United States Senate

November 10, 2022

Mr. Chris Williamson Assistant Secretary Mine Safety and Health Administration Room 5C330 201 12th Street South Arlington, VA 22202-5452

Dear Assistant Secretary Williamson,

We write to formally request additional information on the forthcoming rule to establish an updated respirable crystalline silica standard (silica standard). In September 2021, the Department of Labor (DOL) provided that a Notice of Proposed Rulemaking was expected to be released in January 2022. It has been over a year since that correspondence and still no new proposed silica standard has been promulgated that would further protect our brave miners.

We appreciate the Mine Safety and Health Administration's (MSHA) actions earlier this year to implement a silica enforcement initiative. This was consistent with a recommendation in the November 2020 U.S. Department of Labor Office of Inspector General (OIG) report¹. It is comprised of four components to curb silica exposure to miners, including increased inspections, sampling, compliance assistance, and miners' rights. Unfortunately, the initiative alone does not adequately protect miners from exposure to silica.

As you know, the extraction, refining, and transportation of coal generates a significant amount of coal dust which contains silica. Silica is classified as a carcinogen and is substantially more harmful than coal dust itself. Excessive exposure to silica has been linked to several debilitating and incurable diseases such as black lung, silicosis, and the most advanced and deadly form of black lung, progressive massive fibrosis (PMF), all of which are entirely preventable. MSHA has clear authority under the Federal Mine Safety and Health Act of 1977 to protect miners and set standards to prevent exposure to toxic and harmful materials based on the best available scientific evidence.

The 2020 OIG report also provided MSHA with additional recommendations to better protect coal miners from exposure to respirable silica. The number one recommendation was to lower the legal exposure limit. The report went on to outline that more than three times as many coal miners were identified as having black lung disease from 2010-2014 compared to 1995-1999 and evidence indicates that respirable silica exposure may be responsible. This increase in the diagnoses of black lung disease over time is expected to worsen without action. Data from the National Institute of Occupational Safety and Health (NIOSH) indicates that the prevalence of

¹ U.S. Department of Labor, Office of Inspector General, 2020: *MSHA Needs To Improve Efforts To Protect Coal Miners From Respirable Crystalline Silica*. Report Number: 05-21-001. Retrieved from https://www.oig.dol.gov/public/reports/oa/2021/05-21-001-06-001.pdf

black lung disease in the Appalachian coal fields is worse than previously thought and impacting more young coal miners² than ever before.

While we understand that the federal rulemaking process is complex and can be time consuming, we also recognize the critical importance of an updated silica standard to the health and safety of our nation's coal miners. That is why we formally request a timely and detailed response to the following questions:

- 1. What is the current status of a new silica standard and what, if any, progress has been made on it over the past year?
- 2. What, if any, barriers exist to releasing a timely proposal?
- 3. What is your current anticipated timeline for the promulgation of a new silica standard?

For generations, our brave coal miners have risked their lives and health to power our nation to greatness. We have an obligation as a country to protect their health and welfare with commonsense rules and regulations, and we look forward to working with you to do just that.

Sincerely,

Joe Manchin III

United States Senator

Robert P. Casey, Jr.

United States Senator

Mark R. Warner United States Senator Sherrod Brown United States Senator

Tim Kaine

United States Senator

² David J. Blackley et al., Continued Increase in Prevalence of Coal Workers' Pneumoconiosis in the United States, 1970-2017, 108 Am. J. of Pub. Health 1220, 1221 (2018). https://www.cdc.gov/niosh/updates/upd-07-20-18.html