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Cook County Health & Hospitals System

Chairman

Division of Pulmonary Medicine/Critical Care
John H. Stroger, Jr. Hospital of Cook County
1900 West Polk Street, Suite #1402, Chicago, Illinois 60612
Phone (312) 864-2901, Fax (312) 864-9742, e-mail: rcohen@ccbhs.org

October 13, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

Re: MSHA Proposed Rule for Respirable Coal Mine Dust

Dear Secretary Main,

I am writing to you on behalf of the National Coalition of Black Lung and Respiratory Disease Clinics, Inc. We are a group of clinics, recipients of federal funds for the Black Lung Clinics Program, whose mission is to diagnose, treat, rehabilitate, and provide benefits counseling to coal miners who suffer from Black Lung Disease.

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% preventable. This disease should not exist in this 21st century, and we 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.

We support MSHA's four pronged approach of 1) Lowering occupational exposure to coal mine dust, 2) redesigning the rules for Verification of Underground Coal Mine Operator's Dust Control Plans, and Compliance Sampling for Respirable Coal Mine Dust, and 3) Determining the Concentration of Respirable Coal Mine dust and 4) developing rules for the new technology of Continuous Personal Dust Sampling using the CPDM.

We have been dismayed in recent years by the appearance in our clinics of younger miners suffering from severe forms of pneumoconiosis including advanced stage simple Coal Workers' Pneumoconiosis and also Progressive Massive Fibrosis. We have also seen miners who suffer from rapidly progressive forms of the disease going from normal or near normal chest radiographs to advanced disease in just a few years. This

• **Ambulatory & Community Health Network** • **Cermak Health Services** • **Cook County Department of Public Health** •
• **John H. Stroger, Jr. Hospital** • **Oak Forest Hospital** • **Provident Hospital** • **Ruth M. Rothstein CORE Center** •

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indicates significant overexposure to respirable dust. We have read with great concern the reports by NIOSH as well as other reports in the medical literature verifying our clinical experience with this resurgent disease and realize that the problem exists on a much larger scale and truly rises to the level of a public health emergency.

The solution to this is prevention, which means a complete overhaul of our dust control regulations. The National Coalition of Black Lung and Respiratory Disease Clinics fully supports MSHA's new rulemaking initiative and would be happy to provide any support which you deem helpful.

With greatest respect,



Robert Cohen, M.D.

Medical Director, National Coalition of Black Lung and Respiratory Disease Clinics (NCBLRDC)

On behalf of:

Ron Carson – Chairman, NCBLRDC

Teresa Dabney – Vice Chairman, NCBLRDC

David Haden – Treasurer, NCBLRDC

Melissa Grimm – Secretary, NCBLRDC

Lynda Glagola – Past Chair

Debbie Wills – Coordinator, Black Lung Clinic, Valley Health Systems, Huntington, WVA

Cecile Rose, - M.D., M.P.H., - Medical Director, Colorado Miner's Clinic, National Jewish





October 11, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, Virginia 22209-3939

Dear Mr. Main

Being born and raised in a coal mining town and knowing that my father, grandfather and great grandfather were all coal miners was no big deal to me...it was what people did, what you were expected to do and what I actually did for a period of time. As a young child growing up, I remember hearing about mining accidents. In fact, I remember well that my grandfather was involved in one such accident and unfortunately, his brother was killed, leaving behind his wife and small children.

However, what I don't recall hearing very much about were the health risks associated with coal mining. It wasn't until I returned to this area after living in Boston for 20 plus years that I began hearing stories about the plight of many who had worked in the mines and had been exposed to coal dust.

In addition to serving as Chair of the National Coalition of Black Lung and Respiratory Disease Clinics, in 1991 fate placed me in the position of Director of the Black Lung and Respiratory Care Clinic at Stone Mountain Health Services in St. Charles Virginia. An area recently identified by NIOSH as a "hot spot."

While I and the other members of the Coalition have been blessed with highly trained staff and have been commendably successful in our efforts, and even with the progress that has been made in reducing miner's exposure to coal mine dust, we are still seeing considerable numbers of miners with severe impairments and Complicated Black Lung Disease.

Since the inception of the St. Charles Black Lung Clinics Program in 1991 we have seen and treated over 10,000 coal miners from Southwest Virginia, Eastern Kentucky and Northeast Tennessee generating over 200,000 face to face encounters. I can remember in the early 1990's we would see perhaps one or two cases a year of complicated CWP, last year in 2009, we identified over 100 cases and have lost 21 miners to this terrible disease this year.

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 considerable 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 live stock, 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 Monitor's and commend Mr. Main's efforts in addressing this terrible disease.

Respectfully submitted,

Ron Carson
Chair NCBLRDC

APPALACHIAN CITIZENS' LAW CENTER, INC.

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*Also Admitted in VA

October 13, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

Dear Secretary Main:

I am encouraged that MSHA is working on a comprehensive program to eliminate Black Lung Disease. The time is now to focus on eliminating the irreversible and progressive lung disease caused by the inhalation of dust and the subsequent scarring and destruction of the lung tissue. Black Lung causes severe shortness of breath and sensations of smothering. It can be disabling and it can cause death.

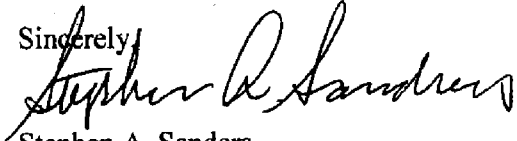
For many years I have represented miners and widows on claims for benefits due to Black Lung. Black Lung, once thought of as a disease of the past, continues to take its terrible toll on young miners and their families in Eastern Kentucky, Southwestern Virginia and Southern West Virginia, areas that the National Institute for Occupational Health and Safety has referred to as "hot spots" for Coal Workers Pneumoconiosis and Progressive Massive Fibrosis.

Under the Mine Act of 1977 MSHA must promulgate standards to assure that miners won't suffer a material impairment of health even if exposed to a hazard their whole working life. The statute intended "to provide, to the greatest extent possible, that working conditions in each underground mine are sufficiently free of respirable coal mine dust concentrations in the mine atmosphere to permit a miner to work underground during his entire working life without incurring any disability from pneumoconiosis or other occupation-related disease." 30 U.S.C. §841(b).

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.

Congress has entrusted MSHA with a duty to protect miners from Black Lung Disease. Your MSHA administration must use every tool at its disposal to carry out the intent of the Mine Act of 1977 and eliminate the chronic lung diseases caused by exposure to excessive dust which has plagued coal miners for generations.

Sincerely,

A handwritten signature in cursive script that reads "Stephen A. Sanders". The signature is written in black ink and is positioned above the printed name.

Stephen A. Sanders
Attorney at Law

Muhlenberg Community Hospital
440 Hopkinsville Street
Greenville, KY 42345
(270) 338 - 8300

Coal Miners' Respiratory Clinic

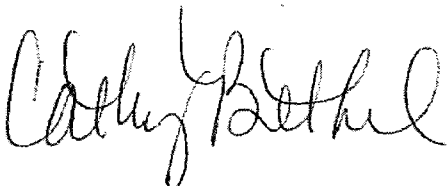
October 11, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, Virginia 22209-3939

Dear Mr. Main,

My name is Cathy Bethel and I am the Program Director for the Coal Miners' Respiratory Clinic Black Lung Program in Western Kentucky. 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 have helped power the nation for many years and now we must help to empower them by promoting a safe and healthy work environment.

Thank you,



Cathy Bethel
Program Director
Coal Miners' Respiratory Clinic
(270)-338-8301



east ohio regional hospital

90 North Fourth Street
Martins Ferry, OH 43935

October 12, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

Dear Mr. Main,

I would like show my support for the "Lowering Miners' Exposure to Coal Mine Dust Including Continuous Personal Dust Monitors" rule which you have proposed. 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.

Sincerely,

Melissa Grimm, CRT, RCP
Project Director-Respiratory & Occupational Lung Disease Clinic
Secretary-National Coalition of Black Lung and Respiratory Disease Clinics Inc.
740-633-6680
mgrimm@ovrh.org

Lungs at Work

4000 Waterdam Plaza Dr., Suite 120
McMurray, PA 15317

724-941-1650
Fax: 724-941-1380

October 13, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, Virginia 22209-3939

Re: MSHA Proposed Rule for Respirable Coal Mine Dust

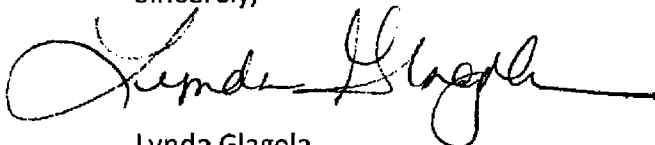
Dear Secretary Main,

As the manager of the Lungs at Work Black Lung Clinic in Southwestern Pennsylvania, I am writing in support of the need for comprehensive respirable dust standards in America's coal mines. 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 as is commonly believed; but continues to affect our nation's miners in Pennsylvania and indeed throughout the country on a daily basis.

On behalf of the coal miners treated at our clinic and me, I would like to offer strong support for these standards as a way to finally end this entirely preventable disease. NIOSH recommended reducing the PEL by fifty percent more than a decade ago but unfortunately for our miners these recommendations were never adopted for implementation. This continues to be a grave disservice to a hard working population whose willingness to work in this precarious occupation supplies our nation with half more than half its electricity. Recent NIOSH studies vividly illustrate the consequences of the failure to establish more stringent respirable dust standards. The toll has been significant to our nation's coal miners as NIOSH has 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 the miners we serve as you strive to enact standards that will once and for all eliminate this deadly disease.

Sincerely,



Lynda Glagola
Executive Director
Lungs at Work



Mountain Comprehensive Health Corporation

Whitesburg Medical/Dental Clinic

OB/GYN • Family Practice • Internal Medicine • Pediatrics

226 Medical Plaza Lane • P. O. Box 40 • Whitesburg, KY 41858
Phone (606) 633-4171 • Fax (606) 633-0883

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

October 14, 2010

Dear Mr. Main:

The staff of the Respiratory Clinics of Eastern Kentucky wish to express their support of the Mine Safety and Health Administration in their endeavor to reduce and eliminate excessive exposures to respirable coal mine dust in the mining industry.

This goal of reducing and eliminating the amount of respirable dust in the coal mines of the nation is much needed. Our program provides medical, educational, and outreach services to active and retired miners. Our pulmonologist sees first hand the damage to the lungs caused by the miner's exposure to dust.

We agree that the goal of reducing the amount of coal dust in the mining industry is extremely important for the health of the miners. The coal miners should be afforded the protection provided under the Federal Coal Mine Health and Safety Act of 1969. While the rate of black lung has certainly decreased from its rates in the 1960's, in the last decade there has been a large increase in the number of miners who are disabled from that disease. In fact the National Institute of Occupational Safety and Health studies show that the rates of black lung have more than doubled. It should be the right of every miner to work under safer conditions and live longer and healthier lives.

We support Mr. Main and his staff in their efforts to reduce and eventually eliminate chronic lung diseases caused by exposure to excessive respirable coal dust in our nation's coal mines. We look forward to the day when black lung no longer exists.

Sincerely

Anthony Warlick
Program Coordinator
Respiratory Clinics of Eastern Kentucky

Leatherwood/Blackey Medical Clinic
484 Kentucky Highway 699
P. O. Box 460
Correttsville, KY 41731

Owsley County Medical Clinic
Rt. 11, Beattyville Rd.
P. O. Box 730
Boonville, KY 41314

Buckhorn Medical Clinic
72 Buckhorn Clinic Road
P. O. Box 28
Buckhorn, KY 41721

RCEK Home Medical
17 East Main
Whitesburg, KY 41858

Harlan County Medical Clinic
132 Village Center
Harlan, KY 40831



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October 13, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Blvd.
Arlington, VA 22209-3939

Re: MSHA Proposed Rule for Respirable Coal Mine Dust Exposure

Dear Secretary Main:

We are writing to you as physician leaders in the Division of Environmental and Occupational Health Sciences at National Jewish Health. For the past 30 years, our division has been at the forefront of occupational and environmental lung disease recognition and management. We provide state-of-the-art diagnosis and treatment of coal and metal/non-metal related lung diseases for miners in Colorado, Arizona, Utah and Wyoming. Over the past decade, we have evaluated well over 1000 miners for work-related pulmonary diseases. 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 control regulations are essential to the prevention of coal workers' pneumoconiosis, silicosis and other health effects suffered by miners in our country. The Miners Clinic of Colorado along with the Division of Environmental and Occupational Health Sciences at National Jewish Health fully support MSHA's rulemaking initiative, and congratulate you and your agency for your leadership in this effort.

Sincerely,

A handwritten signature in black ink, appearing to read "Cecile Rose".

Cecile Rose, M.D., M.P.H.
Director, Miners Clinic of Colorado
Division of Environmental and Occupational Health Sciences
Professor of Medicine, Department of Medicine
National Jewish Health and University of Colorado Denver



New River Breathing Center

P.O. Box 337 / Scarbro, West Virginia 25917 / (304) 469-3261 / Fax: (304) 465-2177

October 11, 2010

Mr. Joseph Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

Dear Mr. Main:

This is to serve as my formal letter of support for MSHA's Comprehensive Black Lung Reduction Strategy to "End Black Lung Now". As the Director of the New River Breathing Center, Black Lung program, I have worked for 18 years to assist miners suffering with Black Lung disease. Based on 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.

The proposed comprehensive plan to lower exposure to coal mine dust, verify dust control plan and ensure sampling compliance, and to require personal dust monitors is a huge step in the right direction. It is the Regulators' duty to provide, enact and enforce these safety standards.

As everyone should know, Black Lung disease and Silicosis does not exist without the exposure to coal dust and silica dust. MSHA must protect our miners by setting and enforcing lower dust standards. It is our job to protect these workers and give them a voice to protect their own well-being.

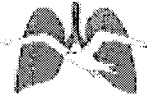
As always, we will continue to educate the miners that present to our facility that prevention is imperative and as health care workers we would love to see elimination of this devastating disease. You have the full support of our staff. Thank you for continuing to make it a priority to protect our patients and our family members in the coal industry.

Respectfully,

Susie J. Criss, CMA
Black Lung Program Director

New River Health Association, Inc.

*Free To
Breathe*



NOWCAP/BLACK LUNG & RESPIRATORY DISEASES CLINICS

P.O. Box 6021 • 2240 Colloccan Ave. Suite A • Sheridan, WY 82801

Telephone: (307) 673-0046 • Fax: (307) 673-4957

October 18, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety & Health Administration
1100 Wilson Boulevard
Arlington, Virginia 22209-3939

Dear Mr. Main:

My name is Linda Naylor; I am the Program Director for the NOWCAP/Black Lung Clinics for the states of Wyoming, Utah, and Montana. We screen the coal miners for black lung, and assist them in filing for their benefits. We are also working on a lay advocacy program to assist them in ALJ hearings.

I am very supportive of MSHA's campaign to End Black Lung, and to regulate, reduce and prevent the excessive exposure of coal dust experienced by our nations' miners. We just did an Outreach project with NIOSH in Wyoming and Montana, and were told by many of our miners that they are being told by management of their mines, "that as a surface miner they cannot get black lung!" I realize most of the surveillance that is done on our nations' miners is for underground, but our surface miners are just as much at risk. My files of black lung claims prove that. Please help us focus on our miners and get the MSHA campaign to them as well.

To me it is absolutely criminal that managers of the mines can get away with statements such as we have heard.

Thank you

Linda M. Naylor

Linda Naylor
Program Director

WYOMING/MONTANA/UTAH
Northwest Community Action Program

October 10, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939
Fax 202 693 9517

RE: MSHA End Black Lung Campaign and Rule Making

Dear Mr. Main,

I am the Chief of Pulmonary and Critical Care Medicine at West Virginia University Health Sciences Center. I have a long interest in the recognition and prevention of occupational lung diseases, especially respiratory diseases in coal miners.

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.

I understand this past spring a regulatory agenda on "Lowering Miners' Exposure to Coal Mine Dust -- including Continuous Personal Dust Monitors" was issued.

Wishing you the best, and all success, on behalf of miners' health, with rulemaking efforts. I look forward to the public comment period for robust discussion and the strengthening of protection for all parties in the mining industry.

Sincerely,



John E. Parker, M.D.
Route 4 Box 336
Morgantown, WV 26508

Respiratory Care & Black Lung Clinics
213 Monarch Road
St. Charles Virginia 24282
Phone 276-383-4428
Fax: 276-383-4910

**Stone Mountain
Health Services**

Memo

**To: Mr. Joseph Main, Assistance Secretary of Labor, Mine Safety and Health
Administration**

From: Ron Carson, Black Lung Program Director

CC:

Date: October 11, 2010

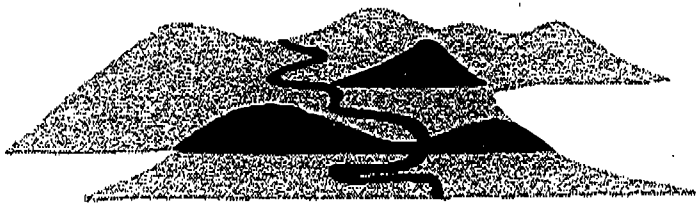
Re: Supports MSHA's Campaign to End Black Lung and efforts to regulate, reduce, and prevent excessive exposure to dust particulate matter for the coal miners

Dear Joe,

Our clinics completely support MSHA's campaign to regulate, reduce and prevent excessive dust exposure to our Nation Coal Miners. Prevention is the key to ending this dreadful disease. I fully support you efforts in ending Black Lung Disease.

Best regards,

Ron Carson
Black Lung Program Director



Tug River Health Association, Inc.

GARY CENTER

P.O. Box 507 • Gary, WV 24836
Telephone (304) 448-2101
FAX (304) 448-3217

DENTAL CLINIC

P.O. Box 507 • Gary, WV 24836
Telephone (304) 448-3544
FAX (304) 448-3217

NORTHFORK CENTER

P.O. Box 877 • Northfork, WV 24868
Telephone (304) 862-2588
FAX (304) 862-2244

October 12, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

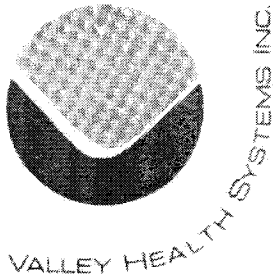
Dear Mr. Main,

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 coalminers 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 effort to improve the working conditions for the coalminer.

Sincerely,

Tommy Curry
Benefits Counselor
Tug River Black Lung Clinic



BLACK LUNG PROGRAM
UPPER KANAWHA HEALTH ASSOC., INC.
DRAWER F
CEDAR GROVE, WV 25039
(304) 595-1770

October 11, 2010

Joseph A. Main
Assistant Secretary of Labor
Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

Dear Mr. Main:

In support of the "End Black Lung" campaign, I am encouraging the Mine Safety and Health Administration to lower the permissible levels of dust in the mines and to mandate personal dust monitors. I work in a federally funded black lung clinic and have been seeing miners with occupational lung disease for over twenty years. We are serving coal miners from Kanawha, Fayette, Boone, Lincoln and Logan counties of West Virginia.

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 (NIOSH). Workers with this form of black lung continue to become more and more disabled even after they are removed from the dusty environment of their jobs. One of the patients in my program was diagnosed with this complicated disease about three years ago at the age of 47. He declined leaving work at that time. Since then, the miner's lung disease has progressed. He finally agreed to leave the mining industry this year at age 50. It is a long, tenuous battle for re-training in a field where he will not be exposed to dust of any kind. But this miner is not willing to be "disabled" at his age.

There are dozens of other miners with the same employment exposures, the same health problems and the same pride that prevents them from giving up providing for themselves and their families. 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.

Sincerely,

Deborah L. Wills

A network of shared responsibilities



West Virginia University

School of Medicine

October 14, 2010

Mr. Joseph A. Main
Assistant Secretary of Labor, Mine Safety and Health Administration
1100 Wilson Boulevard
Arlington, VA 22209-3939

Dear Sir:

I am writing to strongly support the implementation of vigorous and effective measures to reduce the exposures of American coal miners to respirable dust and silica. As you know, the measures taken by the coal industry and regulators in the early 1970s resulted in a dramatic decline in the incidence of occupational disease among underground coal miners. Tragically, in the last decade, that progress has stopped, and increasing numbers of miners are being diagnosed with 'black lung' disease and silicosis. As a pulmonary physician practicing in a coal mining region, I am very familiar with the terrible toll of dust-induced lung diseases among miners and their families. Cases of massive pulmonary fibrosis are now commonly diagnosed among U.S. coal miners in the middle of their productive working years, and surface and underground coal miners have recently developed this lethal form of lung disease in their 30s. We physicians and other members of the health care team attempt to prolong the lives of miners with progressive and incurable forms of pneumoconiosis but it is very frustrating to know that these diseases are entirely preventable.

It is clear that the mining process will always generate some dust, and coal remains an important source of energy for the nation. However, during the 1970s, persistent and thorough application of dust controls almost eliminated the most severe health consequences of dust for miners. But it is also clear that the current approaches being used to control coal mine exposures, and the limits being enforced by regulations, are no longer sufficient to protect coal miners. To reverse the ongoing epidemic of severe and fatal lung disease in America's miners, your agency must find ways to assure that all coal mine operators are continuously controlling both respirable silica and mixed mine dusts to healthful levels. I strongly implore you to implement the currently recommended science-based limits of 1 mg/m³ for respirable dust and 50 µg/m³ for respirable silica, and establish the required staff and vigorous enforcement mechanisms to assure continuous and universal adherence.

Effective actions that protect the health and lives of America's coal miners deserve enthusiastic support of all citizens. Please contact me if I can be of any further assistance in this worthwhile effort.

Sincerely,

Edward L. Petsonk, MD
Professor of Medicine
Section of Pulmonary and Critical Care Medicine
West Virginia University School of Medicine
PO Box 9166
Morgantown, WV 26506

Section of Pulmonary and Critical Care Medicine
Department of Medicine

Robert C. Byrd Health Sciences Center
PO Box 9166
Morgantown, WV 26506-9166

Phone: 304-293-4661
Fax: 304-293-3724

Equal Opportunity/Affirmative Action Institution

Joseph A. Main

Asst. Secretary of Labor

Mine Safety and Health Administration

1100 Wilson Boulevard

Arlington, Virginia 22209-3939

Dear Mr. Main:

My name is Dennis W. Robertson, Chair of the West Virginia Black Lung Clinics Program. I received the End Black Lung Now e-mail. I fully support you and the campaign. I'll be glad to do what I can, how I can.

I'm reminded of what one of the Upper Big Branch coal miners is reported to have said: "I'm gonna go dance with the Devil" or something very close to that. It is incredibly sad that a miner has to work and provide for his family under these totally unacceptable and unnecessary work conditions. Many claim that they are for coal. Myself, I'm for coal miners, "not bottom lines" by "Any Means Necessary". I am, with the most sincere affirmation against those who will mine coal by spitting on dust standards and insulting the worth of a coal miners life.

Respectfully,

A handwritten signature in black ink that reads "Dennis W. Robertson". The signature is written in a cursive style with a large, sweeping initial "D".

Dennis W. Robertson