# US stalls on new coal dust rules as black lung disease spreads

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As new coal dust regulations drafted by the Mine Health and Safety Administration (MSHA) await final approval by the Obama administration, black lung disease continues to take its toll on the nation's miners. The Obama administration was supposed to sign the new standards last year, but has not done so and no explanation has been given. While official numbers are not yet available, hundreds of miners will have died from black lung over the past year alone.

The new rules will cut the legal limit of coal dust exposure in half to 1 milligram per cubic meter, standards which were first advocated by the National Institute for Occupational Safety and Health (NIOSH) back in 1995 after health officials noticed a resurgence of black lung after decades of decline.

The tragic result of years of deliberate inaction by Democratic and Republican administrations alike has been a slow and steady death toll from black lung disease proceeding silently alongside the dozens of mine fatalities every year. According to NIOSH, more than 76,000 miners died from black lung between 1968 and 2010, the last year for which statistics are available. Between 1995, when NIOSH first recommended tightening the dust limits, and 2010, black lung has killed 13,675 miners, according to NIOSH.

The current MSHA proposal arose following the 2010 explosion of the Upper Big Branch mine in West Virginia which took the lives of 29 miners—the worst mining accident in four decades. The massive coal dust explosion at the UBB mine demonstrated tragically the dual threats of inadequate dust controls, and their lax enforcement, pose to the health and safety of miners.

Black lung, which is the common name for coal workers' pneumoconiosis, is an irreversible and debilitating lung disease contracted from the inhalation of coal dust. Miners afflicted by the painful disease slowly lose the ability to breathe, eventually suffocating to death over a period of years.

While incurable, the deadly disease is entirely preventable. According to Centers for Disease Control (CDC), "The principal cause of…pneumoconiosis is work-place exposure; environmental exposures have rarely given rise to these diseases." As such, CDC asserts that the conditions which lead to the contraction of pneumoconiosis "are entirely man-made, and can be avoided through appropriate dust control."

The eventual recognition of black lung as an occupational disease in early 1969 was granted only after a militant struggle waged by miners in opposition to both the coal operators and the UMW bureaucracy. In the aftermath of the massive 1968 mine explosion in Farmington, West Virginia which took the lives of 78 miners, the West Virginia Black Lung Association was organized by miners in concert with a group of sympathetic doctors.

However, it was only after a three-week wildcat strike of some 40,000 miners in January 1969 that legislation was passed recognizing black lung as an occupational disease. This was followed by the Coal Mine Health and Safety Act which set the legal limit of dust exposure to 2 milligrams per cubic meter and established the compensation program for black lung benefits.

The free X-rays offered miners through the 1969 legislation showed that four out of every 10 miners tested had black lung which at that time was killing up to 1,800 miners a year, according to NIOSH. Over the succeeding decades, black lung declined dramatically by 90 percent, although the legislation was inadequate and rarely enforced to allow it to accomplish its ostensible mission of fully eradicating the disease.

"The system for monitoring dust levels is tailor-made for cheating, and mining companies haven't been shy about doing so," claims The Center for Public Integrity which has recently investigated the resurgence of black lung. "Meanwhile, regulators often have neglected to enforce even these porous rules." Indeed, interviews conducted by the Center with former miners in 2012, some of whom had worked as recently as 2008, revealed that company dust pumps often end up in lunchboxes, mine offices, or in ventilation shafts.

The 2012 investigation by the Center also found that of the more than 53,000 dust samples MSHA has received showing miners had been exposed to greater dust levels than legally allowed, less than 2,400 resulted in citations. The testing system itself calls for five samples to be taken, either by a federal inspector or the coal company, which are then averaged to determine compliance, a method which allows some miners to be overexposed while not resulting in a violation.

When conducting the sampling, coal companies are also allowed to mine as little as half the amount of coal they normally do, thus undermining the ability of the results to

actually reflect the reality of normal mining conditions. Moreover, sampling pumps are only required to be run for eight hours, regardless if miners are working 10-or-12-hour shifts, further underestimating the actual level of exposure. Even when a company is cited through sampling conducted by federal inspectors, it has the right to submit its own samples demonstrating compliance and evade penalty.

The Center found that violations for dust levels are sometimes allowed to go uncorrected for weeks or months by MSHA. Between 2000 and 2011, the agency granted time extensions for 57 percent of dust violations. In particular, the Center found that long-time extensions are common—about two-thirds of the time—in southern West Virginia where some 30 percent of all dust violations occur and black lung rates are among the highest.

Despite such rampant cheating of dust sampling, the Center found only 103 cases between 1980 and 2002 which resulted in criminal convictions and fines totaling just $2.2 million. Criminal prosecution for fraudulent dust collection virtually ceased under the Bush administration with the Center being unable to discover even one instance throughout the 2000s.

Perhaps the most graphic exposure of the return of black lung was the autopsy results for the 29 miners killed at the UBB mine in 2010. Of the 24 miners whose bodies still retained enough lung to analyze, 17 were found to have the black lung and four had "anthracosis," a preliminary stage of the diseases. Of the 17 found to have black lung, five had worked in the mines for fewer than 10 years. (See: "Two-thirds of US mining disaster victims had black lung")

Since the late 1990s, both the rate and overall number of black lung cases have increased. Health officials have also noted with alarm the increase in the disease's severity and rapidity of progression. Especially troubling is the growing contraction of black lung among younger miners who have spent relatively little time in the industry, all of which has been under the dust standards set by the 1969 legislation. The disease is even showing up more frequently among surface miners. (See: "Black lung on the rise among US coal miners")

Particularly affected are the areas of Central Appalachia (southern West Virginia and Eastern Kentucky) and southwest Virginia where the black lung rate stands around 9 percent and the most severe cases of black lung have quadrupled since the 1980s.

There are several contributing factors in the resurgence of black lung, notwithstanding the rampant cheating by companies on coal dust tests and lax enforcement of regulations by MSHA. With the increased mechanization of coal mining and rising demand from the global market, coal production levels soared to five times their 1970s-level by the year 2000 and remain about triple that level today.

In extensively-mined regions of Appalachia particularly, this has led to the mining of ever-thinner coal seams and the reopening of mines once considered mined out. With the mining of these thinner seams, however, comes higher levels of silica dust – even more toxic to miners' lungs than coal dust—from cutting into the adjoining rock layers of quartz and sandstone. The mixture of coal dust and silica has proved to be an especially harmful combination to miners' health.

The Center found in its 2012 investigation that of the 113,000 dust samples turned into MSHA since 1987, more than half exceeded the standards set for silica exposure. In 2011, about 40 percent of samples taken were above the legal limit which is still set at twice the level recommended by NIOSH in 1974. According to NIOSH data, nearly 11,000 miners have been killed by silicosis, a similar pneumoconiosis caused by the inhalation of silica dust, between 1974, when NIOSH recommended the lower limits, and 2010.

The same economic forces driving this surge in production have also led to a lengthening of miners' workdays, with the average miner now working 11 hours more a week than was the case three decades ago. This not only adds about 600 additional hours of exposure to dust every year, but also decreases the amount of recovery time miners' lungs have to expel some of the inhaled dust through their natural capacity.

The principle blame for these conditions lies primarily with the UMW bureaucracy which has long since abandoned any struggle in defense of the working conditions and living standards of the miners they nominally represent. As these conditions were developing since the 1970s, the nation's coal miners time and time again demonstrated their militant resistance and willingness to engage in bitter struggles, only to be betrayed and isolated by the bureaucracy.

The struggle of American miners for health and safety must be waged consciously in an international context. With the advent of globalization, the conditions faced by miners in the US increasingly mirror those faced by other miners in this global industry. In China, for example, more than 2.6 million people work in the country's coal mines where approximately 57,000 miners contract black lung each year and about 6,000 die from the disease. State statistics show that the maximum concentration of coal dust in Chinese mines between 1983 and 2008 ranged from 198 milligrams to 3,420 milligrams per cubic meter.