medical journal (without mentioning their names, of course). He was told if he did he would have to look for another job. The doctor had a bad heart and was concerned about looking for other employment. Before he could do anything, he died of a second heart attack.

Dr. Lorin E. Kerr of the United Mine Workers Welfare and Retirement Fund, an authority on coal workers' pneumoconiosis (or, as the coal dust disease is popularly called, "black lung"), has sharply denounced "the attitude and influence of employer-oriented physicians who avoid facing known facts about the ravages of coal dust in human lungs because to do otherwise would cost money. The impact of physician knowledge and attitudes is apparent in inaccurate or incomplete death certificates. These documents are essential for determining the existence of a dangerous dust requiring governmental action for control or eradication. Too often, no records mean no action. Physician denial or avoidance of known facts can also determine the publication of information. In 1956, the concern of some physicians about management attitudes effectively blocked the publication of a paper of mine on coal workers pneumoconiosis in the most widely circulated medical journal in the United States. One can only wonder how many times other medical information vital for the protection of the health of workers has not been published for the same reason. Physician attitudes also influence other groups such as company lawyers, state legislators, and officials who, all-told, are remarkably resistant to the elimination or control of coal dust because it would cost money."

Coal workers' black lung or pneumoconiosis affects at least 150,000 active and retired miners in advanced stages of lung destruction. Two thousand men die from this disease in Pennsylvania every year. What Dr. Kerr was referring to was a critical rupture in the recording and communicating of data by members of the medical profession.

3. State safety laws and regulations are weak, inspection is poor, and penalties rarely imposed. The states spend an average of 40 cents per worker per year on industrial safety. Some states such as Texas and Oklahoma have taken this down to two cents per worker per year. Of the 1,524 state inspectors, 697 inspect boilers, elevators and mines, leaving only 827 inspectors for general safety inspection, construction, safety promotion and education, health, and industrial hygiene, according to the Bureau of Labor Statistics. (There are almost twice as many fish and game wardens — about 3,000 — employed by the states to look out for wildlife.) Four states have no safety inspection staff in any area and 17 other states have 10 or less on their safety inspection staffs. More shocking is the fact that only three states have staffs specializing in the area of occupational health and industrial hygiene.

4. By and large, union leaders have been far too pliable when confronted by management's inaction or decisions regarding worker health and safety. Too often, health and safety conditions are treated as trade-offs for more tangible union gains in wages at the collective bargaining table. This has been the case, for example, with the United Mine Workers leadership, which finally is becoming slightly aroused over the plight of their workers but little dedicated to overturning coal management's modus operandi that treats coal miners as being less expensive than coal. Union leaders simply do not give health and safety a first rank priority; their lack of aggressive lobbying for the proposed Occupational Safety and Health Act of 1968 in Congress cannot be covered up by resolutions and resonant statements for the records. Labor leaders are wanted on the ramparts, not just on the record.

5. The Federal government has abdicated its responsibility to devote funds toward effective research programs and training programs for occupational health and safety. The Department of Health, Education, and Welfare (HEW) has had no sense of the importance of this problem, the need to develop preventive systems and competent medical and engineering personnel. HEW's advocacy has been weak and, if anything, the occupational health activity in the Department has been downgraded recently. The one area where HEW has received some consistent funding—$5 million since 1953—for research on the causes and prevention of coal workers' pneumoconiosis has had little to show for it, apart from a prevalence study completed three years ago. It is dismaying to note that not only does Western Europe spend twenty times the level on research in the coal dust disease area, but