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1301 Pennsylvania Ave., NW Suite 800 Washington, DC 20004-1725 Phone: (202) 785-3355 Fax: (202) 452-1805

14 Wall St. Suite 8C New York, NY 10005-2113 Phone: (212) 315-8700 Fax: (212) 608-3219

www.Lung.org

August 29, 2012

The Honorable Hal Rogers Chairman Committee on Appropriations U.S. House of Representatives Washington, DC 20515

The Honorable Norm Dicks Ranking Member Committee on Appropriations U.S. House of Representatives Washington, DC 20515

Dear Chairman Rogers and Ranking Member Dicks:

The American Lung Association strongly opposes the rider attached to the House of Representatives Fiscal Year 2013 Labor, HHS, and Education bill that would block funding for the Mine Safety and Health Administration's (MSHA) effort to save lives by reducing the occurrence of black lung disease.

In October 2010, the MSHA proposed stricter limits on the coal dust that causes black lung disease. The proposed rule ("Lowering Miners' Exposure to Respirable Coal Mine Dust, Including Continuous Personal Dust Monitors") would significantly improve health protection for coal miners by lowering miners' exposure to coal mine dust; requiring the use of continuous personal dust monitors (CPDM); providing for the use of single, full-shift samples to determine compliance with respirable dust standards, rather than averaged samples; and requiring respirable dust sampling for the full extended shift a miner works, rather than a maximum of eight hours.

On August 17, the Government Accountability Office (GAO) released a study which had been requested by Congress in the Consolidated Appropriations Act for Fiscal Year 2012. GAO concluded that the scientific evidence behind MSHA's 2010 proposed regulation was sound and that the proposed regulation would indeed reduce miners' risk of developing black lung disease. However, just weeks short of the report's release, the House Committee on Appropriations inserted into the appropriations bill language that would block funding for MSHA's promulgation or implementation of these life-saving proposals.

Black lung, or coal workers' pneumoconiosis, is an irreversible disease caused by exposure to coal mine dust. It causes chronic cough, shortness of breath, and restriction of airflow. The advanced form of the disease is known as progressive massive fibrosis. According to the CDC, more than 75,000 deaths have been blamed on black lung since 1968. Black lung is a preventable public health epidemic that is killing and severely decreasing the quality of life of thousands of miners. In addition to these human costs, since 1970 the government and industry have paid out more than \$45 billion in compensation, with \$29 billion in black lung benefits paid directly from the federal treasury, and \$16 billion in

black lung benefits paid directly from the federal treasury, and \$16 billion in benefits paid from the Black Lung Disability Trust Fund, which is funded by excise taxes on coal.

Congress made eliminating black lung a national goal in 1969 when it passed the Federal Coal Mine Health and Safety Act that required mine operators to take steps to limit exposure. However, there is an alarming incidence of the disease among younger miners whose entire careers took place after the 1969 law's dust limits were set. A recent investigation by National Public Radio and the Center for Public Integrity highlighted the scourge of black lung and documented mining companies' manipulation of monitoring and widespread failure to protect workers and inaction by federal regulators to prevent and punish violations. Miners and their families deserve better.

By blocking the MSHA's efforts to enforce laws designed to protect coal miners from this devastating disease, the proposed rider is allowing the fox to continue guarding the hen house. The American Lung Association strenuously opposes this rider and urges its removal from any final appropriations bill.

Sincerely,

Paul G. Billings Vice President

National Policy and Advocacy

Cc: Committee on Appropriations