From: Cohen, Robert [mailto:rcohen@ccbhs.org]
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To: zzMSHA-Standards - Comments to Fed Reg Group
Subject: Comments for RIN 1219- AB64

Comments of Robert Cohen, M.D.

Medical Director, National Coalition of Black Lung Clinics, Inc.

To

Office of Standards, Regulations, and Variances
U.S. Mine Safety and Health Administration
1100 Wilson Boulevard, Room 2350
Arlington, Virginia, 22209-3939

Lowering Miner's Exposure to Respirable Coal Mine Dust, Including Continuous Personal Dust Monitors
RIN 1219-AB64

I am writing to strongly endorse the proposed dust rules RIN 1219-AB64 to modify the current dust control regulations in 30 CFR Parts 70, 71, 72, 75, and 90.

We are a group of clinics whose mission is to diagnose, treat, rehabilitate and provide benefits counseling to miners who suffer from Black Lung Disease.

As the medical director of the National Coalition of Black Lung and respiratory disease clinics, my colleagues and I routinely see the disease that is caused by continuing overexposures to coal mine dust. We have been dismayed in recent years by the resurgence of pneumoconiosis. There has been a doubling in the numbers of cases of simple pneumoconiosis seen in the Coal Worker's X-ray Surveillance Program within the last 10 years. We see many miners who have developed emphysema, chronic bronchitis, and impaired lung function caused or worsened by their coal mine dust exposure. We have also witnessed the occurrence of severe disease and rapidly progressive disease in relatively young miners, this phenomenon should not exist in the 21st century.

The components of the new dust rules proposed by MSHA would go a long way towards mitigating these overexposures and preventing black lung disease and the incredibly costly medical treatment that it requires.

We support a lower PEL

We strongly support the proposed recommendations to lower the PEL for respirable coal mine dust from 2 mg/m3 to 1 mg/m3, as well as lowering the exposure limit for intake air, and the atmosphere in which Part 90 miners work from 1 mg/m3 to 0.5 mg/m3. We also strongly support the

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establishment of a weekly exposure limit for miners. We also support MSHA's goal of developing a Permissible Exposure Limit for silica that is more protective than the current rule of 100 µg/m3 of respirable dust.

The current proposal would finally take the recommendations made by NIOSH in its Criteria Document of 1996, and the subsequent Secretary of Labor's Advisory Committee recommendations and give them the force of our regulatory system. These proposals will actually codify the practices and levels that currently exist in much, but not all of the industry. The average of MSHA samples is currently well below the proposed limits.

It was clear in 1996 that miner's were still developing Coal Worker's Pneumoconiosis, emphysema, chronic bronchitis, and lung function impairment after having been exposed to coal mine dust exclusively under the modern standard of 2 mg/m3 in place since the passage of the Coal Mine Health and Safety Act of 1969. This is why NIOSH made the recommendations it did in its 1996 document. Since that time, NIOSH has updated this material in a document that is available now in draft form. The medical literature published since 1996 only supports those recommendations and gives it the force of many more scientific studies. In addition the recent reports of rapidly progressive and advanced disease give urgency to the monitoring and enforcement changes in the proposed dust rules.

We support more stringent and logical monitoring of dust levels with modern technology:

We strongly support the use of the continuous personal dust monitors (CPDM) as proposed in the new regulations. These devices, jointly developed by industry, the government (NIOSH's mining program) and with input from labor, allow instant and direct display of dust conditions. This allows miners to adjust the conditions of their production in real time. The CPDM's would replace the antiquated and technologically outdated sampling pumps with cartridge filters that require days to weeks in order to get results by which time the conditions in these working sections may have changed dramatically.

These devices permit the continuous monitoring of the mine atmosphere for miners who are already affected with early Black Lung Disease, the Part 90 miners, as well as those for miners who work in jobs known to be at risk for very high dust exposures.

The proposal also changes the way samples are gathered and the data averaged. We know that today many of our miners are working many more than 8 hours a day. Dust sampling currently does not require a full shift sample, missing several hours of exposure. Also samples on several miners are averaged, which means that some miners who are clearly overexposed would have their samples averaged with others much less exposed for a result that would be in compliance – ignoring the overexposure that occurred.

The proposed regulations would also fix a loop hole in our current rules that permit sampling to be performed under the conditions of very low production misrepresenting the conditions that normally occur. Currently samples can be considered valid if they are obtained at production levels of only 50% of average production. The new rule requires that samples be taken when production is at an average of the last 30 production shifts. This would result in a much better understanding of the actual exposures under normal operating conditions.

We support modern physiological surveillance in addition to x-ray surveillance:

We strongly support MSHA's proposal to require the addition of a complete medical examination to the coal miner's health surveillance program. This would include a record of the miner's occupational history, symptom history, and measurement of lung function. The huge body of medical evidence summarized in NIOSH's 1996 criteria document as well as the information summarized since then clearly shows the effects of coal mine dust on lung function. This important health problem would not be discovered if we continue to rely on x-ray screening alone. The addition of spirometry would allow the early detection of the physiologic effects of coal mine dust on lung function.

In conclusion as practitioners in our Nation's Black Lung and Respiratory Disease Clinics, we strongly support MSHA's proposed rule, "Lowering Miner's Exposure to Respirable Coal Mine Dust, Including Continuous Personal Dust Monitors: RIN 1219-AB64"

Sincerely,

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