

“Catastrophic failure” of regulators led to black lung among Australian miners

By Oscar Grenfell
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A Queensland state parliamentary committee inquiry into the “re-identification” of coal miners’ pneumoconiosis, also known as black lung, found that the persistence of the fatal disease was the product of a “catastrophic failure of the regulatory and health surveillance systems” covering the mining sector.

Released last week, the inquiry report’s title pointed to the damning character of its contents, stating bluntly, “Black lung, White lies.”

Beginning in the late 1980s, successive Queensland governments, Labor and Liberal-National alike, along with the major mining companies and the trade unions, all declared the disease had been eradicated in Australia’s biggest coal-producing state. In 2015, however, a number of cases were reported.

The parliamentary committee tasked with producing the report was led by prominent Labor and Liberal-National MPs. As such, the report stops short of the conclusion suggested by the material it presents. Namely, that there was a conscious cover-up of the continued existence of the disease, with the entire political establishment, including the unions, heavily implicated.

Black lung is caused by the accumulation of coal dust particles in the lung, which leads to scarring and inflammation. It is incurable, and can result in lung failure, chronic bronchitis, heart problems, scleroderma and death.

The report’s findings state that black lung, “did not ‘re-emerge’ in 2015 but was merely re-identified, after responsible Queensland authorities failed to look for it or properly identify it in more than 30 years.” It notes that in 1984, a report to the Queensland coal board found 75 suspected cases of black lung. But immediately following the report, “incidences of the disease” appeared to “all but vanish.”

The parliamentary committee documented the absence of any regulatory oversight of dust levels in the state’s mines. In Queensland, the allowable level of exposure to coal dust in one shift is three milligrams per cubic metre of air. The report notes, however, that mines were “not required to report dust monitoring results to the mines inspectorate” prior to 2017, and virtually nothing was done to ensure compliance.

It was well-known in the industry that coal dust exposure routinely exceeded allowable levels, which were higher than those considered safe in the US and elsewhere. According to the report, a 1995 study found that 20 percent of readings at the state’s four longwall mines were above allowable levels. A 2002 report, based on data from 11 longwall mines between 1999 and 2001, found 15.6 percent of readings breached the official limit.

Warnings were issued, but nothing was done, and no further reports into dust levels were conducted until 2015. A number of workers testified that safety standards were frequently violated at mines across the state, in order to meet production targets.

The report also documented the utter inadequacy of the health scheme covering miners, established in its current form under the state Labor government of Premier Peter Beattie in 2001.

The Health Services Unit (HSU), working under the Department of Natural Resources and Mines (DRNM), “failed to undertake any actual health surveillance,” the report stated. “It served as nothing more than a storage unit for miners’ chest x-rays and health records.” Tens of thousands of chest x-rays were stored in inappropriate conditions, including a “janitor’s cupboard,” rendering them unreadable.

The report notes a 2002 review by the DRNM, which criticised the fact that the HSU had no records for

miners who left the industry, or were forced to retire on medical grounds. The review's recommendations were not implemented.

Successive governments persistently underfunded the HSU, with the report noting that at one point, it "was staffed by only one part-time administration officer at the lowest classification level available." The highest staffing level between 2005 and 2010 was three full-time employees.

At the same time, Nominated Medical Advisors, appointed by the mining companies, were often unqualified to identify black lung. Their primary responsibility was to assess a workers' "fitness for duty." The decision to undertake an x-ray was determined by "risk of dust exposure," "as determined by the employer."

The report cited a number of instances of workers whose x-rays were registered as "clear," but were subsequently found to show signs of black lung, after being sent for examination in the US after 2015.

The report repeatedly lends credence to the claims of the Construction Forestry Energy and Mining Union (CFMEU) to be leading a campaign in defence of miners' health and safety. Information contained in the document, however, shows that the CFMEU was no less complicit than the mining companies and government authorities in creating the conditions for the occurrence of the disease.

Like the rest of the political establishment, the union maintained the fiction, prior to 2015, that black lung had been eradicated. In 2014, Andrew Vickers, general secretary of the CFMEU's Mining and Energy Division, boasted that the CFMEU was "instrumental" in establishing some of 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," he said.

In reality, the report demonstrates that the CFMEU sat on a series of tripartite government-employer-union bodies that either directly oversaw the running-down of safety standards, or did nothing to alter them.

Most damningly, testimony indicated that the union played a key role in drawing up new health and safety measures in 1994, alongside the industry Coal Board, which excluded any requirement for a mandatory x-ray for workers leaving the industry. This had been among

the main recommendations of the 1984 report, which had identified 75 cases of black lung.

According to Bruce Ham, who was Mining Health and Safety Advisor for the Coal Board in 1994: "Andrew Vickers and I were both involved in casting the regulations. While we would have liked to have had exit medicals put in the regulations, there was an argument that we had to accede to that, if a guy works in the industry for two weeks, maybe he has to get a Coal Board medical to get in, but an exit medical is probably inappropriate."

In other words, the x-rays, which could have played a vital role in identifying black lung, were blocked with the support of the union, on the grounds that they would have been an unnecessary cost for the major companies.

Significantly, the report indicates that little has been resolved since the 2015 cases emerged. For instance, it describes as "intolerable" that Queensland's allowable dust limits have not been reduced to meet international standards. The report also notes that the 21 cases confirmed thus far, are likely to be followed by "many more."

The report is an indictment of successive state governments, the mining companies and the unions, none of which have been held to account for their role in jeopardising the safety and lives of coal miners.

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