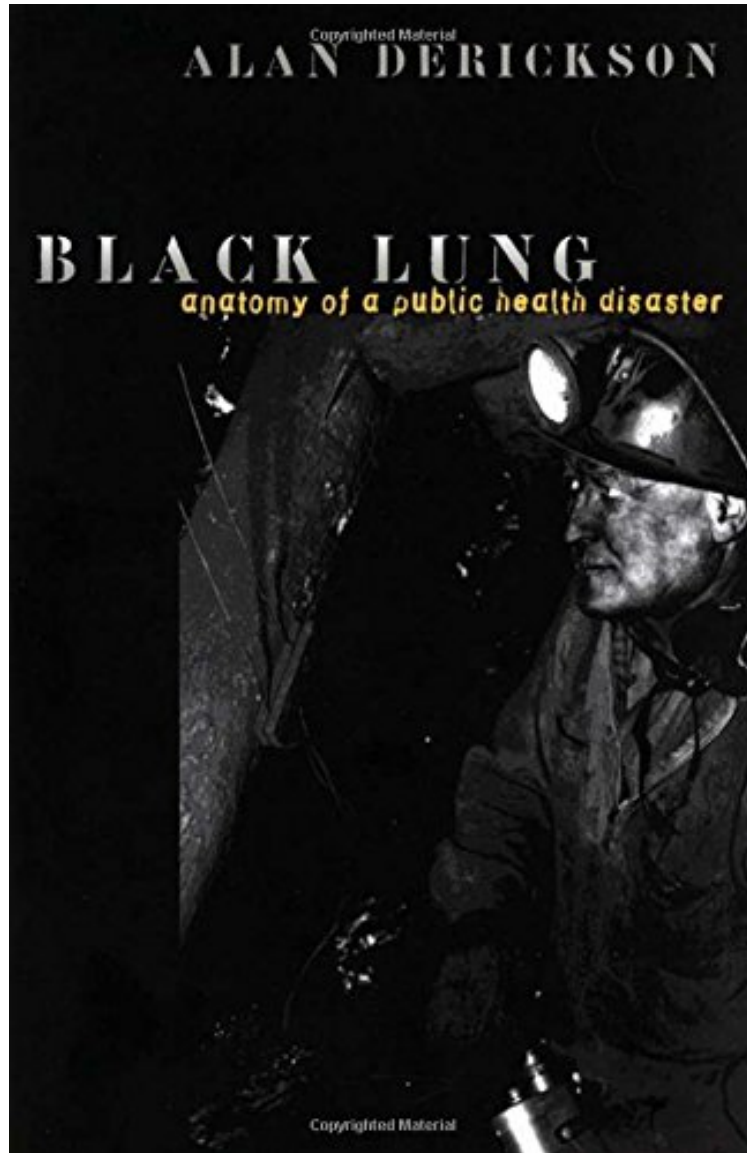


(Read now) Black Lung: Anatomy of a Public Health Disaster

## Black Lung: Anatomy of a Public Health Disaster

*Alan Derickson*

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**Alan Derickson : Black Lung: Anatomy of a Public Health Disaster** before purchasing it in order to gage whether or not it would be worth my time, and all praised Black Lung: Anatomy of a Public Health Disaster:

0 of 0 people found the following review helpful. GreatBy WillGreat read!1 of 1 people found the following review helpful. very informativeBy S. Howardif you are into history this is a great book. the first page draws you in, an excerpt " I am writing this page with the sputem from he has spit up" it really draws you in. and still it is a problem today black lung is still very prevalent. i recomend it.

In the definitive history of a twentieth-century public health disaster, Alan Derickson recounts how, for decades after methods of prevention were known, hundreds of thousands of American miners suffered and died from black lung, a respiratory illness caused by the inhalation of coal mine dust. The combined failure of government, medicine, and industry to halt the spread of this disease and even to acknowledge its existence resulted in a national tragedy, the effects of which are still being felt. The book begins in the late nineteenth century, when the disorders brought on by exposure to coal mine dust were first identified as components of a debilitating and distinctive illness. For several decades thereafter, coal miners' dust disease was accepted, in both lay and professional circles, as a major industrial disease. Derickson describes how after the turn of the century medical professionals and industry representatives worked to discredit and supplant knowledge about black lung, with such success that this disease ceased to be recognized. Many authorities maintained that breathing coal mine dust was actually beneficial to health. Derickson shows that activists ultimately forced society to overcome its complacency about this deadly and preventable disease. He chronicles the growth of an unprecedented movement from the turn-of-the-century miners' union, to the social medicine activists in the mid-twentieth century, and the black lung insurgents of the late sixties which eventually won landmark protections and compensation with the enactment of the Federal Coal Mine Health and Safety Act in 1969. An extraordinary work of scholarship, *Black Lung* exposes the enormous human cost of producing the energy source responsible for making the United States the world's preeminent industrial nation.

From *Library Journal* In 1900 miners who breathed a lifetime of coal dust were known to suffer from what is today called black lung disease. Derickson (Pennsylvania State) shows how black lung was defined out of existence for decades until a 1960s grass-roots revolt in the West Virginia coal fields refocused the medical community and pressured the federal government to deliver a program of prevention and compensation. His book is a study in the social construction of disease and is a brief against the mine owners, physicians, union leaders, and government officials who all helped to create a tragedy in industrial health. It is a brief, though, that has been filed before, most recently in Barbara Ellen Smith's *Digging Our Own Graves* (1987). Derickson's book differs chiefly in emphasis and detail and in his extensive oral history research on the 1960s insurgency. It is a good selection for strong collections in labor, medicine, and Appalachia but optional for more general collections, particularly for those owning Smith's book. ?Robert F. Nardini, Chichester, NH Copyright 1998 Reed Business Information, Inc. From *The New England Journal of Medicine* In the classic story that exemplifies the public health approach to disease prevention, John Snow removed the handle of the Broad Street pump in London to halt a cholera epidemic. Snow knew neither the agent of the disease nor its mechanism, but he acted after making reasoned conclusions drawn from systematic observations of the distribution of the disease. In his carefully researched and exhaustively referenced book, *Black Lung: Anatomy of a Public Health Disaster*, historian Alan Derickson asks why the "pump handle" was not removed -- why dust was not controlled -- when so much was known for so long about the harmful effects of excessive dust exposure among coal miners. *Black Lung* is a cautionary tale, warning of the consequences of allowing economic and political considerations to control public health decisions. Engaging, well-organized, and fast-paced, the book guides the reader through a century of change in the mining, scientific, and regulatory communities. Beginning in the mid-19th century, first in the United Kingdom and then in the United States, lung diseases, commonly called "miner's asthma" or "miner's consumption" and medically labeled "anthracosis," were observed in coal miners. Sick miners had progressive dyspnea, chest discomfort, and cough, sometimes dramatically accompanied by the expectoration of copious quantities of black, inky sputum. Medical textbooks, including Osler's classic *Principles and Practice of Medicine* (New York: D. Appleton), first published in 1892, described a lung disease observed in miners and caused by exposure to dust. But early in the 20th century, according to Derickson, conventional scientific wisdom seemed to have undergone a critical transformation. The observation in the United Kingdom that rates of tuberculosis were lower among miners than among laborers in urban areas led to the assertion in the United States that inhalation of coal-mine dust had a beneficial effect and that dust-induced pulmonary fibrosis hardened the lungs against infection. Derickson argues that as concern about the devastating effects of silica dust became widespread, a "reductionist" approach equated all dust-related hazards with silica, thereby deflecting attention from the independent risk posed by coal-mine dust. From this arose the belief that in the absence of silica, coal-mine dust is benign -- discoloring the lungs but not causing impairment. The belief that exposure to coal-mine dust had only benign effects could have been challenged by scientific inquiry. In fact, Derickson cites reports produced for the U.S. Department of Labor and the results of field investigations conducted by the U.S. Public Health Service indicating that miners had high death rates; diminished longevity and reduced pulmonary function as compared with other manual laborers; and a high rate of absence from work due to lung conditions. These reports, however, were not widely distributed, because access to workplaces was granted to government agencies in return for agreements to restrict communication of the results of investigations. For this reason, scientific evidence of the hazards of coal-dust exposure did not prompt requirements for improved ventilation or other preventive actions. Derickson also explores how efforts to minimize compensation to miners with lung disease may have affected the willingness of official bodies to recognize the connection between work and disease. Unfortunately, Derickson fails to describe accurately the current concept of diversity in the lung diseases of

coal miners. Exposure to coal-mine dust causes not only coal workers' pneumoconiosis but also chronic bronchitis and emphysema and, depending on the quartz content of the inhaled dust, silicosis. A clearer presentation of this complex of diseases would have provided readers with context for understanding the evolution of the varied beliefs and approaches to lung diseases among coal miners. Compensating for this weakness is an important strength of the book: Derickson's description of the social and economic consequences of lung disease in the coal fields. Young boys began work as slate pickers, cleaning and sorting coal for entry-level wages in densely dusty environments. As the children grew older and stronger, they moved progressively up the job and pay ladders, helping to transport, load, and ultimately mine coal. When injury or disease incapacitated miners, these men, having no social safety net and minimal employment alternatives, climbed back down the job ladder, sometimes ending their careers in the breakers, cleaning coal as they did in their youth, still for entry-level wages, only this time in failing health. The ultimate lesson of Derickson's book is one worth heeding: to prevent public health disasters, prudent action may be necessary, even in the face of scientific uncertainty. ed by Gregory R. Wagner, M.D. Copyright 1999 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. "An important contribution to the history of the coal industry and its economic and social impact. . . . Derickson focuses on the health consequences of mining coal, tracing the scientific, medical, labor, and political histories of black-lung disease, the respiratory illness caused by breathing coal dust. Perhaps most disturbing is Derickson's assertion that the effects of exposure to coal dust were known at the turn of the century and that preventative measures could have been implemented; instead, millions either died or suffered the debilitating effects of the disease."Booklist "Derickson provides a detailed chronicle of the consequences of the social, political, medical, and economic forces that supported and delayed recognition of black lung as a preventable disease. . . . His book offers a concise and comprehensive account of a national tragedy with heavy financial and human cost."Choice "In a richly researched and brilliantly argued work, Derickson shows how health professionals' obsession with silicosis prevented the recognition of coal workers pneumoconiosis (CWP) as a distinct disease entity, and how it took substantial effort by the workers themselves to force it onto the public agenda. . . . This is an impressive book and one that should be read by a wide audience."Labor History "This volume is a significant contribution to American labor history and to the history of occupational health, but it is also an important cautionary tale whose implications for today's 'science wars' should not go unnoticed. . . . Derickson has written an important book, worthy of the attention of all medical historians."Bulletin of the History of Medicine "Historians from many fields will want to read this book. . . . Labor historians will want to weigh Derickson's sophisticated take on the unions' on-again, off-again advocacy of health issues. Medical historians will find a quite literal example of the 'social constructedness' of disease. And most readers will find renewed appreciation for the men who spent half their lives gasping for breath, that a nation might light its cities and heat its homes."Pennsylvania History "Derickson's dissection of this public health disaster leaves the reader cringing. . . . It is a solid professional history. Derickson's story is well documented with an impressive range of published sources, archival documents, and oral interviews. . . . This book is an impressive contribution to occupational health history, to labor history, and to United States history in general." American Historical "Alan Derickson's Black Lung chronicles a century of betrayal of the coal minersdecades of duplicity, cover-up, and cowardliness by the coal barons, government officials, and the miners' own union leaders."Ralph Nader "A passionately argued study of a 'disease' that has in the past century and a half been constructed, dismissed, and reconstructed, Black Lung is an important addition to a growing literature on the history of occupational health."Charles Rosenberg, Harvard University "The definitive account of this American tragedy, Black Lung is a very important book for the history of American public policy and also adds substantially to our understanding of the industrial revolution."Kathryn Kish Sklar, Binghamton University "Black Lung is a masterful piece of work that finally brings together all the elements of labor, medical, political, and social history."David Rosner, Columbia University