



# Southern Illinois and Southwest Indiana Respiratory Disease Program

A Facility of Shawnee Health Service

2011 MAY -2 P 3:43

MSHA  
Office of Standards, Regulations & Variances  
1100 Wilson Blvd., Room 2350  
Arlington, VA 22209-3939

May 2, 2011

**RE: RIN 1219-AB64**  
**Proposed Rule "Lowering Miners' Exposure to Respirable Coal Mine Dust, Including Continuous Personal Dust Monitors"**

To Whom it May Concern:

I am Program Coordinator for the Southern IL and Southwestern IN Respiratory Disease Program, a Division of Shawnee Health Service. Shawnee Health Service, a non-profit organization, offers the Respiratory Disease Program to coal miners in Illinois and Indiana to assist them with Federal Black Lung applications and clinical services for respiratory conditions.

As Program Coordinator, my job involves meeting with coal miners, throughout IN and IL, at our clinics and outreach sites to assist with the Federal Black Lung application process, to act as advocates for the miners with coal company representatives and attorneys, and to assist them with access to clinical care for their respiratory conditions.

I had intended to travel to Evansville for the public hearing regarding the Proposed Rule to lower miners' exposure to respirable coal mine dust, which was held on Jan. 11, 2011. However, icy weather conditions prevented my travel to the hearing that day.

After working in the field directly with coal miners' for over eight years, I can tell you that we still see many miners in Indiana and Illinois who are diagnosed with Coal Workers' Pneumoconiosis (CWP), COPD, Emphysema and Chronic Bronchitis arising from their exposure from coal mine work. We regularly see miners with positive B readings of CWP and also spirometry results indicating moderate, severe and totally disabling lung disease. I have had miners describe the dust they worked in as being thick enough that it made seeing across the room difficult.

Many of the miners we help file claims are ultimately approved for benefits by the U.S. Department of Labor, OWCP. As you may know, to qualify for benefits under the current regulations, miners must not only prove that they have CWP or legal pneumoconiosis, but must also prove that they are totally disabled due to their coal mine related disease. This is a tough standard to meet in order to qualify, yet we see many cases approved each year in both Illinois and Indiana. These miners have severe breathing difficulties resulting from their coal mine employment. Some can't walk to their mailbox without significant shortness of breath. Their quality of life is significantly affected by their lung disease.

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Far too many miners are still being afflicted with Coal Workers' Pneumoconiosis and other lung disorders some forty plus years after the 1969 Coal Mine Health & Safety bill attempted to eradicate Black Lung disease. I applaud MSHA in their efforts to "end Black Lung Disease" and support the current proposed changes to the rules to lower miners' exposure to respirable coal mine dust. Based on my experience working with miners suffering from CWP, I believe the proposed changes would help reduce the number of affected miners.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Shelly Rigsby". The signature is written in black ink and has a long, sweeping underline that extends to the right.

Shelly Rigsby  
Program Coordinator  
Terre Haute, IN Office