US coal miners hit by sharp rise in deadliest black lung disease

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Reports released last week show that the prevalence of the deadliest form of black lung among US coal miners is far worse than previously expected. An investigative report conducted by National Public Radio's (NPR) Howard Berkes found the number of miners suffering from so-called complicated black lung is more than 10 times what federal regulators previously reported.

In its investigation, NPR obtained data from 11 black lung clinics in Virginia, West Virginia, Pennsylvania and Ohio showing 962 cases of the most severe form of the disease, also known as Progressive Massive Fibrosis (PMF), in the past five years. The number is nearly 10 times the 99 cases of PMF identified by the National Institute for Occupational Safety and Health (NIOSH), the federal agency tasked with tracking black lung, over the same period. It is also more than double the 441 cases of PMF tabulated by NIOSH over the past 40 years.

NPR cautioned that even these staggering numbers underestimate the magnitude of the disease since some of the clinics provided incomplete data and another eight clinics contacted in the heart of the Appalachian coal mining region did not share any data.

Black lung is the common name for coal workers' pneumoconiosis, a debilitating and irreversible occupational lung disease contracted through the inhalation of coal dust. Miners afflicted with the painful disease gradually lose the ability to breathe and slowly suffocate to death over a period of years.

The dangers of black lung have been known for over a century. According to the Centers for Disease Control and Prevention (CDC), while black lung is incurable, it is "entirely man-made, and can be avoided through appropriate dust control." Since government statistics began being collected in 1969, more than 78,196 miners have died from this preventable occupational disease.

The NPR story aired shortly after the release of a new report by NIOSH in the latest issue of the CDC's *Morbidity and Mortality Weekly Report*, which identified 60 cases of PMF at a single clinic in eastern Kentucky over the course of 20 months.

The NISOH study was prompted by radiologist Brandon Crum who contacted the agency in June after he became alarmed over the number of miners in their 30s and 40s with less than 20 years underground being diagnosed with PMF at his clinic in Coal Run Village, Kentucky. The resulting study identified 60 cases of PMF at the clinic between January 2015 and August 2016, which had not been known to NIOSH. The afflicted patients had an average age of 60.3 years and an average career in the mines of 29.2 years.

NIOSH epidemiologist Dr. Scott Laney confirmed Crum's fears over the cases. "The current numbers are unprecedented by any historical standard," he told NPR. "We had not seen cases of this magnitude ever before in history in central Appalachia." Dr. Laney, who co-authored the new NIOSH report, was also involved in a 2014 study by the agency, which concluded that black lung had reached its highest level in the US in four decades.

"This ongoing outbreak highlights an urgent need for effective dust control in coal mines to prevent coal workers' pneumoconiosis, and for improved surveillance to promptly identify the early stages of the disease and stop its progression to PMF," the latest NIOSH report warned. It concluded by noting, "The findings in this report serve as a reminder that more than 45 years after the Coal Act's passage, one of its core objectives has not been achieved."

Passage of the 1969 Coal Mine Health and Safety Act (Coal Act) and recognition of black lung as an occupational disease was granted only after a militant struggle waged by miners against both the coal operators and the United Mine Workers of America (UMWA) union bureaucracy. At that time, four out of every 10 coal miners were testing positive for black lung with about 1,800 dying each year from the disease.

The Coal Act set legal dust limits, implemented the federal black lung compensation program and established the Coal Workers' Health Surveillance Program. Under the NIOSH-administered surveillance program, active coal miners are offered free chest X-rays upon entering the coal mines and at

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about five-year intervals thereafter.

While cases of black lung dropped precipitously following the implementation of the Coal Act, its loose provisions and lax enforcement prevented the complete eradication of the disease. The legal dust limit of 2.0 milligrams per cubic meter of air implemented in 1972 proved inadequate to fully protect miners and was long skirted by industry through widespread falsification of dust sampling used to determine compliance.

It has also been long known that the surveillance program is inadequate to the task of tracking the prevalence of black lung. The voluntary nature of the tests and its restriction to only active coal miners--excluding large numbers of retired and laid-off miners--coupled with industry intimidation ensures low participation and an incomplete picture of the scale of the disease. In its latest report, NIOSH admits that only 17 percent of Kentucky coal miners participated in surveillance program since 2011, leading the agency to conclude that "the actual extent of PMF in US coal miners remains unclear."

In its story, NPR profiled Charles Wayne Stanley of Pound, Virginia, a 53-year-old who was diagnosed with PMF after he received his first screening after working 30 years in the mines. "If you're working and you go and have that stuff done and the company finds out about it, they'll find a way to get rid of you," Stanley told NPR. "As long as you're working and producing you're an asset. But now when you get something wrong with you, you become a liability. And they'll find a way to get rid of you."

Health officials have been warning about a resurgence of black lung for more than two decades after the number of miners afflicted, as well as the aggressiveness and severity of the disease, began increasing in the 1990s. In 1995, NIOSH issued a recommendation that the dust standards, which had remained unchanged at 2.0 mg since 1972, be cut in half to 1.0 mg. The recommendation, however, remained a dead letter under both Republican and Democratic administrations.

By the time the Obama administration unveiled new dust standards in May 2014, more than 16,000 miners had died from black lung since NIOSH had issued its initial recommendation in 1995. Moreover, after meeting with coal industry representatives and UMWA officials, the Obama administration decided to tighten the dust standards by only 25 percent, down to 1.5 mg, instead of the 50-percent reduction argued for by NIOSH scientists.

As former US Mine Safety and Health Administration (MSHA) staffer Celeste Monforton explained in her blog *The Pump Handle* at the time, the agency had estimated that 20 out of every 1,000 coal miners would still develop PMF even if the standards had been reduced to 1.0 mg. Under the 1.5 mg limit, MSHA expected 50 cases of PMF for every 1,000 coal miners, thus leaving thousands at risk of contracting the disease.

The numerous studies and investigative reports over the past two decades have pointed to various objective roots for the resurgence of black lung: the eight-hour day being replaced by more typical shifts of 10 to 16 hours, increasing exposure times; increased mechanization and production rates leading to higher levels of dust; and thinning coal seams in the extensively mined Appalachian coal regions which release more silica rock dust when cut into. As NPR noted, "Every other industry cutting rock has strict limits on silica exposure, except mining."

Under the impact of the global economic slowdown, increased competition from cheaper natural gas and the restructuring of the coal industry, 40,000 coal miners have lost their jobs and 600 mines have closed since 2011. With few prospects of being rehired, former miners are getting black lung screenings to secure some form of income. A successful black lung claim, however, provides just $600 to a maximum of $1,250 a month for a miner with three or more dependents.

Behind these conditions lies a massive social crime. The exploitation of the miners has produced vast fortunes for the coal and energy conglomerates, which are protected by the courts, federal, state and local agencies run by both big business parties, and the UMWA, which long ago abandoned the interests of miners and became a tool of the coal operators and the government.

The coal companies have used the bankruptcy courts to escape their obligations, threatening the health care and pensions of 120,000 retired coal miners and their families. The bankruptcy courts have also sanctioned the dumping of 1,000 black lung claims that were self-insured by the bankrupt companies into the federal Black Lung Disability Trust Fund, which is already nearly $6 billion in debt.

The author also recommends:

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