

**Testimony of Cecil E. Roberts**  
**before the United States Senate**  
**Committee on Health, Education, Labor, and Pensions**  
**Subcommittee on Employment and Workplace Safety**  
**May 22, 2024**

Good morning, Chairman Hickenlooper; Ranking Member Braun and the members of the Committee on Education and Labor in attendance today. My name is Cecil E. Roberts, International President of the United Mine Workers of America (“UMWA”). In that capacity, I represent the largest unionized group of active and retired coal miners in North America. However, today, Mr. Chairman, I come before the members of this distinguished Committee as the representative of every coal miner in this nation, whether an active dues-paying member, a retiree of the UMWA, or a coal miner who is working in the industry and has not yet joined the ranks of the Union. In short, I am here to be the voice of the miners who have risked their lives and health to energize and build this nation, no matter where they live and no matter their affiliation with organized labor.

This Committee plays an important role in addressing employees’ health and safety. I would like to express my particular appreciation to the leadership of this Committee for your efforts directed at protecting and enhancing the health and safety of coal miners throughout the nation. Your continued attention is critical to dealing with the challenges that all too often prevent some miners from being able to go home safely at the end of their shift. After all, going to work, whether as a coal miner or other worker, should be a means for earning a paycheck and providing for your family, not a roll of the dice about whether you will live to see another day.

The testimony I will present to this Committee today will outline the struggles coal miners face every day in this country. These struggles exist not just for miners who are actively employed in the industry but also for those who have left the mines, whether they retire after years of hard work in dusty and dangerous conditions or are forced from their jobs by occupational injury or illness. I will focus my testimony on the specific topic of this very important hearing: the effects of Coal Workers’ Pneumoconiosis (“CWP” or “Black Lung disease”) on the lives of America’s coal miners.

According to data from the Center for Disease Control (“CDC”), the National Institute for Occupational Safety and Health (“NIOSH”), the Mine Safety and Health Administration (“MSHA” or “Agency”), and a host of independent studies, the highest concentration of these historic increases in the disease are occurring in the central Appalachian Region of the United States. This area includes all or parts of Kentucky, Ohio, Pennsylvania, Virginia, and West Virginia.

As you may know, this is not the first time I have come to Capitol Hill to speak on behalf of coal miners regarding the dangers of Black Lung disease. Studies have consistently shown there has been an alarming resurgence in the number of Black Lung cases, including the most

severe form of the disease known as Progressive Massive Fibrosis (“PMF”). I have been here before to discuss that risk.

This is not a new or unprecedented danger in the nation’s coalfields. We know this disease, we know what causes it, and we know how to prevent it. The industry and the Federal government have known for years of this resurgence. I have testified in the past about the failures of MSHA’s dust control rules and policies. I have testified before about the nefarious methods that operators have used to circumvent mandatory dust monitoring. The UMWA has recommended methods and ways of improving the sampling system and that might have helped head off this resurgence.

However, it was not until recently that the Mine Safety and Health Administration (MSHA), under its current leadership, took meaningful steps to protect miners from silica dust and black lung disease. First, in June 2022, the Agency launched its Silica Enforcement Initiative (SEI). The SEI increased silica sampling and fast-tracked the deployment of significant measures to slow, stop, and reverse the escalating rates of extreme overexposure to silica dust, especially at thin-seam coal mines where sandstone exposure is most pronounced. Then, in April 2024, building on that record of innovation and success, MSHA published a historic final rule placing an enforceable limit on respirable silica dust in America’s mines. While we believe it could be further improved to better protect miners, we believe that rule will set us on the path to achieving our goal of ending this debilitating lung disease among mine workers.

If you hear me say something that I have already raised in May, 2003 (the first time I testified before a Congressional Committee on this issue), July, 2010, March, 2012, or then again in June of 2019, consider it an indictment of the government’s failure to take seriously the known threat of Black Lung disease. Know that I repeat myself today because, since May 2003, over 20,000 miners have died in this country from Black Lung. And if Congress again fails to act, that number is expected to skyrocket in the coming decades. Those are deaths we know how to prevent, but this body has not taken the action needed to do so. I will not stop repeating these truths until Congress listens.

The Union would argue that the seeds of the recent wave of Black Lung were sown by the actions of Federal agencies and coal operators whose primary job is to protect the health and safety of the nation’s miners. This epidemic was further propagated by medical and legal professionals who profited from the misery of those miners unfortunate enough to contract this horrible disease. The fact is, Mr. Chairman, Black Lung is a preventable occupational disease that would have been eradicated from the industry years ago, but for the greed of the industry and the failings of those who are charged to protect the nation’s miners.

### **Previous Congressional Hearings**

On July 13, 2010, and again on March 27, 2012, I came before the House Committee on Education and Labor and the House Committee on Education and the Workforce, respectively, to discuss the disaster at Massey Energy’s Upper Big Branch Mine South (“Upper Big Branch” or “UBB”) in Montcoal, Raleigh County, West Virginia (attachments 1-2). While the overriding context of that testimony dealt with the events leading up to the mine explosion and its

aftermath, the information I submitted and the testimony I gave predicted that if action was not taken by Congress and MSHA, we would witness the Black Lung crisis we are discussing today.

The Union has been raising the concerns routinely for years. I have enclosed the past several years of the UMW Journal (attachments 3-12), the official publication of the Union, that chronicles the Union's continual attempts to bring these problems to the forefront of public debate. However, like so many other efforts to protect workers, the legitimate warnings about Black Lung the Union has raised have not been heeded.

The conditions in the Upper Big Branch mine, specifically the amount of coal dust that exploded and killed 29 miners, present a microcosm of the dust problem that has haunted the industry for almost two centuries. While the UBB disaster could still provide fodder for hundreds of Congressional hearings, what is important to the topic we are here to discuss today is that the thick layers of coal dust that filled the entries of the UBB were not restricted only to the mine surfaces. This respirable and deadly dust also lined the lungs of the workers at that operation, slowly but surely killing the miners. In my 2012 testimony, I specifically referred to the fact that autopsies performed on the miners killed at UBB showed the majority of them had some level of Black Lung Disease. This is true of some of the youngest miners who lost their lives in the disaster.

Further, the report issued by the Union after the disaster, "Industrial Homicide," (attachment 13) stated, "The fact that miners worked in such a dusty atmosphere offers great insight into the prevalence of black lung disease in many of the miners killed in the disaster. Of the 24 miners, between the ages of 24 and 61 whose lungs could be examined during autopsy, 17 miners or 71 percent, showed some stage of black lung." With respect to the mining practices at UBB, the report noted that the practice of running the longwall shearer without the required water sprays amounted to, "...reckless disregard for the law...And over the long term, exposure to uncontrolled coal mine dust greatly increases miners' chances of contracting black lung disease."

Mr. Chairman, the UBB disaster occurred on April 5, 2010. It is not ancient history. More importantly, based on the information that is available, it is clear that this type of illegal activity on the part of many coal operators were and still are accepted practices in the industry. There is a clear and uninterrupted pattern of behavior on the part of the coal industry that runs back to the earliest days of the Respirable Dust Sampling Program. Tragically, even the spotlight shone on the issue by martyrs of UBB could not put an end to the industry's reckless behavior.

### **After the Diagnosis**

For most miners who have contracted Black Lung, the difficult and deadly process is only just beginning. The reality is that rather than accept the responsibility for their actions and seek to compensate disabled miners and mitigate the effect of the disease, coal operators and others do everything in their power to shirk that responsibility. It is not confined to dust sampling and Black Lung. I could fill the congressional record with stories of operators disclaiming responsibility for anything and everything that happens to miners they are charged to protect. But when it comes to Black Lung, it seems that the excuses and evasions never end. Too many

operators will stop at nothing to avoid paying for Black Lung benefits. It's a sad situation that just keeps playing out over and over again.

There are countless stories of miners who have contracted the most severe form of Black Lung disease, PMF, but were unable to receive the benefits they were owed. These miners are examined by medical experts from the U.S. Department of Labor and their own doctor to confirm their worst fears only to see their employer contest their eligibility in administrative proceedings, sometimes for decades. The truth is that, almost without exception and despite overwhelming evidence supporting the miner, coal operators still refuse to recognize the miners' disability. The premise behind the operator's decision to deny benefits is simple: The delaying effort allows them to rely on time and money, two things most miners with the disease don't have. The immorality of their actions is also simple: it is reprehensible.

The expense of pursuing the claim can cost the miner tens of thousands of dollars they do not have and most lawyers familiar with the Black Lung legal system know the return on their investment in time and research is meager at best. So, after an initial filing and a series of hearings before an administrative law judge, most miners cannot afford to continue the fight. The case is dropped, the company wins and the miner suffers in obscurity until the disease causes their lungs to fill with liquid and they drown.

Perhaps one reason the company wins so many Black Lung claims is a rule employed by the Department of Labor's Administrative Law Judges ("ALJs"), and the Benefits Review Board that oversees those ALJs, that denies benefits when the evidence supporting and the evidence refuting a claimant's Black Lung diagnosis is equal. Under the adversarial system created to administer the Black Lung Benefits Act, claimants and their former employers will each submit a certain number of x-ray readings, a certain number of spirometry and blood gas results, and a certain number of medical reports to prove their case.

The miners will present evidence showing they have Black Lung and are disabled. Operators will present evidence showing they are not sick or are not disabled. As I will discuss later, the evidence presented by operators is sometimes inaccurate or downright fraudulent. Nonetheless, it is easy for an ALJ to look at the submitted evidence, determine that all the doctors involved have equally impressive credentials, and decide the evidence is equal. And, finding the evidence is "in equipoise" those ALJs then deny the claim. In short, if an ALJ cannot or will not make up his or her mind about the existence of disabling Black Lung, the miner pays the price.

Under the current circumstances, should a miner have enough resources and find an attorney willing to accept and stick with their case to continue the fight for benefits, the employer's legal team relies on the passage of time to settle the case. Miners with PMF have a limited time left on this earth. Through court hearings, delays, appeals, and any number of stalling tactics, the miners' time is slowly drained away as the case languishes in the system. Ultimately, the miner will suffocate and die. But, for the mine operator and his legal team, the case is over and no benefits are paid. It's a win for them no matter what the cost in human tragedy!

Unfortunately, the truth about these despicable tactics by mine operators and the law firms they hire with the profits from the miners' labor is that they work.

### **Legislative Reforms to the Black Lung Benefits Program are Needed**

The UMWA is grateful to Senators Casey, Kaine, Brown, Manchin, Fetterman, Warner, and Warren for reintroducing the Black Lung Benefits Improvement Act (S. 3304). Although the last formal Senate hearing on black lung was held in July of 2014, I would be remiss if I did not note that there has been important legislative action over the past 10 years, especially with regard to permanently restoring the black lung excise tax to fund the Trust Fund, increased appropriations for black lung clinics, and a boost in funding to cut the backlog on claims before Administrative Law Judges.

### **The Black Lung Benefits Act Claims Process is Both Adversarial and Daunting.**

The black lung benefits adjudication process is an adversarial system. An adversarial system only works to deliver justice, however, when both parties to the dispute have an equal opportunity to participate.

Coal operators have leveraged their formidable legal resources and medical experts to frequently overwhelm the capacity of disabled miners and their families to secure benefits to which they are otherwise entitled.

Governmental and journalistic investigations have identified numerous impediments to claimants' ability to obtain black lung benefits, including:

- challenges in obtaining legal representation and developing medical evidence to support a miner's claim;
- obstacles to fair adjudication of claims because of dubious strategies employed by coal operators' lawyers and experts; and
- bureaucratic delays in the processing of claims applications.

### **Expanding availability of legal representation for miners in claims process**

A 2009 GAO report (Attachment 14) about the black lung program found that securing representation is a significant challenge for many black lung claimants and that "claimants' lack of representation, particularly in the early stages of a claim," is "a significant barrier to successful claims." DOL's Office of Administrative Law Judges (OALJ) confirmed "that few attorneys will represent black lung claimants and that lack of legal representation limits OALJ's ability to process cases quickly."

DOL data continue to bear this out more than a decade later. In the last 10 years, most claimants have lacked attorney representation at the District Director level. The rate of attorney representation has fluctuated from a low of 25 percent in 2013 to a high of 47 percent in 2019. Although lay representation has increased at the District Director level in recent years following an increase in funding for black lung clinics, fully 36% of claimants lacked attorney or lay representation in 2023. There is a good reason there is such a small pool of attorneys willing to take on these difficult cases.

The nub of the problem was explained in GAO's 2009 report:

“[A]ttorneys are not inclined to take claimants' cases due to a low probability of success...and the process can be lengthy and costly. For example, one attorney told us that it has taken as long as 15 years from the start of a black lung case to receive compensation for working on it. Because claimants lack financial resources for evidence development and DOL's payment of claimant attorneys' fees is contingent on the success of cases, claimant attorneys bear much of the legal costs during the litigation of claimants' cases.”

In BLBA cases, a claimant may not be charged a fee by an attorney, and fees are not paid by the operator (or Trust Fund) unless black lung benefits are awarded. Disputes over attorney fees usually require a separate round of litigation. To incentivize more attorneys to take on black lung cases, the Black Lung Benefits Improvement Act creates a reimbursement mechanism where an attorney could be awarded a partial fee through the Trust Fund if they are successful at various stages in the claim proceedings (up to a maximum of \$4,500), and then that payment from the Trust Fund would eventually be paid back by the operator if the award is upheld. Attorneys may also seek reimbursement of up to \$1,500 at each level for medical costs. This applies if the claims take longer than 2 years to finalize.

### **Securing sufficient medical evidence to establish entitlement to benefits**

Miners' challenges in obtaining counsel are intertwined with their difficulty in developing the medical evidence needed to support a claim. This issue is particularly acute at the earliest stages of the claims process. Both GAO and the DOL Inspector General (DOL-IG) have urged DOL to assist claimants in securing better quality medical evidence, because this speeds up cases, reduces appeals, and improves fairness.

A Pulitzer Prize-winning series of investigative reports in 2013 (Attachment 15) by the Center for Public Integrity (the Center), coupled with reporting by NPR, ABC News, the Charleston Gazette, and others, uncovered patterns of deception, suppression of evidence, and willful distortion of diagnostic tests by coal operators' counsel and medical experts aimed at preventing miners and their survivors from obtaining the benefits to which they were rightfully entitled.

Radiologists working at Johns Hopkins Medical produced reports “almost unwaveringly negative for black lung,” but one expert in particular, Dr. Paul Wheeler, was “the leader and most productive reader for decades.” The Center found that, in more than 3,400 X-ray readings involving more than 1,500 cases, Dr. Wheeler had never once interpreted an X-ray as positive for complicated pneumoconiosis, preferring instead to apply his own idiosyncratic criteria which were “at odds with positions taken by government research agencies, textbooks, peer-reviewed scientific literature, and the opinions of many doctors who specialize in detecting the disease, including the chair of the American College of Radiology's task force on black lung.

Following this report, Johns Hopkins Medical permanently shut down the program. But Hopkins never released its internal review which led to this closure.

In the span of 13 years alone, miners lost more than 800 cases in which doctors found severe black lung while Dr. Wheeler offered a contrary opinion. Ultimately, DOL notified approximately 1,100 miners that their claims may have been wrongfully denied because of Dr. Wheeler's involvement.

Unsurprisingly, the problem of dubious medical evidence polluting the claims process was not remedied merely by closing the mill at Johns Hopkins. Academic studies have found consistent bias in medical opinions proffered by physicians hired by coal operators. The researchers identified 55 operator-hired B-readers who provided negative readings in more than 99 percent of their assignments. "Although the radiograph data ended in 2013," the researchers point out, "nearly all the physicians are still classifying radiographs today, and many of these cases are still pending."

In 2014, DOL sought to address this imbalance by providing additional assistance to miners who met the criteria for the 15-year presumption under the law. In addition to the legally mandated DOL medical examination, DOL also provided claimants with access to a supplemental medical opinion from the DOL-approved medical examiner after evidence contrary to a preliminary finding supporting benefits entitlement was submitted for consideration by the responsible operator. Prior to this, DOL only funded one medical opinion to miners. This additional medical opinion involving evidence supplied by mine operators not only assisted miners and improved the quality of decisions, but even reduced the need for so many appeals.

However, this DOL initiative is too limited. It needs to be expanded to cover claimants who do not meet the requirement of 15 years of underground coal employment, as we know many miners are getting black lung diseases at an earlier age and with shorter tenure due to, in part, increased silica exposures. If necessary, Congress should legislate this expanded medical review.

### **Increasing Benefit Levels and Adjustments for Inflation**

Benefit levels under this law are woefully insufficient. The monthly benefit, which is pegged to 37.5% of GS-2, Step 1 pay schedule, is a meager \$772.60 per month and is adjusted upwards with dependents--plus medical benefits for the related medical condition. This merits re-examination.

Further, because the monthly cash benefits are pegged to the federal employees' pay scale, any federal employee pay freeze means that miners and their surviving dependents do not receive a cost-of-living adjustment. As you may recall, in response to the budget deficit and political pressures, a federal pay freeze was implemented for fiscal years 2011 through 2013. And federal pay increases fell short in fiscal years 2014 and 2015. It was not until 2016 that the federal government reinstated full cost of living increases. These political choices have permanently sliced benefits for disabled coal miners. Congress needs to legislate a catchup

adjustment and establish reforms to peg the annual cost of living adjustments to the consumer price index—not federal employee pay adjustments.

Finally, preventable delays in claims processing need to be addressed. One of these is the process for verification of employment. According to the DOL-IG, DOL still uses a manual, paper-based system to request employment records from the Social Security Administration (SSA) “because it does not have the statutory authority to directly access SSA’s database.” That outdated mode of communication adds time to the black lung claims process,

### **Summary of Key Reforms**

We are pleased the Black Lung Benefits Improvement Act contains a number of these reforms and note that the House Committee on Education and Labor marked up similar legislation in the last Congress. The UMWA urges the Senate to prioritize legislation that:

- Increases miners’ benefits and ensures benefits are adjusted for inflation to benefits from losing value during any future government employee pay freeze.
- Speeds benefits by authorizing DOL to get employment and earnings verification for miners from the IRS. Enables more miners to get legal representation and assistance in securing medical evidence.
- Expands DOL’s program to provide supplemental medical opinions by DOL medical examiners.
- Expands access to CT scans to assist in the diagnosis of black lung disease when a conventional lung X-ray fails to provide a definitive image for diagnosing complicated pneumoconiosis.
- Increases the authorization of funding levels for Black Lung Clinics.
- Ensures accountability for operator misconduct in the claims process.

### **Trust Fund Solvency and Self Insurance**

The purpose of the Trust Fund and the Black Lung Benefits Revenue Act of 1977 was to ensure that coal mine operators, or the coal industry, will fully bear the cost of black lung disease for the present time and in the future.

As such, benefits are to be paid by “Responsible Operators” or their commercial insurers. If a mine operator is self-insured and declares bankruptcy or ceases business operations, the Black Lung Disability Trust Fund (Trust Fund) assumes responsibility for paying benefits to these miners. The Trust Fund, which currently pays benefits to 52% of all finalized claims, is financed through an excise tax on coal that is mined and sold domestically. Exported coal is excluded from the excise tax. Today, the Trust Fund is \$6.4 billion in debt.

We commend the Senate for permanently restoring the Black Lung Excise Tax rate as part of the Inflation Reduction Act in 2022. This was essential to prevent the Trust Fund from going even deeper into red ink, as was projected by the Government Accountability Office.

However, given the already dropping production and utilization of coal domestically, we believe it is time to examine extending the tax to exported coal. The U.S. Energy Information



Agency predicts that coal utilization for domestic power generation will drop to near zero by 2050. The only significant market remaining at that point will be exported coal. However, there will be no income to the Trust Fund from the production of that coal. The Fund's deficit will never be wiped from the books without extending the tax to exported coal.

### **DOL Rule to Reform Operator Self Insurance is Languishing and Must be Issued**

While coal production is declining, and excise tax revenues along with it, it is imperative to protect the Trust Fund from additional liabilities due to self-insured operators failing to maintain adequate collateral. According to a 2021 GAO report (Attachment 16), roughly \$1 billion in undercollateralized black lung liability was shifted into the Trust Fund in recent years. In some cases, large operators reserved as little as 3% of their current and future black lung liability when they filed for bankruptcy.

According to DOL, the risk of more red ink in the Trust Fund is growing: self-insured operators have reported \$700 million in current and projected black lung liabilities with only \$120 million on deposit with DOL. In the event of future bankruptcies, under-collateralization of these liabilities would increase the Trust Fund's indebtedness.

The good news is that the Biden Administration has proposed to plug this leaky bucket through a proposed rule that would set a minimum collateral level of 120% of current and future black lung liabilities.

We think this is a reasonable approach because it mirrors the self-insurance rules that are implemented by many state workers' compensation programs.

I should be clear here, not all self-insured operators are failing to put up sufficient collateral. But by compelling self-insured operators to fully internalize the costs of current and future black lung liabilities as part of the cost of production, the proposed rule eliminates the unfair windfall that accrues to those operators who fail to fully secure such claims, while potentially incentivizing operators to reduce the incidence of black lung.

The UMWA has joined with a number of groups and Members of Congress in supporting this proposal. Although the comment period on this rule closed over a year ago, progress on getting it finalized has been far too slow. Earlier this month, the Department of Labor sent a final version to the Office of Management and Budget for its review (Attachment 17). We urge the Administration not to let this rule languish any longer, because what we have learned is that whenever there is a bankruptcy, there is a real risk that self-insured operators will shift unfunded liabilities to the Trust Fund and drive up the mountain of red ink.

While the Trust Fund can continue to borrow from the Treasury to cover benefits and administrative costs, at some point the red ink reaches a tipping point that jeopardizes the Trust Fund's solvency. In 1981, certain interests used a rising tide of red ink enact cuts in benefit eligibility. It took 30 years to reverse those cuts as part of the Affordable Care Act in 2010, but it left thousands of miners and their survivors without recourse in the interim.

It is past time for DOL to move forward on this rule, as this problem has been festering at great expense to the Trust Fund for over a decade.

### **Closing Remarks**

The sad fact is, no matter how far we seem to come in this country, whether it is advances in science, technology, medicine, or a host of other subjects, some things never seem to change. I suppose many industries deny the problems they cause, but some of the people who own and operate coal mines can be the worst. They argue that they should be allowed to make as much money as possible on their investment without government interference. Then, when their actions cause major economic, environmental or health problems, they want the government to force taxpayers to bail them out. They want to keep their profits private but socialize their losses. It is time Congress held these businesses responsible to pay for their misdeeds, not the American taxpayer.

Statistics from the mining industry offer dramatic proof that improved laws and regulations make a huge difference in workers' safety. We recently celebrated the 45th anniversary of the mining industry's key legislation, the Federal Coal Mine Health and Safety Act of 1969. In the 40 years before that landmark legislation, an average of 803 miners were killed in coal mines each year; and in the 40 years since it was enacted an average of 83 miners were killed.

While these numbers prove beyond a doubt that strong laws make a huge difference, more must be done. We are here today to talk about what could and should be done to change a system that still allows miners and other workers to die at work or as a result of their work, whether from preventable occupational illnesses or from avoidable work-site tragedies.

Unless operators do what the law requires of them each and every day – not just when a government inspector is physically on-site – miners will continue to be exposed to needless hazards to their health and safety. Too many will be injured, too many will be made sick, and too many will pay the ultimate price with their life.

These challenges have persisted for decades, if not longer. I have been here repeatedly, and my predecessors before me, to complain about the terrible conditions miners endure when operators don't follow the law and miners are killed as a result.

Turning to the factors that adversely impact miners' health and safety, we must start by looking at the operators and their mines. First and foremost, it is every operator's responsibility to provide a safe and healthy workplace. Many try to do that. Yet too many do not. Corners are frequently cut, which means that miners' health and safety get sacrificed.

Operators who invest in equipment and training to make a mine safer should not have to compete against those who refuse to make these needed investments. In the end, it's miners who pay the price when operators do not adhere to what the law requires. But so long as there are good paying jobs in mining, there will be workers willing to take the work hoping and praying they will be the lucky ones. Working in America in the 21st Century should not require such a

gamble. And unless operators start running their mines consistent with what the law requires, we will continue to witness miners dying.

The Union and coal miners have hailed MSHA for releasing its new silica rule as the dawn of a new day in improving coal mine health and safety. We have seen some improvements, but we still have a long way to go. MSHA should be given additional funding and resources to enhance its ability to enforce the law.

I believe that the facts that have been laid out at this hearing and the facts that have been available in the public domain for decades are sufficient to demand action by this Committee and ultimately by the entire United States Congress. There is no longer an alternative, and there can no longer be excuses. The carnage in the coalfields from this preventable disease must stop.

Mr. Chairman I would like to take this opportunity to thank you, Ranking Member Braun, and the entire Committee for allowing me the opportunity to testify at this extremely important hearing. The nation's miners are some of the hardest working, dedicated, and patriotic people in this country. They have made great sacrifices to protect and energize the nation. They are willing to continue providing whatever is necessary to keep our nation strong and moving forward. They would simply request that their sacrifice be rewarded with a long retirement, not cut short because of Black Lung disease. Mr. Chairman, the miners have waited for Congressional action far too long. Thank you.