THE WALL STREET JOURNAL.

WSJ.com

DECEMBER 15, 2009

Black Lung on Rise in Mines, Reversing Trend

Safety Officials Blame Resurgence on Longer Shifts, Handling of Dust; Industry Working on Developing Better Technology, Practices

DELIZATION MANTED



Black lung accounts for more miner deaths than do accidents. Here, Jay Gowdy operates a shearer along a coal face in April 2008 in Greene County, Pa.

WASHINGTON, Pa. -- Rates of black-lung disease are growing, most notably among younger miners, reversing decades of progress and prompting more federal scrutiny and calls to lower exposure to coal dust.

The increase, which federal mine safety officials attributed in part to longer work shifts and companies' uneven dust-mitigation practices, could put a further strain on the industry-financed trust fund set up to compensate disabled miners and their families.

Black lung, the common name for coal worker's pneumoconiosis, is caused by inhaling coal dust over a prolonged period. This can lead to fibrosis, destruction of lung tissue and greater risk of emphysema, chronic bronchitis and tuberculosis.

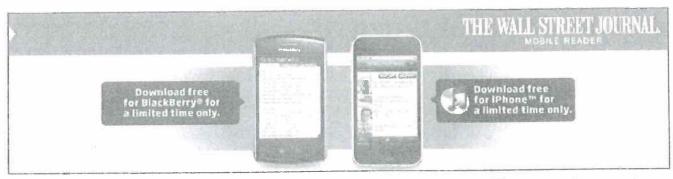
The Black Lung Disability Trust, funded by a tax on coal companies, has paid out about \$44 billion in benefits over the past 40 years to miners totally

disabled by black lung or to their widows. The fund had a deficit of \$10 billion in 2007, before a law was passed to eliminate the debt by issuing bonds. A Labor Department spokesman said the plan to work down the debt is on track and \$343 million in bond obligations was retired in September.

The National Institute for Occupational Safety and Health has found that roughly 9% of workers with 25 years or more in mines tested positive for black lung in 2005-2006, the latest published data, up from about 4% in the late 1990s. The rates also doubled for people with 20 to 24 years in mining, including many in their 30s and 40s, according to NIOSH, part of the Centers for Disease Control and Prevention.

Black lung accounts for more deaths than do mine accidents, including explosions and cave-ins. More than 10,000 miners have died from the disease during the past decade, compared with fewer than 400 from mine accidents.

"It is time to end black lung," said Joe Main, assistant secretary of labor in charge of the Mine Safety and Health Administration, as he addressed more than 200 miners gathered last week at a Ramada Inn here. MSHA, which is part of the Labor Department and enforces federal mining law, will consider proposing regulations to cut in half the permissible levels of coal dust in mines and to require miners to wear dust monitors

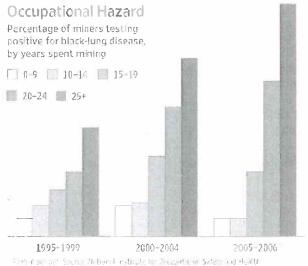


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throughout their shifts.



Today dust levels are measured periodically at mines and then only for eight hours at a time to comply with federal law. MSHA is working on introducing a new type of monitor that could be worn by every miner and provide continuous feedback on dust levels so miners could leave an area if they have reached their daily exposure limit.

Some miners worry that more-productive mining machinery may be churning up more dust. "Back in the old days those guys suffered through a lot, but we're generating a lot of coal and there's a lot of dust in the air," said 29-year-old Chuck Knisell, who works at a mine in Waynesburg, Pa.

The National Mining Association, an industry trade group, said that while it wasn't challenging the general trend of disease rates, it hasn't seen detailed data that would indicate what jobs were done by miners screened by NIOSH, or what mines were represented in the data.

Luke Popovich, a spokesman for the association, said the industry is working closely with MSHA and NIOSH to develop better dust-monitoring technology and practices. He declined to comment on whether longer shifts or uneven dust mitigation practices could be leading to an increase in the incidence of black lung among

miners. The association declined to comment on new regulations to reduce coal-dust limits until details were announced.

- A federal effort to eliminate black lung was launched in 1969 with the passage of the federal Coal Mine Health and Safety Act, which set coaldust standards for mines and provided compensation for those affected. The battle was thought to be largely won through practices such as spraying water at the mine face, as well as the dwindling number of miners working in underground mines.
 - Safety officials believe the increase could also reflect longer workshifts in recent years when production was high and miners were in short supply, increasing dust exposure. They also note that much of the easily accessible underground coal has been mined, and companies are increasingly dependent on thinner coal seams. This requires cutting through rock, which creates more dust.

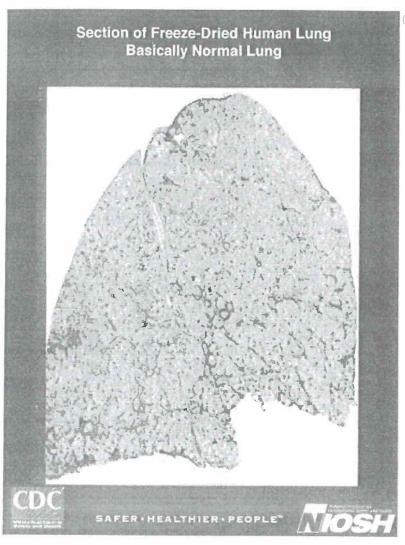
Preston Butt, 79, developed black lung after working 34 years in an underground mine. Speaking in a croaky voice at the miner's meeting, he said it was only after about 30 years that his co-workers noticed he was breathing harder. He now sleeps hooked up to a tank of oxygen and can't garden or hunt. "Coal mining did provide me a pretty good life financially, but now I can't do anything."

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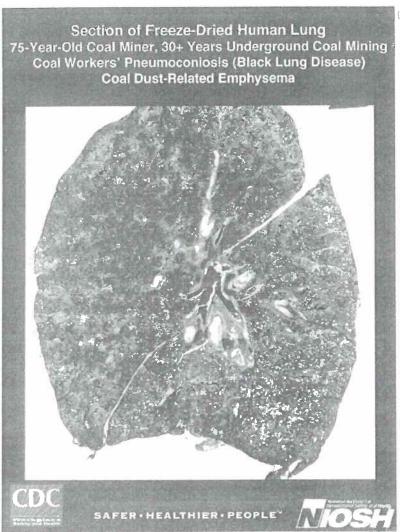
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Black Lung Disease

Every year, almost 1,500 people who have worked in the nation's coalmines die from black lung disease. That's equivalent to the Titanic sinking every year, with no ships coming to the rescue. While that disaster which took place so long ago continues to fascinate the nation, black lung victims die an agonizing death in isolated rural communities, away from the spotlight of publicity.

Black lung is the legal term for a man-made, occupational lung disease that is contracted by prolonged

breathing of coalmine dust. Some call it miner's asthma, silicosis,

pneumonoultramicroscopicsilicovolcanoconiosis, coal workers' pneumoconiosis, or black lung.

However, they are all dust diseases with the same symptoms.

Only the smallest particles of the coal dust make it past the nose, mouth, and throat into the alveoli found deep in the lungs. The alveoli, or air sacs, are responsible for exchanging gases with the blood, and are located at the end of each bronchiole. Microphages, a type of blood cell, gather foreign particles and carry them to where they can either be swallowed or coughed out. If too much dust is inhaled over a long period of time, some dust-laden microphages and particles collect permanently in the lungs causing black lung disease.

The main symptom of the disease is shortness of breath, which gets worse as the disease progresses. In severe cases, the patient may develop cor pulmonale, which is an enlargement and strain on the right side of the heart caused by chronic lung disease. Eventually, this may cause right-sided heart failure. Some patients develop emphysema as a complication of black lung disease. Others develop a severe type of black lung disease in which damage continues to the upper part of the lungs even after exposure

to the dust has ended called progressive massive fibrosis,

Black lung disease can be diagnosed by checking a patient's history for exposure to the coal dust, followed by a chest x-ray to see if the characteristic spots on the lungs are present. A pulmonary function test may help in the diagnosis. However, all coalminer's should have chest x-rays every four

years so the disease can be detected early.

Congress placed strict limits on airborne dust and ordered operators to take periodic air tests inside coalmines in 1969. Thanks to the law black lung disease has been reduced among the nation's 53,000 underground coal miners by more than two-thirds. However, because of cheating the law has fallen far short of its goal, which is to virtually eliminate the disease. Many mine operators, aided by miners themselves, cheat on air quality tests to conceal lethal dust levels.

While the federal government has known about the cheating for over twenty years, it has little to stop it because of priorities and a reluctance to confront coal operators, according to an investigation by The

Courier-Journal.