

News Release



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MSHA issues proposed rule on lowering miners' exposure to respirable coal dust *Aim is to end black lung disease among miners*

ARLINGTON, Va. – The U.S. Department of Labor's Mine Safety and Health Administration today announced the release of a proposed rule on lowering miners' exposure to respirable coal dust in all underground and surface coal mines. The proposed rule is the latest element of MSHA's "End Black Lung – Act Now" campaign.

The proposed rule combines prior regulatory actions addressing lowering coal mine dust exposure, single sample, plan verification and the use of continuous personal dust monitors. It would also implement recommendations contained in the 1995 National Institute for Occupational Safety and Health report, as well as a 1996 secretary of labor's dust advisory committee report. The NIOSH report can be accessed electronically at <http://www.cdc.gov/niosh/95-106.html>, and the dust advisory committee report can be accessed at <http://www.msha.gov/S&HINFO/BlackLung/1996Dust%20AdvisoryReport.pdf>.

The proposed rule would lower the existing concentration limits for respirable coal mine dust from 2 milligrams of dust per cubic meter of air, or 2 mg/m³, to 1 mg/m³ over a 24-month phase-in period; require the use of the continuous personal dust monitor; provide for the use of a single, full-shift sample to determine compliance; address extended work shifts; and redefine normal production shifts. In addition, the proposed rule would require expanded medical surveillance so that miners can take proactive steps to better manage their health. A fact sheet on the proposed rule is posted on the MSHA website, <http://www.msha.gov>.

"Protecting miners' health is a priority of the Department of Labor," said Secretary of Labor Hilda L. Solis. "This proposed rule takes concrete steps to end the terrible disease of black lung and will improve miners' lives."

Based on recent data from NIOSH, cases of black lung are increasing among the nation's coal miners. Even younger miners are showing evidence of advanced and debilitating lung disease from excessive dust exposure. Over the past decade, more than 10,000 miners have died from black lung. The federal government has paid out more than \$44 billion in compensation for miners totally disabled by black lung since 1970, according to the Labor Department's Office of Workers' Compensation Programs.

"This proposed regulatory action fulfills a longstanding commitment and promise that I made on my first day with MSHA, and one to which I have been dedicated most of my working life," said Joseph A. Main, assistant secretary of labor for mine safety and health. "It would bring us many steps closer to overhauling an outdated program that has failed to adequately protect miners from breathing unhealthy levels of coal mine dust and achieving the intent of Congress to eliminate black lung disease."

The complete proposed rule, scheduled for publication Oct. 19, 2010, in the *Federal Register*, may be viewed at <http://www.msha.gov/REGS/FEDREG/PROPOSED/2010Prop/2010-25249.pdf>. Comments may be submitted electronically at the federal e-rulemaking portal <http://www.regulations.gov>, by mail at MSHA, 1100 Wilson Blvd., Arlington, VA 22209-3939 or by fax to 202-693-9441. A video highlighting the elements of the proposed rule may be viewed at: <http://www.dol.gov/dol/media/webcast/20101013-coal>.

Editor's note: A list of quotations in support of the proposed rule follows this release.

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END BLACK LUNG CAMPAIGN ENDORSEMENT QUOTE SHEET

“In America in the 21st century, workers should not have to risk illness or death in order to provide for their families, yet more than 10,000 miners with black lung disease have died in the last decade alone. This rule will provide today’s miners with long-overdue protections against needless threats to their health.”

Vice President Joseph Biden

“We work very hard to care for those who suffer from this debilitating, disabling, and often fatal disease, knowing full well that it is 100 percent preventable. This disease should not exist in this 21st century and are therefore strongly in support of the new initiative that MSHA has begun to ‘End Black Lung Now.’ We support MSHA’s plans to strengthen and redesign the rules for respirable coal mine dust in our nation’s mines.”

Robert Cohen MD, medical director, National Coalition of Black Lung and Respiratory Disease Clinics

“As a pulmonary physician working in a coal mining region, I know too well the terrible human toll of dust-induced lung diseases for coal miners and their families. And recent research studies and health surveillance examinations have demonstrated increasing numbers of miners who are affected, and at strikingly young ages. The health protections that have been promised in the federal regulations have not been delivered, and thousands of miners are suffering severe, disabling and fatal lung disease. I strongly encourage the adoption of more effective measures to control dust exposures and to stop these entirely preventable illnesses and deaths among our nation’s working men and women.”

Edward L. Petsonk MD, professor, West Virginia University

“I continue to see miners (as patients) with serious and life threatening lung disease from coal mining. The fulfillment of the promise to eliminate these diseases is long overdue. I am supportive of the MSHA ‘End Black Lung Campaign’ and favor rulemaking efforts to modify the current regulations to better protect miners.”

John E. Parker MD, chief of pulmonary and critical care medicine, West Virginia University

“What we are seeing today is that our miners are getting sicker and having to stop work at a much younger age due to complicated black lung disease. Many look considerably older than their actual age, they tell us stories of how they used to hunt, fish and walk the hills of our beautiful mountains, feeding their livestock, but they can no longer do the activities they always loved. The faces are different, but for the most part their stories and symptoms are the same. I say we must end this dreadful disease that has taken so many lives. We of the National Coalition of Black Lung and Respiratory Disease Clinics fully support MSHA’s Campaign on Lowering Miners’ Exposure to Coal Mine Dust including Continuous Personal Dust Monitors, and commend Mr. Main’s efforts in addressing this terrible disease.”

Ron Carson, Chair, National Coalition of Black Lung and Respiratory Disease Clinics

“I and we, as the National Black Lung Association, support any changes MSHA can make to prevent miners from getting black lung. I know first hand what black lung can do to an individual and to his family and we don’t want that for any miner.”

Joe Massie, president, National Black Lung Association

“We have seen firsthand the adverse effects on life and health that exposures to coal mine dust and silica have had on our patients. Of particular concern to us is the recent increase in prevalence of all forms of coal workers’ pneumoconiosis, including progressive massive fibrosis. We are delighted to support the Mine Safety and Health Administration’s plans to strengthen the rules for respirable coal mine dust exposure, including a long overdue decrease in the allowable exposure limit and improved efforts to measure and control hazardous exposures. These improvements in coal mine dust regulations are essential to the prevention of coal workers’ pneumoconiosis, silicosis and other health effects suffered by miners in our country.”

Cecile Rose MD, director of the Miners Clinic of Colorado

“Based on the stories we hear during our visits, coal miners are afraid to speak out because their job, their livelihood could be in peril. Protections promised in previous years are not there for this working class. I can also confirm that the National Institute of Occupational Safety and Health’s recent data suggesting that there is a higher incidence of simple pneumoconiosis and more severe disease in younger miners is what we are witnessing in the Black Lung clinics. . . . As always, we will continue to educate the miners that present to our facility that prevention is imperative, and as health care workers we would love to see the elimination of this devastating disease. You have the full support of our staff. Thank you for continuing to make it a priority to protect our patients and our family members in the coal industry.”

Susie J. Criss, director, Black Lung Program, New River Breathing Center

“The experience in this clinical setting is that more miners are getting massive pulmonary fibrosis or complicated black lung. This increase in complicated black lung is a national trend reported by the National Institute of Occupational Safety and Health. Workers with this form of black lung continue to become more and more disabled even after they are removed from the dusty environments of their jobs. Anything we can do to prevent the continuation of this disease needs to be done now. I will support any and all measures that will eliminate black lung.”

Deborah L. Wills, Black Lung Program, Valley Health Systems Inc.

“We continue to treat and assist miners every day, most with black lung disease and many disabled from this disease. Black lung disease is not a disease of the past but continues to affect our nation’s miners in Pennsylvania and indeed throughout the country. I support these standards as a way to finally end this entirely preventable disease. NIOSH recommended reducing the PEL by half more than a decade ago, but this was never implemented. This is a grave disservice to this hardworking population without whom more than half of our country would be without electricity. Recent NIOSH studies show that the failure to establish more stringent respirable dust standards has taken a large toll on coal miners as they have identified a resurgence of the disease in the past decade with younger miners becoming ill with more severe disease. Please know that you have the support of the Lungs at Work Clinic and all the miners we serve as you strive to enact standards that will once and for all eliminate this deadly disease.”

Lynda Glagola, Executive Director, Lungs at Work

“Our clinic completely supports MSHA’s campaign to End Black Lung and efforts to regulate, reduce and prevent excessive exposure to dust particulate matter for the miners. Prevention is key to ending the disease process. The miners helped power the nation for many years, and now we must help to empower them by promoting a safe and healthy work environment.”

Cathy Bethel, program director, Coal Miners’ Respiratory Clinic

“The End Black Lung campaign and rulemaking efforts are vital as we continue to try to keep our coal miners safe and desire to give them many years of enjoyable life, which they deserve after working so hard to provide our country with their services. We appreciate all of your efforts, and you have our complete support.”

**Melissa Grimm, project director, East Ohio Regional Hospital Black Lung Program,
and secretary of the National Coalition of Black Lung and Respiratory Disease Clinics**

“I applaud MSHA and you for the ‘End Black Lung Campaign’ to lower the miners’ exposure to mine dust. I worked in the coal mines for 37 years, and I appreciate and approve the personal dust monitors for miners. The recent study conducted by NIOSH shows that coal miners with exposure to dust with less time in the mines and at a younger age are getting coal workers’ pneumoconiosis. Again, thank you so much for your efforts to improve the working conditions for the coalminer.”

Tommy Curry, benefits counselor, Tug River Black Lung Clinic

“For many years I have represented miners and widows on claims for benefits due to black lung. Black lung, once thought of as a disease of the past, continues to take its terrible toll on young miners and their families in eastern Kentucky, southwestern Virginia and southern West Virginia, areas that the National Institute for Occupational Health and Safety has referred to as ‘hot spots’ for coal workers pneumoconiosis and progressive massive fibrosis... I am hopeful that MSHA will use strong and effective measures to cause coal mines to reduce the level of respirable dust in the mine atmosphere to a level of personal exposure, which will prevent new incidences of respiratory disease and the further development of such disease in any miner. I am hopeful MSHA will also take action to end the exposure to significant silica, a particularly harmful hazard in mining.”

Stephen A. Sanders, director, Appalachian Citizens’ Law Center Inc.

“I think the dust levels need to be changed. They give you a monitor and it’s supposed to be parts per million but that’s not what happens at the mines. People don’t know until they get the disease what those particles of dust are doing to their lungs. If it is possible to lower the dust, they need to lower the dust.”

David Neil, 50-year-old miner with complicated black lung

“Anything that they can do to improve the situation needs to be done. If miners could use their own monitors, that would help. You know what we’ve got now is not working.”

Robert Schultz, 57-year-old miner disabled by black lung at age 54