

Black lung on the rise among US coal miners

Samuel Davidson
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Since 1997, both the rate and number of US coal miners with black lung disease have been rising, reversing decades of decline. In addition, the severity of the disease and the rapidity of its progression are increasing, and it is occurring more frequently among younger miners.

In recent years, the number of black lung cases has doubled. Its rise among younger workers is especially troubling, since they have spent their entire careers supposedly protected by safety standards developed in the 1970s to prevent the disease.

Health officials cite the longer hours miners are working, worsening conditions in the mines, and the drive to get coal from more difficult locations as reasons for the increase.

More than 10,000 miners have died from black lung in the past 10 years, compared to 400 miners who have died from accidents over the same period. The number of fatalities is expected to rise as more miners become incapacitated by this debilitating disease.

According to figures released by the National Institute for Occupational Safety and Health (NIOSH), nearly 9 percent of miners with 25 years or more experience tested positive for black lung in 2005-2006, the latest year for which published data is available. This compares to 4 percent of miners in the late 1990s. The rates also doubled for miners with 20 to 24 years in the mines, many of whom are in their late 30s and 40s.

Black lung disease is the common name for coal workers' pneumoconiosis. It is caused by breathing coal dust over an extended period of time. As coal dust accumulates in the lungs—the body is capable of neither dissolving nor expelling the coal—lung tissue is destroyed, reducing lung capacity and leading to fibrosis and a greater risk of emphysema, chronic bronchitis and other respiratory illnesses.

There is no cure for this extremely painful and incapacitating disease. As lung tissue hardens, miners

become short of breath and suffer excruciating pain each time they breathe.

The rise in black lung is directly related to the push by coal operators to extract greater profits by extracting more coal in a shorter time with fewer workers.

US coal production is at record levels. Last year, more than 1,170 million tons of coal were pulled from the ground, more than at any other time in US history, but with far fewer workers per ton of coal than ever before.

Last year, there were 86,859 miners, an increase from the low in 2000, when there were just 72,748 miners in the country. But even with the recent increase, it is still less than half the number of miners just 25 years ago, when there were nearly 180,000 miners. Over the same period, production has increased by more than 30 percent.

The decline in the number of underground miners—among whom black lung is concentrated—has been even sharper. In 1983, there were 111,888 underground miners, compared to 49,575 in 2008.

In the current decade, demand for coal has skyrocketed, as energy prices have soared. Coal operators have responded by boosting production at existing mines and reopening mines that were previously considered mined out.

Much of the growth of mining in the current decade has been in small mines where operators show very little concern for safety and air quality. Miners who speak up about safety are quickly fired.

A study published by *Occupational and Environmental Medicine* found that “coal miners are being exposed to excessive amounts of respirable crystalline silica,” which is increasing the spread of black lung among miners. Silica comes from rocks and has long been known to be deadly for miners, causing scarring of lung tissue.

The report found increased amounts of silica in the air

that underground miners are breathing. The report's author theorizes that mining conducted in smaller seams and by cutting through more rock to reach the coal has exposed miners to more of the deadly silica.

While there is no cure for black lung, it is a preventable disease. Reducing the amount of coal dust and silica in the air that miners breathe and reducing the length of time that miners breathe the dust is the only way to prevent it.

Yet, efforts to reduce coal dust levels have been blocked by both Democratic and Republican administrations in the past 20 years. In 1999, the Clinton administration, after studying the issue for more than 6 years, proposed reducing the allowable levels of coal dust from 2 milligrams per cubic meter to 1 milligram. This is considered by NIOSH and most mine health experts to be necessary to reduce black lung.

However, the proposal was not acted upon before Clinton left office. Upon taking office in 2001, the Bush administration appointed former mine executive David Lauriski to head the federal Mine Safety and Health Administration (MSHA). He officially killed the proposal in 2002 and instituted an MSHA policy of more direct collaboration with the coal operators.

The Obama administration promised to reverse the Bush administration's policies, and in May of 2009 issued a new proposal to reduce the coal dust level, with a target date for implementation in the spring of 2011.

However, this past November, after the appointment of Joe Main, the former head of safety for the United Mine Workers of America (UMWA), as head of MSHA, the wording of the proposal was changed from reducing coal dust levels to reducing coal miners' exposure. In other words, rather than demanding that coal operators implement well-known methods and procedures to reduce coal dust levels, MSHA may require some vague reduction in coal dust exposure. New procedures, if adopted, will likely fall more heavily upon individual miners, requiring them to ensure their own protection, and thus leave them at the mercy of coal operators' push for profits.

This change coming from Joe Main underscores the deadly role that the UMWA has played in betraying the coal miners. The union, once one of the strongest and most militant unions in the United States, currently

represents fewer than 20,000 of the 86,859 coal miners. The union has collaborated with the coal operators and the government to increase production, cut wages and benefits, and expand non-union production.

Another major problem confronting miners with black lung disease is the difficulty in obtaining benefits.

According to the law governing black lung benefits, a miner can obtain benefits only if he or she is 100 percent disabled by the disease. This means that a miner who has been diagnosed with black lung is caught in a Catch 22. The only way to prevent the disease from getting worse is to stop breathing coal dust, but that means to stop working, and without benefits that is impossible.

Furthermore, miners face massive obstacles in proving they have black lung. A Government Accounting Office (GAO) report found that in 2008 the Department of Labor (DOL) initially denied 87 percent of black lung claims. The report found that DOL administrative law judges routinely sided with the mining companies, whose doctors have more familiarity with black lung cases and produce lengthier and more sophisticated medical reports than the doctors hired by miners and their families.

The GAO report went on to examine the claims of 763 miners who were ultimately awarded benefits between 2001 and 2008. They found that it took up to three years for 73 percent of the miners to win benefits, three to six years for roughly 24 percent of claims, and up to eight years for the remaining 4 percent of the claims.



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