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To: zzMSHA-Standards - Comments to Fed Reg Group

Subject: RIN 1219-AB64

Please consider the findings below, which are contained on page 32 of the report of the Government Independent Investigation Panel appointed by the governor of West Virginia to investigate the April 5, 2010, Upper Big Branch mine explosion.

Coal Workers' Pneumoconiosis and the UBB miners

<http://www.nttc.edu/programs&projects/minesafety/disasterinvestigations/upperbigbranch/UpperBigBranchReport.pdf>

Coal workers' pneumoconiosis (CWP), also called black lung disease, develops when respirable coal mine dust is inhaled and deposits in the lungs. It is a chronic, fibrotic, and irreversible disease that robs miners of their breath and life. CWP is wholly preventable with diligent use of dust control measures including proper ventilation, water sprays and dust collectors.

Autopsies of the 29 men who lost their lives in the Upper Big Branch explosion were performed by the West Virginia Medical Examiner.¹ Lung examinations, necessary to determine the presence or absence of CWP is a specialized review, requiring physicians with expertise, additional training and practice. At our request a recognized expert in occupational diseases and with experience in lung examinations of this sort reviewed the autopsy reports and determined the presence or absence of CWP.²

Of the 29 victims, five did not have sufficient lung tissue available to make a determination relating to CWP: two due to massive injury and three due to autolysis.³ The remaining 24 victims had sufficient tissue for examination.

Seventeen of the 24 victims' autopsies (or 71 percent) had CWP. This compares with the national prevalence rate for CWP among active underground miners in the U.S. is 3.2 percent, and the rate in West Virginia is 7.6 percent.⁴ The ages of the UBB victims with CWP ranged from 25 to 61 years.

Of the seven not identified as having CWP, four had what was characterized as "anthracosis" on their autopsy report. This term is often used in lieu of the term pneumoconiosis, or may refer to a black pigment deposition without the fibrosis and other characteristics needed to make a firm diagnosis of pneumoconiosis. Consequently, it is possible that upon further expert review, these four miners could have had pneumoconiosis. Three of the 24 victims had no pneumoconiosis or anthracosis noted.

Of the 17 UBB victims with CWP, five of them had less than 10 years of experience as coal miners, while nine had more than 30 years of mining experience. At least four of the 17 worked almost exclusively at UBB. All but one of the 17 victims with CWP began working in the mines after the 2.0 milligram coal mine dust limit was put in affect in 1973. This was an exposure limit that was

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believed at the time sufficient to prevent black lung disease. It has since been determined ineffective to protecting miners' health.⁵

The victims at UBB constitute a random sample of miners. The fact that 71 percent of them show evidence of CWP is an alarming finding given the ages and work history of these men.

1 The West Virginia Department of Health and Human Services, Medical Examiner.

2 Robert Cohen, MD, F.C.C.P., Director Pulmonary and Critical Care Medicine, Cook County Health and Hospitals System; Chairman, Division of Pulmonary Medicine/Critical Care, Stroger Hospital of Cook County, Chicago, Illinois, conducted a confidential review of the UBB victims' autopsies.

3 The destruction of cells through the action of its own enzymes.

4 National Institute for Occupational Safety and Health, US Centers for Disease Control and Prevention. Table 2-12. CWXSP: Number and percentage of examined employees at underground coal mines with CWP (ILO category 1/0+) by tenure, 1970-2006. *The Work-Related Lung Disease Surveillance Report, 2007*. Publication No. 2008-143, September 2008; *Morbidity and Mortality Weekly Report (MMWR)*. Pneumoconiosis Prevalence Among Working Coal Miners Examined in Federal Chest Radiograph Surveillance Programs: United States, 1996—2002. April 18, 2003, 52(15); 336-340.

5 National Institute for Occupational Safety and Health, US Centers for Disease Control and Prevention. *Criteria for a Recommended Standard: Occupational Exposure to Respirable Coal Mine Dust*, September 1995; US Department of Labor, Mine Safety and Health Administration. Proposed rule on lowering miners' exposure to respirable coal mine dust including continuous personal dust monitors, 75 *Federal Register* 64412, October 19, 2010.

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