FOR IMMEDIATE RELEASE

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RAHALL PUSHES FOR BLACK LUNG FUNDING

WASHINGTON, D.C.-- Congressman Nick J. Rahall, II (D-WV) announced today that, at his urging, Rep. William Natcher (D-Ky.), Chairman of the Labor-HHS-Education Appropriations Subcommittee, has consented to increase the funding level of the Black Lung Clinic Program to \$3.35 million for FY 1990.

Rahall pointed out that over the past eight years, and significantly during the past four years, funds for the Black Lung Clinic Program were routinely cut, causing insurmountable financial obstacles to be placed in the way of providing adequate and timely health care for miners and their families.

The Black Lung Clinic Program, since its inception in 1977, has provided such services as diagnostic testing, physical examinations, patient education to instruct miners and their families in self-care therapies, even limited, affordable transportation for patients to and from the clinic.

"This clinic program is one that cries out for better funding, and while we do not expect to make up for past losses in one appropriation, a substantive increase for this clinic program is imperative at this time," said Rahall.

NICK J. RAHALL II

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Congress of the United States

House of Representatives Washington, DC 20515

May 10, 1989

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The Honorable William Natcher U.S. House of Representatives 2333 Rayburn House Office Building Washington, D.C. 20515

Dear Bill:

It was recently brought to my attention by the Primary Health Care Administrators in West Virginia that the Black Lung Clinics Program, so essential a part of health care for coal miners and their families since its inception in 1977, are in dire financial straits and subject to reductions in force, reduced operating hours, and downright closure.

Over the past eight years, and significantly during the past four years, funds for the Black Lung Clinic Program were routinely cut, causing the above limitations to be imposed on the program, with the result being insurmountable financing obstacles being placed in the way of providing adequate and timely health care to miners and their families.

Mr. Chairman, I don't have to tell you of the continued unemployment in the coal-mining areas of West Virginia, Kentucky and othe mining states, but I believe you will agree with me when I say that West Virginia and Kentucky are the hardest hit, and the least likely to recover in the immediate future.

The kinds of services usually provided, and that are in serious jeopardy at this time are (1) diagnostic testing, (2) physical examinations to assess or monitor pulmonary health and determine appropriate medical plans of care, (3) patient education to instruct miners and families in self-care therapies in order to achieve optimal lung functional capacities, (4) Out-patient therapy and treatment, (5) Benefits counseling to assure that issues of chronic lung disease are addressed, (6) Outreach to miners to provide respiratory patients with information regarding availability of services through the Black Lung Clinics Program, and (7) limited, affordable (and sometimes free) transportation for patients to and from their homes.

I am aware, of course, that you receive many letters from your Colleagues in Congress requesting consideration of additional funding for various programs that benefit our people. But I want you to know that I feel very strongly about the Black Lung Clinic dilemma, and I unashamedly solicit the sympathy and compassion I know you share with me on the subject of black lung disease that constantly threatens the people we represent.

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Mr. Chairman, I am intensely aware that we are under the usual severe budgetary restraints, and that painful choices must be made in the near future concerning how the funds that will be available to us in FY 1990 will be spent. I know what the nation's needs are, as well as you do, and every single program that comes under the jurisdiction of your Subcommittee are what we refer to as "people programs", and I believe in the worth of every one of them.

Having said that, I cannot forget that black lung disease is a progressive disease that, in spite of treatment, therapy, testing, outreach and benefits counseling (and we know that too many miners who truly suffer from this disease are not receiving benefits to which they are entitled), the ultimate diagnosis is "fatal" or "terminal", but "morbidity" is the name of the game in areas with high concentrations of coal mines and the men who work them. This clinic program is one that cries out for better funding and, while we do not expect to make up for past losses in one appropriation, a substantive increase for this clinic program is imperative at this time.

I want to thank you for your understanding of this particular issue. I know that you will do the best that you can to give my request for additional funding for the Black Lung Clinic Program favorable consideration.

With warmest regards, I am

Sincerely,

NICK J. RAHALL, II Member of Congress

NJR/bk

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