



From the Assistant Secretary's Desk

END BLACK LUNG – ACT NOW!

This year marks the 40th anniversary of the Federal Coal Mine Health and Safety Act of 1969, known as the Coal Act. The passage of that law was a watershed moment in occupational health and safety in the United States, and was the predecessor to the Mine Health and Safety Act of 1977, which created MSHA. The Coal Act specifically addressed standards for respirable dust in coal mines, and Congress mandated that respirable coal mine dust exposures be reduced to a level "...which will prevent new incidences of respiratory disease and the further development of such disease in any person." Sadly, we have yet to meet this mandate.

For too long, coal miners have contracted, suffered and died from debilitating coal workers' pneumoconiosis (CWP), an irreversible and progressive lung disease, and chronic obstructive pulmonary disease (COPD), which includes chronic bronchitis and emphysema. These are among the several diseases commonly known as black lung, and they are preventable diseases. There have been various efforts to reduce and eliminate the scourge of black lung and control respirable coal mine dust over the years. Some have been more successful than others, but none have accomplished the goal of ending black lung.

It is my goal to deliver on the promise of the 1969 Coal Act to prevent new black lung cases and prevent further development of black lung among miners who already suffer. I am announcing the start of an intensive initiative from MSHA that I believe will achieve our goal of ending black lung. "***END BLACK LUNG – ACT NOW!***" is a comprehensive effort that involves the entire coal mining community and includes education and training for miners, miners' representatives, supervisors, and operators; enhanced enforcement of respirable dust standards; effective use of available dust control technology; and regulatory improvements to reduce miners' exposure to respirable coal mine dust.

This initiative is overdue. In 2003, the National Institute for Occupational Safety and Health and MSHA published a report that showed that coal workers' pneumoconiosis (CWP) continues to occur among working underground coal miners in America, even among those first employed after 1973, the effective date of the current federal respirable coal dust limit. Follow-up studies of chest x-ray surveillance by NIOSH indicate that the prevalence rate of CWP is increasing in our nation's coal miners. Even more alarmingly, younger miners are showing evidence of advanced and seriously debilitating cases of CWP.

According to the Centers for Disease Control, more than 10,000 miners died of black lung between 1995 and 2005. While the major cost of black lung is

precious human life, there is a significant financial cost as well. More than \$44.2 billion in federal black lung benefits have been paid out to all beneficiaries (former miners, widows, dependents). But no dollar amount can compensate a miner for the lost days and years of his life, and no dollar amount can compensate grieving spouses and children for the loss of a loved one who died a preventable death.

Please join us in this important effort to send miners home healthy -- every day after every shift. Every miner should be as healthy on his or her last day of working in the mines as on the first day of work. No miner should die, no family should lose a loved one, and no one should suffer a diminished quality of life due to black lung.

With this comprehensive effort to combat black lung, we intend to fulfill the promise of the Coal Act that "The first priority and concern of all in the coal mining industry must be the health and safety of its most precious resource – the miner."

