

The Honorable Patty Murray
Chair, Committee on Appropriations
154 Russell Senate Office Building
Washington, DC 20515

The Honorable Susan Collins
Vice Chair, Committee on Appropriations
413 Dirksen Senate Office Building
Washington, DC 20515

The Honorable Kay Granger
Chair, Committee on Appropriations
2308 Rayburn HOB
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member, Committee on Appropriations
2413 Rayburn House Office Building
Washington, DC 20515

March 13, 2024

Dear Chairs Murray and Granger, Vice Chairman Collins, and Ranking Member DeLauro:

As part of the FY25 appropriations process, the undersigned organizations request 1) boosted support for the Mine Safety and Health Administration's (MSHA) budget, particularly for funding to support the implementation of the new permissible exposure limit to silica, 2) maintained funding for federal black lung clinics, 3) support for the Center for Disease Control's (CDC) Occupational Safety & Health Budget and 4) a change to the way that black lung benefits are calculated.

Due to increased exposure to silica dust, an epidemic of black lung disease has emerged in Central Appalachia over the last decade. Incidence of disease in coal miners is occurring at an unprecedented rate and today's miners have higher mortality rates from lung disease than previous generations of miners.¹ In Central Appalachia, 1 in 5 tenured miners has black lung disease and 1 in 20 have the most severe and totally disabling form of the disease - Progressive Massive Fibrosis (PMF). Researchers from NIOSH have stated, "We can think of no other industry or workplace in the United States in which this would be considered acceptable."²

It is critical that Congress fully fund MSHA's FY25 budget request, at \$406.5 million, including funding to support the agency's enforcement of the silica dust rule. We were appalled by the amendment introduced by Representative Perry during the FY24 appropriations process that would have blocked MSHA from implementing the silica rule. Rather, Congress should be doing all it can to stop the black lung epidemic.

¹ Blackley, D.J. et al. (2018) Continued increase in prevalence of coal workers' pneumoconiosis in the United States, 1970–2017. *Am J Public Health*. 108:1220-1222.; <https://blogs.cdc.gov/niosh-science-blog/2023/02/27/mining-lung-disease/>

² American Journal of Public Health, 2018. "Continued Increase in the Presence of Coal Workers' Pneumoconiosis in the United States, 1970 - 2017." Blackley et al, *AJPH*, September 2018

The Health Resources and Services Administration (HRSA) provides funding for 15 black lung clinics across the country. These clinics provide healthcare and benefits counseling to thousands of sick miners each year. We ask that you fully fund HRSA's FY25 budget request for the Black Lung Clinics Program at \$12.19 million in order to ensure that these important services are maintained.³

The CDC's Occupational Health and Safety Budget includes funding for two important programs for miners: the Mining Research program and the Enhanced Coal Workers' Health Surveillance Program (ECWHSP). The Mining Research program researches and addresses safety and health issues for mine workers, including the development of technologies to improve ventilation and address respirable mine dust. For example, this program is currently supporting the development of new technologies to monitor silica dust exposure levels which will be critical to prevent black lung disease. The ECWHSP provides free lung screenings to miners and studies respiratory disease related to coal mine dust exposure. We urge you to fully fund the CDC's FY25 Occupational Health and Safety budget request at \$363.2 million in order to continue these critical programs.⁴

In addition to MSHA's budget, we ask you to adjust how monthly black lung benefit rates are calculated. Benefit levels are currently tied to the federal pay scale rather than the cost of living, which disconnects benefit levels from inflation. In 1969, when the federal black lung benefits program was created, a miner received \$144.50 each month to help support their cost of living. Adjusting for inflation, that would be \$1,172.61 in today's dollars. However, the monthly benefit rate has not kept up with rising inflation and, today, individual miners receive over 30% less than the value of the original amount — just \$773 a month. The benefits for a miner and a dependent in 2024 is \$1,159 a month — more than \$3,000 lower than the average cost of living for two people in coal communities like Indiana County, Pennsylvania; Pike County, Kentucky; and Kanawha County, West Virginia. The fix is simple. Congress simply needs to tie black lung benefit adjustments to the cost of living rather than the federal pay scale.

Coal workers have powered America for more than a century, and today's workers that continue that tradition deserve better protections and those that have already become sick with black lung deserve support equal to that originally established by Congress.

Sincerely,

National Black Lung Association

East Kentucky Coalfield Black Lung Association

³ <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2025.pdf>

⁴ <https://www.cdc.gov/budget/documents/fy2025/FY-2025-CDC-congressional-justification.pdf>

Southwest Virginia Black Lung Association Chapter 2

Women of Black Lung (KY)

Appalachian Citizens' Law Center

Appalachian Voices

Breathe Project

Bronx Jews for Climate Action

Center for Coalfield Justice

Citizens Coal Council

Earth Action, Inc.

Kentucky Resources Council, Inc.

Mountain Association

ReImagine Appalachia

Respiratory Health Association

Rural Organizing Education Fund

Sierra Club

Stone Mountain Health Services, Black Lung Program

Virginia Organizing

WV Rivers Coalition

West Virginia Citizen Action

West Virginia Council of Churches