

The Honorable Susan Collins  
Chair  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Tom Cole  
Chair  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Patty Murray  
Vice Chair  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Rosa L. DeLauro  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

March 5, 2026

Dear Chairs Collins and Cole, Vice Chair Murray, and Ranking Member DeLauro:

As part of the FY27 appropriations process, the undersigned 43 organizations request 1) boosted support for the Mine Safety and Health Administration's (MSHA) budget, 2) maintained funding for federal black lung clinics, and 3) support for the National Institute for Occupational Safety and Health (NIOSH).

Due to years of increased exposure to silica dust, an epidemic of black lung disease has emerged in Central Appalachia over the last decade and a half. Incidents of this preventable occupational health disease in coal miners are occurring at an unprecedented rate. Miners today even have higher mortality rates from lung disease than previous generations.<sup>1</sup> 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."<sup>2</sup>

It is critical that Congress **fully fund MSHA at \$406.5 million**. After years of declines in enforcement staffing, between 2022-2024, former Assistant Secretary of MSHA, Chris Williamson, reported that MSHA hired more than 100 new individuals to serve as part of its enforcement staffing. The agency's FY2025 budget stated, "Hiring additional mine inspectors remains a critically important priority for MSHA to ensure that the Agency can enforce mandatory safety and health standards, continue existing enforcement and compliance assistance initiatives, and initiate new special emphasis programs in targeted areas." By early 2025, due to downsizing driven by DOGE, MSHA lost approximately 200 employees, roughly 10% of its staffing. In March of 2025, an individual representing Department of Labor workers for the American Federation of Government Employees shared with a reporter that inspectors were barely keeping up with their mandatory inspections – semi-annual inspections at surface mines and quarterly inspections at underground mines. At a recent House Education and Labor Committee oversight hearing, Assistant Secretary of MSHA Wayne Palmer stated that inspectors were traveling and working overtime in order to complete mandatory inspections. An analysis of MSHA inspections from 2025 and 2026 shows that the total number of inspections completed by the agency dropped by 5%, a decrease of nearly

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<sup>1</sup> 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/>

<sup>2</sup> 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

2,000 inspections. We are gravely concerned with the functional state of the agency and believe that increased staffing is necessary to ensure that miners are protected from the many health and safety hazards that they confront daily in their dangerous occupations.

The Health Resources and Services Administration (HRSA) provides funding for 15 black lung clinics across the country. These clinics provide essential healthcare and benefits counseling to thousands of sick miners each year, often in rural areas with limited access to health care facilities. From FY24-26, federal funding for these clinics remained flat at \$12.19 million. As the rate of black lung cases continues to rise among Appalachian coal miners, it is imperative that funding for this grant program be increased to meet emerging needs among America's mining workforce. We ask that you **fully fund HRSA's Black Lung Clinics Program at \$12.8 million** in order to ensure that these important services to coal workers are maintained.

Lastly, NIOSH provides critical research and equipment certification to protect coal miners by reducing occupational health and safety hazards. Through programs such as the Office of Mine Safety and Health Research and the Enhanced Coal Workers' Health Surveillance Program (ECWHSP), NIOSH researches the causes and impacts of coal and silica dust exposure linked to coal workers' pneumoconiosis, or black lung disease. NIOSH also certifies critical mining and respiratory protection, ensuring that these devices meet rigorous federal performance standards, which will be needed for the implementation of the [silica dust rule](#). The ECWHSP provides free lung screenings to miners and studies respiratory disease related to coal mine dust exposure. On April 1, 2025, Department of Health and Human Services (HHS) Secretary Kennedy announced a 10,000-employee reduction of HHS staff, including nearly 900 employees at the NIOSH, which amounts to two-thirds of their employees. This includes offices in Pittsburgh, PA, which has a robust mine safety department, and Morgantown, WV, that administers ECWHSP. Operations at these facilities severely disrupted critical mining research, respirator approval certification, coal miner health surveillance, and other critical worker safety programs. Earlier this year, HHS rescinded all remaining reduction-in-force notices for NIOSH staff, though this delay led to major program disruptions and gaps in workplace safety research. The result of this nearly year-long saga only highlighted the importance of NIOSH services in ensuring the continued health and safety of America's workforce. **We urge you to fully fund NIOSH's budget at \$376.7 million in order to continue these critical programs.**

Coal workers have powered America for our entire history. Today's workers that continue that noble and patriotic tradition deserve better workplace protections, while those that are sick with black lung deserve continued support by Congress to uphold the federal government's promise of adequate benefits made in 1969.

Sincerely,

Gary Hairston, President, National Black Lung Association  
Appalachian Citizens' Law Center  
Appalachian Voices  
ReImagine Appalachia

Action Together NEPA  
Allegheny-Blue Ridge Alliance (ABRA)  
The Alliance for Appalachia  
Appalshop. Inc.  
Berwick Arts Association  
BlueGreen Alliance  
Center For Coalfield Justice  
Chesapeake Climate Action Network Action Fund  
Christians for the Mountains  
Citizens Coal Council  
Climate Justice Alliance  
Conservation Voters of PA  
Eastern PA Coalition for Abandoned Mine Reclamation (EPCAMR)  
Hip Hop Caucus  
Kentucky Resources Council  
Kentucky Riverkeeper  
Kentucky Student Environmental Coalition  
Keystone Development Center  
Kids for Saving Earth  
Latino Farmers & Ranchers International, Inc.  
Livelihoods Knowledge Exchange Network (LiKEN)  
Lungs At Work  
Mid-Ohio Valley Climate Action  
Mom's Clean Air Force West Virginia  
Mountain Watershed Association  
National Wildlife Federation  
Pennsylvania Interfaith Power & Light  
Pennsylvania Sustainable Business Network  
Roots of Unity Media  
Sierra Club  
Southern Appalachian Mountain Stewards  
Stewart Family Farms  
Three Rivers Waterkeeper  
Tó Nizhóní Aní  
Utility Workers Union of America, AFL-CIO  
We the People of Detroit  
West Virginia AFL-CIO  
West Virginia Environmental Council  
Working for Justice Ministry St. Paul's United Methodist Church Allison Park, PA

