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MSHA
Office of Standards, Regulations and Variances
1100 Wilson Blvd., Rm. 2313
Arlington, Virginia 22209-3939

MSHA
U.S. Dept of Labor

COMMENTS RE: MSHA RESPIRABLE DUST RULES PROPOSAL

My husband was
~~My husband was~~ a coal miner for over 35 years. When *my husband*
~~we~~ started working in the mines, ~~we~~ did not have and/or it was not universal, the mining technology that we have now, especially the long-wall mining. Issues involving the safety and health of coal miners were in their beginning stages of being resolved, and, officials were just starting to enforce necessary laws to ensure safe working conditions and provide the ventilation that was desperately needed to keep "air" on the mine sections. **But, now, with production at an all time high due to modern technology and equipment, we are stirring up mega coal and silica dust on a daily basis!**

The 1969 Mine Safety and Health Act was instrumental in cleaning up the mines and maintaining safer conditions in the mines. However, in the early 1990's the habitual practice of obtaining and submitting fraudulent dust sampling was revealed and the public became aware of something that coal miners had known for many years – the sampling was not being administered "properly" and the samples that were submitted were misleading and frequently falsified!

In 1996, the Federal Advisory Committee was appointed by the Secretary of Labor to develop recommended actions on the elimination of pneumoconiosis among coal miners. Those concerns included MSHA "taking over" the mine operator-controlled compliance dust sampling program, increase the number of shifts on which dust sampling is conducted, operate the dust samplers the full shift, have MSHA verify the dust control plan at the mines to make sure that the plan would control the dust, lower the 2.0 mg/m³ respirable dust levels, increase the sampling of the dust in the areas in the out-by, and require continuous monitoring of the dust levels.

But, these 2003 Proposed Rules not only fail to bring about the above-listed necessary action, tragically, they will reverse many improvements currently in place. We have been told that the new rule eliminates mine operator compliance sampling; furthermore, compliance sampling will be reduced by as much as 90% with substantial increases in unhealthy respirable dust concentrations by as much as four times the current levels. Moreover, what about the mandatory requirement for continuous dust sampling – exactly, what role does it play in these rules?

Clearly, these proposed rules ignore the 1969 and 1977 Mine Act, the 1996 Federal Advisory Committee Report on recommended actions for the elimination of pneumoconiosis among coal miners, NIOSH criteria, and ultimately, the health and long life of coal miners! ***Miners in their forties and fifties, are dying from complicated black lung, contracted working under the present rules – what will happen to the men working under these proposed rules?***

Sincerely,

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