

Miller, Diane M. (CDC/NIOSH/EID)

From: Ken Rosenman [Ken.Rosenman@ht.msu.edu]
Sent: Thursday, January 22, 2004 3:32 PM
To: NIOSH Docket Office (CDC)
Subject: Docket Number NIOSH-015

I am submitting comments on the NIOSH B Reader Certification Program. I have been a B reader since 1984 and involved in occupational disease surveillance since 1981. NIOSH is not taking full advantage of the B reader program to document and prevent the pneumoconioses. It is well accepted that the current surveillance system for asbestosis and silicosis in the United states is inadequate(National Academy of Sciences Report, Counting Injuries and Illnesses in the Workplace, 1987; American Journal of Industrial Medicine 2003;44:141-147). The B reader program offers the opportunity to provide data that is not available from any other source. Being a B reader for the past 20 years has been extremely lucrative. Accordingly, I and other B readers would continue to seek recertification even if additional requirements were placed upon us to maintain our certification. I will outline alternative plans for increasing the public health usefulness of the program:

1)NIOSH requires a copy of all B reading interpretations or just positive results) be submitted to NIOSH. NIOSH compiles the data and issues an annual report. NIOSH does not allow recertification unless a B reader is in compliance with this reporting provision.

2)NIOSH requires a copy of all B reading interpretations or just positive results be submitted to those states that require the reporting of known or suspected occupational disease. To ensure compliance, NIOSH would require a letter from the state agency where the B reader is licensed at the time a B reader is recertified that the B reader is in compliance with state reporting laws.

3)NIOSH periodically reminds B readers that they are a select group and that it is an expectation and extremely important to comply with state occupational disease reporting laws.

The alternatives listed above go from most useful but most labor/cost intensive for NIOSH to less useful and less labor and cost intensive. If NIOSH were committed to using the B reader program for tracking purposes than perhaps other alternatives are possible.

I strongly urge to NIOSH to expand the usefulness of the B reading program to encompass its public health potential.

Kenneth D. Rosenman, MD
Professor of Medicine, Chief of the Division of Occupational and Environmental Medicine Department of Medicine
117 West Fee
East Lansing, Michigan 48864-1315
517 353-1846
Fax 517 432-3606
Clinic Appointment 517 353-4941
Rosenman@msu.edu
Web page www.chm.msu.edu/oem