Black lung disease hits highest levels in four decades

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A report released last week shows that black lung disease has reached its highest level in the US in four decades, particularly in the Central Appalachian coalfields of southern West Virginia, eastern Kentucky and western Virginia.

The findings of three doctors with the National Institute for Occupational Safety and Health (NIOSH)—federal research agency that is part of the Centers for Disease Control and Prevention (CDC)—showed that between 1998 and 2012 cases of severe black lung increased from 0.33 percent to 3.23 percent in tenured miners.

Such rates of the disease have not been seen since the early 1970s. However, even these numbers underestimate the impact of the disease, since they are based upon statistics compiled by NIOSH from its Coal Workers' Health Surveillance Program, participation in which is voluntary and does not include retired and disabled miners.

Black lung disease, or coal workers' pneumoconiosis, is a debilitating occupational lung disease contracted through the inhalation of coal dust. Miners afflicted with the painful disease slowly suffocate to death over a period of years. According to NIOSH, more than 76,000 miners have died from the disease since 1968.

Following the passage of the 1969 Federal Coal Mine Health and Safety Act, which set the first dust control standards, the prevalence of black lung decreased sharply. However, the provisions of the Coal Act, as well as their lax enforcement, proved inadequate for their ostensible mission of eradicating black lung.

In the 1990s, health officials began warning of a resurgence of the disease, not only in the number of miners afflicted, but also in the aggressiveness of cases observed.

The disturbing reversals were the product of several factors. For decades, the dust standards have been loosely enforced by federal officials while industry cheating on coal dust sampling has run rampant. At the same time, miners are not only working significantly more hours per year in the mines than they did in the 1970s, but the once standard 8-hour day has been all but replaced by more typical 10- and 12-hour shifts, greatly increasing miners' exposure to coal dust.

Meanwhile, the mechanization of the coal industry coupled with thinning seams in the more extensively mined coalfields of Appalachia has meant that miners are increasingly exposed to a particularly toxic mixture of coal and rock dust.

In 1995, NIOSH issued a recommendation that the dust standards, which had remained unchanged at 2 milligrams per cubic meter of air since 1972, be cut in half to 1 mg. The recommendation, however, remained a dead letter under both Republican and Democratic administrations for nearly two decades.

In April, the Obama administration announced it was departing from the 2010 proposal by the US Mine Safety and Health Administration (MSHA). Based upon the 1995 NIOSH recommendation, which by this time was backed by numerous scientific studies, the MSHA proposal called for cutting the coal dust limit in half. However, after meeting with industry and union officials, the administration decided to adopt a less stringent 1.5 mg dust standard. (See: New US coal dust standards leave thousands of miners at risk for black lung)

Last week's report, published in the *American Journal of Respiratory and Critical Care Medicine*, is only the latest evidence that the incidence of black lung continues to grow unabated. The statistics presented in the survey are associated with progressive massive

fibrosis (PMF), which is the most advanced and lethal form of the disease.

The three NIOSH doctors involved in the study—David J. Blackley, Clara N. Halldin, and A. Scott Laney—published their results in the form of a short letter to the journal, the language of which is significant. In their letter, one notices the justifiable frustrations of well-meaning scientists in the face of a brutal social system that respects only one imperative: the profit motive.

Published under the title "Resurgence of a Debilitating and Entirely Preventable Respiratory Disease among Working Coal Miners," the authors allude to both the devastation of the disease and its social context, that is, its manufactured character and preventability. The CDC has long held that while black lung is incurable, it is "entirely man-made, and can be avoided through appropriate dust control."

"Excessive inhalation of coal mine dust is the sole cause of PMF in working coal miners, so this increase can only be the result of overexposures and/or increased toxicity stemming from changes in dust composition," the authors conclude.

"Despite readily available dust control technology and best practices guidance," the doctors explain, "recent findings suggest dust exposures have not been adequately controlled and that a substantial portion of US coal miners continue to develop PMF."

The NIOSH doctors note that this year is the 45th anniversary of the 1969 Coal Act and issue an indictment: "Each of these cases is a tragedy and represents a failure among all those responsible for preventing this severe disease."

Who are these unnamed responsible parties?

There are the coal bosses for whom "appropriate dust control" represents an unacceptable impingement upon their right to realize profit at the expense of the hundreds of coal miners who die from black lung each year. The mining industry trade group National Mining Association filed a lawsuit in June seeking to block implementation of the new MSHA dust standards.

Next to the coal bosses are their bought representatives in the political establishment who have ignored for nearly two decades the health community's calls to address the resurgence of black lung. Since NIOSH's 1995 recommendation to tighten the coal dust standard, some 15,000 miners have died from the disease. Moreover, the new 1.5 mg limit set by the Obama administration in April will continue to leave thousands of miners at risk for black lung in the years to come.

The Obama Administration also oversees the Labor Department's completely inadequate black lung benefits program, where more than 85 percent of initial claims are rejected and the backlog runs in the thousands. Recent reports have shed light on this restrictive system where prestigious doctors consistently deny the existence of black lung and "cutthroat" law firms engage in unethical legal maneuvers to defeat miners' claims.

In alliance with the mine bosses and political establishment stands the United Mine Workers union (UMW), which in its corporatist outlook has fully integrated itself into the coal industry. The union bureaucracy embraced mechanization at the expense of tens of thousands of mining jobs as a way of protecting the US coal industry's profitability. Today, the union bureaucracy offers no meaningful resistance to the longer working hours, increased production, mine closures, mass layoffs or the continued injury and death in the nation's mines.

The union has not only abandoned any tradition it once had of defending the miners it nominally represents, but has in fact become the primary means through which the coal industry attacks miners' living standards and working conditions. As industry's junior partner, the union plays the indispensable role of preventing any independent and unified mobilization of the miners in defense of their interests. Instead the union bureaucracy works to keep the miners disorganized, isolated, and politically disorientated.