



# Opening Statement

COMMITTEE ON EDUCATION & LABOR

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The Hon. Robert C. "Bobby" Scott • Chairman

## Opening Statement of Chairwoman Alma Adams (NC-12)

*Breathless and Betrayed: What is MSHA Doing to Protect Miners from the Resurgence of Black Lung Disease?*  
Subcommittee on Workforce Protections Hearing  
June 20, 2019 at 10:15 a.m.

Today, the Subcommittee is going to explore three troubling developments impacting our nation's coal miners and assess whether the Administration is making adequate efforts to protect miners' health and economic well-being.

First, we will address the resurgence of black lung disease, which has taken the lives of 78,000 coal miners since 1977 and caused suffering in thousands more.

Congress codified the first enforceable limit on coal mine dust levels in the 1969 Coal Act, and the rate of black lung disease began to decline in the 1970's, 80's and 90's. Now the rate of black lung disease is coming back with a vengeance. Nearly one in five long-tenured miners in Appalachia have been diagnosed with black lung disease. This is four times the rate elsewhere.

Black lung clinics and researchers at the National Institute for Occupational Safety and Health or NIOSH have documented a steep increase in the rate of the most severe form of the disease called Progressive Massive Fibrosis or "PMF".

PMF, or complicated black lung, is caused by inhalation of coal and silica dust at both underground and surface coal mines. Miners gradually lose the ability to breathe, as they wheeze and gasp for air. There is no cure for black lung – It is a progressive disease and gets worse with time.

Posted on the screen are photographs of three sets of lungs. On the left, is a healthy lung with tan colored tissue. In the center, the lung with speckled black opacities is from a coal miner with simple Black Lung disease, whose breathing is impaired. On the right, the lung encased in solid black mass is from a miner with progressive massive fibrosis or complicated black lung.

For some with PMF, survival requires a lung transplant. But only those healthy enough to withstand the surgery are eligible. Even then, life expectancy does not usually exceed five years. Most troubling, PMF is now afflicting miners at far earlier ages – cases are being documented in miners in their 30s and 40s.

As the second slide shows, the rate of the PMF or complicated black lung is higher now than the rate in the early 1970s. The rate of PMF declined sharply in the 1970s and kept dropping until the late 1990s, but then progress reversed, and rates now exceed levels diagnosed in the 1970s. Miners' increasing silica exposure has been identified as one of the main causes of the resurgence of PMF.

Many of the thickest coal seams in central Appalachia have been mined out, and the seams that remain have coal embedded in quartz-bearing rock that contains silica.

As mining machines grind through thinner coal mine seams, they are cutting quartz and coal together. Miners who inhale this dust are inhaling large amounts of silica, which is 20 times more toxic than coal dust alone.

***Let me repeat that—silica is 20 times more toxic than coal dust.***

While the Mine Safety and Health Administration or MSHA implemented a more stringent coal dust rule in 2014 under the Obama Administration in 2014, far more can be done.

Serious problems remain to be addressed and those will be discussed during this hearing. This much is clear: black lung is back at epidemic levels.

And mine safety regulators and the industry have failed in their jobs to protect miners from this completely preventable occupational disease.

Today's hearing will also address the solvency of the Black Lung Disability Trust Fund. When miners are disabled from black lung disease, they can file a claim for black lung benefits with the Department of Labor. If a mine operator shuts down or files for bankruptcy, however, benefits are paid from the Black Lung Disability Trust Fund. That Fund is financed by a small tax on each ton of mined coal.

But on December 31, 2018, Congress allowed the amount mine owners contribute to the fund to drop by 55 percent. If the previous tax rate is not reinstated, the Government Accountability Office projects that the deficit in the Trust Fund will skyrocket to \$15.5 billion by 2050.

While the Trust Fund can borrow to pay miners' benefits and refinance its debt, allowing the tax rate to sunset effectively shifts the costs of black lung disease from the coal industry -- which caused the problem -- to the taxpayers.

Finally, we will examine how Black Lung claimants could be harmed by the Texas lawsuit, brought by Republican Attorneys General and the Trump Administration, that is seeking to invalidate the *Affordable Care Act*. A lower Court opinion already struck down the ACA on constitutional grounds, and an appeal is now pending.

The *Texas* litigation not only threatens to eliminate the ACA's protections for people with preexisting conditions, federal subsidies for low-income people to purchase private health insurance and Medicaid expansion, but repeal would also eliminate the so-called "Byrd Amendments" to the ACA that -- with the support of the Black Lung Association and the United Mineworkers union -- had restored important eligibility criteria that enabled miners and their families to receive compensation under the Black Lung Benefits Act.

Despite the growing insolvency of the Black Lung Disability Trust Fund and the threat to miners from the attempt to repeal the ACA, we have heard nothing from this Administration about any actions that would protect and defend the threatened benefits of this nation's ailing miners.

I want to thank our witnesses for their testimony, especially those who had to travel some distances to be here. I also want to give a special thanks to the miners who have traveled from the coal fields of West Virginia. I yield to the Ranking Member, Mr. Byrne, for his opening statement.