost is covered.

Addendum

An Amendment to the Accident Insurance Acts in the Netherlands of 25 February 1949 has widened the scope of compensation for dust diseases in that country in three respects:

(1) In the Accident Act, 1921, the list of operations mentioned in Section 87B (e) has been omitted and replaced by the general clause: "When it occurs among workers in undertakings where operations exposing the workers to the harmful influence of substances containing quartz (silicon dioxide) are carried out".

(2) Asbestosis with or without pulmonary tuberculosis has been included in the list of occupational diseases (in so far as the asbestosis is a determining cause of the incapacity for work or death) when it occurs among workers in undertakings where operations exposing the workers to the harmful influence of asbestos dust are carried out.

(3) In the Agricultural and Horticultural Accidents Act, 1922, the following addition has been made to the list of occupational diseases mentioned in Section 95 B: "(f) Silicosis with or without pulmonary tuberculosis (in so far as the silicosis is a determining cause of the incapacity for work or death) when it occurs among workers in undertakings where operations exposing the workers to the harmful influence of substances containing quartz (silicon dioxide) are carried out."

Czechoslovakia

Act respecting National Insurance. Dated 15 April 1948 — L.S., 1948 - Cz. 1-A

78. (1) Occupational diseases shall be treated in the same way as industrial accidents. The expression "occupational disease" means any disease listed in the Schedule to this Act if it results from employment in the undertakings given in the Schedule opposite the particular disease.

Schedule (Section 78)

Serial No.	Occupational disease	Undertakings (subsection (1) of section 78).
27	Pneumoconiosis due to dust containing silica or iron (silicosis, siderosis) where the clinical functional disorders are confirmed by typical radiological indications. If accompanied by pulmonary tuberculosis, the tuberculosis shall be treated as pneumoconiosis for purposes of compensation.	
28	Pneumoconiosis due to dust containing silica or iron (silicosis, siderosis) in conjunction with active pulmonary tuberculosis.	Nos. 27-29. All undertakings in which insured persons are exposed to the risk.
29	Pneumoconiosis due to asbestos dust (asbestosis) - (a) where the clinical functional disorders are confirmed by typical radiological indications; (b) in conjunction with cancer of the lungs.	

Denmark

1. Act No. 183, respecting insurance against the consequences of accidents. Dated 20 May 1933 — L.S., 1933 - Den. 5

1. (1) If a person insured in pursuance of this Act meets with an accident which reduces his earning capacity