

# Decades-long cover-up of “black lung” among Australian miners

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A report by the Australian Broadcasting Corporation’s “7.30” program last Monday indicated that authorities knew of black lung cases among coal miners in Queensland before last year’s official “rediscovery” of the disease.

Coal workers’ pneumoconiosis, also termed black lung, results from the accumulation of dust particles in the lung, leading to scarring and inflammation. The incurable condition can cause chronic bronchitis, lung failure, scleroderma and heart problems. In severe cases, the disease ends in an excruciatingly painful death.

“7.30” stated that Queensland Workers Compensation data, obtained by the program under freedom of information legislation, showed four compensation claims for the disease between 2007 and 2012. One claim was reportedly approved, while another is pending.

According to the program, a Queensland Health audit of public records showed four possible and seven probable instances of black lung between 1995 and 2015.

Safe Work Australia, the statutory authority responsible for health and safety across the country, had also identified two compensation claims for the disease in New South Wales and one in Western Australia. It was not clear whether the claims were from workers who had been employed in the state, or they had moved from Queensland.

The revelations point to a cover-up by successive Labor and Liberal-National Queensland state governments, regulatory authorities and mining companies. For three decades, they claimed the disease had been eradicated in the state.

While “7.30” did not raise the issue, the workers compensation cases also underscore the absurdity of the

claims by the Construction Forestry Mining and Energy Union (CFMEU), which covers mine workers, to have been unaware of the existence of the disease. The union is often involved in compensation cases brought by current and former workers.

In the past, the CFMEU has boasted of its intimate involvement with health and safety practices in the mining sector. In 2014, for instance, Andrew Vickers, general secretary of CFMEU’s Mining and Energy Division, stated: “The CFMEU has been instrumental in ensuring some of, if not the world’s, best health and safety laws in the coal industry. Indeed, at a time that pneumoconiosis—also known as ‘black lung disease’—is again on the rise, Australia has not had a reported case since the early 1970s.”

There are growing indications that the number of miners affected by the disease is rising.

On August 11, the Queensland government confirmed three more cases, bringing the official total to 18. The CFMEU, however, claims to know of at least 30 workers who have contracted the disease. On August 12, the union reported that a former worker had died of a condition associated with black lung.

One of the confirmed cases is Stephen Mellor, 39, who has worked in five mines since 2003. He was diagnosed while taking time off work earlier in the year to care for his father. Mellor is now unable to work and has received no compensation. Subsequent chest x-rays found that he was affected by the disease for the bulk of his mining career, without it being identified in his employers’ medical examinations.

Mellor told the *Daily Mercury* on Thursday: “I was devastated, I was really dumbfounded. I didn’t know what to do. I knew there and then that my career was over... I’ve got no savings left. I’ve pretty much used up everything I have.”

The health crisis is the direct result of inadequate safety standards and monitoring. Coal dust standards vary from state to state. In Queensland, where individual companies are allowed to monitor the dust, the allowable level of dust exposure for a single shift is 3 milligrams (mg) per cubic metre of air, well above what are regarded as “safe” levels in Britain and the US.

State and federal government inquiries into black lung earlier this year revealed that the standards are frequently violated. Testimony to the federal Senate inquiry indicated that eight of ten coal mines in Queensland operated above the 3 milligram limit between 2012 and 2015, with one registering 6.5 milligrams. Federal and state government authorities took no action against the companies involved.

A review of black lung cases at Monash University in July found a “a major system failure at virtually all levels” of the Coal Mine Workers Health Scheme, which operates under legislation passed by the Queensland state Labor government in 1999 and 2001.

Written in the dry language of an academic paper, the report was nevertheless a damning indictment of a system designed to cover-up, not treat and expose, health problems. One of its summary findings was that “it is clear that the focus of the respiratory component of the scheme is on fitness for work rather than the detection and management of early CMDLD (black lung).” It said the scheme was not being used to monitor trends in the respiratory health of miners.

The study found that the bulk of spirometry tests, which measure lung functioning, are conducted by unqualified staff. Almost half the tests reviewed were conducted so poorly they provided no indication of lung functioning. Only one of the 30 tests showed abnormalities that were identified correctly.

When lung functioning issues were recognised, they were generally ascribed to cigarette smoke, without further investigation. Two thirds of spirometry machines had not been calibrated this year. Professor Malcolm Sim, who headed the review, said he was “not surprised” by the emergence of the disease.

A 2012 report by the American Centre for Disease Control, warning of the possible re-emergence of black lung cases in Queensland, was not acted upon by successive state governments. The report said “longwall mining, with its generally higher dust

exposures, began in Queensland in the mid-1980s... Given the latency of CWP (black lung), new cases among the cohort of miners who worked on these longwalls may begin to be discovered through an effective surveillance program.”

The existence of black lung, which is often viewed as a condition typical of 19th century conditions, is a graphic expression of the subordination of workers’ health and safety to the profit drive of the major companies.

Yesterday, Queensland’s current 18-month-old Labor government pushed through parliament a vote for a parliamentary review into the disease outbreak. The move followed calls by some Labor MPs, backed by the CFMEU, for a royal commission, which would provide a more elaborate whitewash. Labor is seeking to cover-up its responsibility for the health crisis. It was earlier in office from 1998 to 2012, overseeing the Coal Mine Workers Health Scheme. Likewise, the CFMEU is anxious to prevent any probing of its intimate familiarity with the substandard conditions forced upon miners.

The union’s real role, in collaborating with the major mining companies, has been underscored by its enforcement of sweeping sackings following the collapse of the mining boom and the slump of global commodity prices. Over 2,000 mining jobs were destroyed in the first two months of the year. Since then, thousands more have been laid-off. A National Australia Bank report in June forecast another 50,000 retrenchments by the end of the year.



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