

Report reveals “corporate culture” of safety violations before fatal blast at West Virginia mine

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A failure of “basic coal mine safety practices,” a “corporate culture” putting production over safety, the “intimidation” of workers and foreman who raised safety concerns—these are some of the findings of an investigation into Massey Energy’s Upper Big Branch mine in West Virginia where 29 miners were killed in an explosion last year.

The 126-page report was released last week by former Mine Safety and Health Administration (MSHA) head Davitt McAteer, appointed by then West Virginia Governor Joe Manchin to investigate the deadly blast that took place April 5, 2010.

While providing ample evidence for the criminal prosecution of top Massey officials, the report makes only mild criticisms of the Obama administration and MSHA, which were charged with enforcing basic safety standards that could have prevented the deaths.

“Regulatory agencies alone cannot ensure a safe workplace for miners,” McAteer writes in the forward to his report. “It is incumbent upon the coal industry to lead the way toward a better, safer industry and toward a culture in which safety of workers truly is paramount.”

By essentially ignoring the complicity of the government and suggesting that Massey is simply a bad apple, the report reinforces the pro-business argument that coal operators should regulate themselves.

The only political figures pointing to the failure of MSHA in the disaster are Congressional Republicans who oppose the federal agency from the right and oppose any further safety laws or regulations of the mining industry.

The report was compiled based on an investigation by MSHA, the West Virginia Office of Miners’ Health Safety and Training, and McAteer’s team. The organizations conducted an underground investigation of

the mine and equipment and took testimony from over 300 witnesses. These included miners working that day, friends and family of the dead men, rescue workers who entered the mine hours after the blast, along with many experts on underground mining safety.

Eighteen Massey Energy executives refused to testify on the grounds that their statements could be self-incriminating. These included: Don Blankenship who was Massey chairman and CEO at the time of the explosion; Vice President of Safety Elizabeth Chamberlin; and Chris Blanchard and Jamie Ferguson, the president and vice president respectively of Performance Coal, the Massey owned subsidiary that operated the Upper Big Branch mine.

The report confirmed the sequence of events that MSHA presented earlier this year to the families and media. Sparks from the long-wall mining machine ignited a pocket of methane gas that set off a powerful coal dust explosion that traveled through miles of underground tunnels, killing the 29 men.

The report underscores that Massey management failed to provide proper ventilation and allowed explosive coal dust to accumulate throughout the mine. Massey did not keep its equipment in proper repair and safety devices, including methane gas detectors and water sprayers on the mining machines, were missing or broken. Each one of these conditions alone could have produce death and injury; combined together they created the worst coal mining disaster in decades.

The report gives the first official accounts of conditions in the mine in the months, weeks and days leading up to the explosion. Michael Ferrell testified that his good friend Gary Wayne Quarles, a longtime longwall operator at the UBB mine, was so concerned about safety in the mine that he was afraid each morning to go to work.

Quarles, 33, was killed in the explosion. Ferrell testified that the day before the blast Quarles came by his home and told him, “Man, they got us up there mining, and we ain’t got no air. You can’t see nothing. Every day, I just thank God when I get out of that coal mines that I ain’t got to be here no more. I just don’t want to go back. When I get up in the mornings, I don’t want to put my shoes on. I don’t want to make myself go to work. I’m just scared to death to go to work because I’m just scared to death something bad is going to happen.”

Quarles told Ferrell that he only went to work to support his two young children. Two other witnesses testified that Quarles told them the same thing the weekend before the blast.

Since the return of the longwall machine to the mine in September 2009 ventilation had been a continuous problem. Massey refused to spend the money necessary to install a permanent ventilation system to insure the continuous flow of fresh air, which is necessary to dilute methane gas and coal dust. Instead, they chose to use—and were allowed to do so by federal officials—a haphazard set of doorways, which if either accidentally or purposely left open would redirect the flow of air.

In the months leading up to the blast, Massey was cited dozens of times for failure provide adequate air to the working mine faces, including several times when the air flow was reversed and was carrying dangerous coal dust to areas where miners and heavy equipment were operating.

The report provides the first details of conditions in the mine the day of the blast. Several miners repeatedly noticed and reported that the airflow at the longwall face was nearly nonexistent or was going in the wrong direction. The air was full of coal dust and the temperature in the mine was extremely hot. Testimony was given that fire boss Michael Elswick called in at 2:30 p.m. to report that the air was so thick with coal dust that his eyes were burning and he couldn’t see. Thirty minutes later he was killed along with the 28 miners.

The lack of fresh air was the result of a deliberate drive by Massey to push production. The longwall section being mined was nearly complete. Construction crews were working hard to prepare a new section of the mine for the machine and management did not want the longwall—which is capable of producing more than 2,000 tons of coal an hour—sitting idle. As a result construction crews propped open doorways so they could move equipment in and out.

Several Massey officials were told of the problem but

nothing was done about it.

Two young miners reported that, over the Easter weekend, water pumps had failed and that water had pooled in many parts of the mine further blocking the flow of air. Their job that day was to repair the pumps. They testified that they repaired four of six broken pumps. At times they were working in water up to their waists and at one point in water up to their necks.

They also testified that air was not flowing in the mine and it was hot. They told their foremen, assuming the foremen would address the problem, yet no action was taken to restore airflow or evacuate the miners.

This is the first public report on the UBB disaster. Both the federal and state investigators have refused to release their findings and have only made public the transcripts of 25 witnesses—a portion of those involved in the rescue attempt. They cite an ongoing criminal investigation as the reason.

The report was released as anger among family members and other miners continues to grow over the fact that no Massey or government official has been held accountable in the more than one year since the disaster.

This is the second major mine disaster that Davitt McAteer has been called upon to investigate. The first was the 2006 Sago disaster, which killed 13 miners. McAteer cleared the company of wrongdoing and accepted the company’s outlandish theory that a super powerful lightning blast over a mile away somehow traveled through the ground and into the mine, setting off the methane gas that had built up in a mined-out section of the mine.

In the current report McAteer is clearly holding the company responsible, while whitewashing the role of federal and state investigators. In this way, he is providing a ready-made legal argument for Massey’s upper management, which will no doubt argue conditions in the mine had been sanctioned by MSHA and state agencies.



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