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Before the House Committee on Education and the Workforce
Subcommittee on Workforce Protections
U.S. House of Representatives

“Safe Workplaces, Stronger Partnerships: The Future of OSHA Compliance Assistance”
July 16, 2025

Chairman Mackenzie, Ranking Member Omar and members of the subcommittee, I appreciate the opportunity to testify today on behalf of the AFL-CIO about protecting worker health and safety.

The AFL-CIO is the federation of 63 national labor unions in the U.S., representing 15 million working people across a wide variety of industries—including construction, education, emergency response, manufacturing, health care, transportation, utilities, retail and service, entertainment, athletics, and others—in private and public sectors and in stationary and mobile workplaces. Our members and millions of other workers across the country face life-altering working conditions every day they show up to work.

The magnitude of work-related fatalities, injuries and chronic disease is enormous for American workers and totally unacceptable.

Each year in the United States of America, more than 5,000 workers die on the job from traumatic injury and an estimated 135,000 die each year from work-related chronic illness.¹ According to the Bureau of Labor Statistics, the job fatality rate is higher for Hispanic or Latino workers and for Black workers than for other workers.²

Annually, 3.2 million workers report nonfatal job injuries; but these injuries are only about one-third of the real problem.³ Many workers fear reporting injuries to their employers because of systemic retaliatory practices, and reporting by states to the federal government is voluntary.⁴ Workers face

¹ Takala J., Hämäläinen P., Sauni R., Nygård C.H., Gagliardi D., and S. Neupane. “Global-, regional- and country-level estimates of the work-related burden of diseases and accidents in 2019.” *Scand J Work Environ Health*. 2024 Mar 1;50(2):73–82. Available at [pmc.ncbi.nlm.nih.gov/articles/PMC10927068/#suppl](https://pubmed.ncbi.nlm.nih.gov/articles/PMC10927068/#suppl).

² U.S. Bureau of Labor Statistics. Census of Fatal Occupational Injuries. [BLS.gov/iif/overview/cfoi.htm](https://www.bls.gov/iif/overview/cfoi.htm).

³ AFL-CIO. *Death on the Job: The Toll of Neglect*. April 23, 2025. [AFLCIO.org/reports/dotj-2025](https://aflcio.org/reports/dotj-2025).

⁴ U.S. Bureau of Labor Statistics. Survey of Occupational Injuries and Illnesses. [BLS.gov/respondents/iif/](https://www.bls.gov/respondents/iif/).

significant fear of retaliation for speaking up about hazards, compounding the ability for dangerous working conditions to be addressed.

Meanwhile, 8 million public sector workers have no OSHA coverage at all, a number that has increased 10% in the last 35 years. (See Table 1 below.) And OSHA penalties often are too weak to deter employers.

Workplace fatalities and serious injuries and disease are preventable when employers follow commonsense job safety and health rules. Strong and targeted enforcement by OSHA not only saves lives but also saves valuable resources for employers. Addressing workplace safety and health is not a one-and-done issue. It is constant work involving assessment, planning, evaluation and investment into fixing the problems, not Band-Aid approaches.

OSHA's Existing Resources

First and foremost, the Occupational Safety and Health Administration (OSHA) is responsible for setting health and safety standards and enforcing those standards to ensure employers are following the law and reducing workers' risk of injury, illness and work-related death. Enforcement is a cornerstone of the Occupational Safety and Health Act of 1970 (OSH Act) and has always been a major part of the OSHA program. This is not just an authority of OSHA, but a requirement.

OSHA's ability to provide protection to workers has greatly diminished over the years due to severe reductions in its resources. The AFL-CIO's annual report titled "Death on the Job: the Toll of Neglect," captures and measures the ability of OSHA to do its job to protect American workers' lives, limbs and lungs. Our most recent report, published in April 2025, demonstrates the starvation of our nation's job safety and health enforcement agency. There is an enormous disparity between OSHA's assigned responsibilities and its resources to implement them.

OSHA only receives \$632 million to protect 161 million workers across 11.8 million workplaces in the United States.⁵ Meanwhile, other federal agencies can have more than 30 times the budget of OSHA. OSHA's budget is the same today as it was in FY 2023; and OSHA's budget has seen an effective decrease since our first report issued in 1992, due to inadequate funding from Congress to keep up with inflation. OSHA's budget has seen a 7% decrease since 1991, while employment has increased 43% and the number of workplace establishments has increased 82% in the same timeframe.⁶ (See Table 1 below.)

In other words, OSHA has learned to be extremely efficient over the years—and more than 712,000 workers now can say their lives have been saved since the passage of the OSH Act.⁷

⁵ Ibid.

⁶ AFL-CIO. *Death on the Job: The Toll of Neglect*. April 23, 2025. [AFLCIO.org/reports/dotj-2025](https://aflcio.org/reports/dotj-2025).

⁷ Ibid.

OSHA's resources are paltry, yet we know OSHA enforcement works. A substantial body of empirical evidence, including studies conducted by the Rand Corporation and by the business schools of Harvard University and the University of California at Berkeley, confirm that OSHA inspections result in substantially and persistently reduced rates of both injuries and insurance costs to the tune of billions of dollars annually for employers, both large and small.^{8,9,10}

Evaluation of individual OSHA standards have shown similar conclusions: OSHA's rule to prevent worker deaths in trenching and excavation work has reduced workplace deaths by more than 40%; its standard for handling bloodborne pathogens has virtually eliminated occupationally acquired hepatitis B fatalities that killed 120 workers every year; and its grain-handling standard led to a 70% decrease in fatalities. These evaluations are clear that OSHA standards and enforcement reduces injuries and illnesses, and is the most effective means OSHA has to save lives.¹¹

⁸ Haviland AM, Burns RM, Gray WB, Ruder T, Mendeloff J. 2010. "What kinds of injuries do OSHA inspections prevent?" J Saf Res 14:339–345. doi.org/10.1016/j.jsr.2010.03.005.

⁹ Levine DI, Toffel MW. 2012. "Government regulation that actually works." Harvard Business Review blog. blogs.hbr.org/cs/2012/05/government_regulation_that_act.html.

¹⁰ Levine DI, Toffel MW, Johnson MS. 2012. "Randomized government safety inspections reduce worker injuries with no detectable job loss." Science 336(6083):907–911. doi.org/10.1126/science.1215191.

¹¹ See [OSHA.gov/dea/lookback.html](https://www.osha.gov/dea/lookback.html).

Table 1. United States Workplace Health and Safety Coverage and Resources

	1991*	2024*	% Change
OSHA Budget, FY 2025	\$683.5M (inflation adjusted) \$296.5M in 1991	\$632.3M	-7.5%
Amount OSHA has to protect the health and safety of each worker it is responsible for	\$6.36 (inflation adjusted) \$2.76 in 1991	\$3.92	-38%
OSHA Coverage			
Annual average employment (2023)	107,321,596	153,140,899	+43%
Annual establishments (2023)	6,517,561	11,866,306	+82%
Public sector workers not covered	7.3 million	8 million	+10%
# OSHA FTE	2,421	1,962	-19%
# Establishments per FTE**	2,692	6,585	+145%
# OSHA inspectors (federal and state)	1,953	1,802	-7.7%
Inspector per workers	1 : 54,952	1 : 84,937	-35%
Number of federal OSHA inspectors per million workers	9.7	6.1	-40%
Number of Years It Would Take Federal OSHA to Inspect Every Workplace Once	84	185	+120%

*Source: AFL-CIO Annual Death on the Job Reports: First-ever 1992, most recent 2025.

**FTE = Full Time Equivalent

At the same time, the Trump administration has proposed an alarming FY 2026 job safety budget that would cut 80% of the National Institute for Occupational Safety and Health (NIOSH, reduction of \$290M), 8% of OSHA (\$49.9M, 223 FTEs) and 10% of the Mine Safety and Health Administration (MSHA, reduction of \$39.6M, 47 FTEs), and eliminate the Chemical Safety Board (CSB) and Susan Harwood grants for organizations to train workers on health and safety. Additional cuts (reduction of \$25M, and 153 FTEs) were proposed to DOL’s Wage and Hour Division, which sets child labor rules and enforces them—an important factor in keeping workplaces safe.

The number of OSHA inspections the Department of Labor stated it can justify with the proposed FY 2026 budget is 27% lower than recent years and results in a near-record low of the number of OSHA inspections that can be conducted to protect American workers and correct industry behavior. The Department of Labor stated that “OSHA will work to support sustained growth in domestic production and manufacturing,” but this will be at the expense of worker safety and will lead to more workers getting injured, ill and killed from preventable workplace hazards.

Table 2. Federal OSHA Inspection Targets, FY 26 Budget Request¹²

	FY 2024	FY 2025	FY 2026
# Safety Inspections	27,477	27,391	19,943
# Health Inspections	6,869	6,983	4,986
Total	34,346	34,374	24,929

In FY 2024, OSHA conducted 28,222 safety inspections and 6,460 health inspections, totaling 34,682 inspections, which means OSHA was only able to reach every workplace in its jurisdiction once every 185 years.¹³ As shown in Table 1 above, this metric was 84 “years to inspect” when the AFL-CIO first issued its report in 1992. If OSHA only conducts 25,000 inspections in FY 2026, this figure will soar to 266 “years to inspect”—by far the worst ever on record, and even worse than OSHA’s inspection record during the COVID-19 pandemic.

Last year, there was serious concern that the number of OSHA inspections still had not reached pre-pandemic levels but now, under budget proposals, there is deeper concern that a severe number of employers will go unchecked and workers' lives will be the price this country pays.

With the current rapid acceleration of technologies, robotics and artificial intelligence being deployed in workplaces, OSHA needs *more* resources for oversight, not fewer. With the growth of employment over the last several decades, OSHA needs *more* resources for oversight, not fewer.

¹² U.S. Department of Labor. FY 2026 Annual Performance Plan. [DOL.gov/sites/dolgov/files/general/budget/2026/CBJ-2026-V1-01.pdf](https://www.dol.gov/sites/dolgov/files/general/budget/2026/CBJ-2026-V1-01.pdf).

¹³ AFL-CIO. *Death on the Job: The Toll of Neglect*. April 23, 2025. [AFLCIO.org/reports/dotj-2025](https://aflcio.org/reports/dotj-2025).

These numbers are not a game; these cuts directly impact people's lives. American workers have been left behind. They are being forced into an impossible choice—that between their lives and their livelihoods.

The Trump Administration's Continued Assault on Worker Health and Safety Protections

The worker health and safety crisis of our nation is alarming.

Instead of dedicating more resources to protecting our nation's workers, the Trump administration is rolling back worker health and safety resources and protections. NIOSH is the only agency with the responsibility to conduct occupational health and safety research that benefits workers, employers and other federal and state agencies. But the president, at the urging of the so-called "Department of Government Efficiency" or DOGE, fired two-thirds of federal workers at the National Institute for Occupational Safety and Health (NIOSH), the nation's only occupational health and safety research agency, benefiting workers and employers.

The decimation of NIOSH divisions and programs will eliminate the only programs in our nation that:

- Research—in the laboratory and in workplaces—the science of job hazards that kill, maim and disease workers every day.
- Research real-world application and adoption of mitigation measures in the workplace.
- Apply lifesaving interventions with workers and employers in dangerous industries.
- Conduct nonpunitive, fact-finding investigations to prevent future incidents.
- Collect and manage surveillance data on job injuries, illnesses and fatalities.
- Approve all respirators for compliance with safety and health standards and remove counterfeit respirators from the U.S. marketplace.
- Update recommended chemical exposure limits that threaten workers' lives.
- Provide for the administration of medical care and process compensation claims for workers who have been made ill when responding to 9/11 and the Cold War.
- Develop unique, expert guidance specific to occupational health and safety that local health authorities, employers, unions and workers rely on.
- Train our nation's next generation of occupational health and safety experts.

Without all of these staff in all of these divisions, the agency will effectively shut down. While some of these staff have been returned, significant programs and divisions still remain terminated or defunct, and others who have been returned were not included in the president's FY 2026 budget request. The damage is severe and will lead to an increase in preventable job injuries, illnesses and fatalities. The cuts at NIOSH alone will harm generations of workers to come.

Further, the administration has pushed out at least 10% of OSHA employees who write standards, monitor field enforcement activities and data collected from employers, intake worker complaints, oversee state OSHA programs—all duties required by the OSH Act—and more. It plans to eliminate a dozen OSHA and MSHA field offices this summer, where inspectors are based. It paused coal mine

enforcement of the MSHA silica rule just days before it was to go into effect. The administration also halted federal advisory committees of experts to help guide the agency on addressing workplace health and safety issues.

Taking away hard-won worker protections, deemphasizing job safety enforcement and slashing job safety agency budgets will all cost workers their lives. The chaos and confusion continue, while working people are left behind.

New Deregulatory Efforts Remove Core Worker Safety and Health Protections

Two weeks ago, the Trump administration launched a direct assault on worker protections that will prevent workers from going home to their families at the end of their shifts.

Under the guise of “duplicative” requirements, which are not duplicative at all, the administration published at least 35 proposals to take job safety and health regulations off the books, and at least 20 others to go after wage, benefit and other worker protections. Additionally, proposals are expected soon to allow children to work in hazardous occupations, which has been outlawed for decades.

On worker health and safety protections, the Trump administration is proposing to:

- Remove OSHA’s general duty to keep workers safe on the job if they are working in “inherently risky” occupations like the entertainment industry.
- Remove employer requirements to report certain job illnesses to OSHA.
- Remove the right for government safety and health managers to require employers to improve their safety and health programs to protect miners.
- Remove workers’ rights to be medically evaluated and accommodated when being required to wear a respirator at work.
- Remove workers’ rights to information when working with asbestos, lead and other dangerous compounds.
- Remove safety requirements to provide adequate lighting and hazard alert color schemes in workplaces.
- Remove inspection and maintenance requirements for certain equipment.

Couple all of this with legislative attempts to disable and add duplicative and unnecessary requirements to the regulatory system, which would make it impossible for agencies like OSHA and MSHA to issue new protections that save workers’ lives.

Already, *each* OSHA standard—lifesaving worker protections—averages well more than seven years for any administration to develop, given the overly burdensome requirements placed on the agency over the years by the legislative, judicial and executive branches.¹⁴ In recent years, OSHA has taken 20 years to issue standards like silica and beryllium, and the bulk of OSHA standard setting actually occurred in the 1970s, 1980s and 1990s, rather than recently. (See attached charts.)

¹⁴ U.S. Government Accountability Office. “Workplace Safety and Health: Multiple Challenges Lengthen OSHA’s Standard Setting.” GAO-12-330. April 2, 2012. [GAO.gov/products/gao-12-330](https://www.gao.gov/products/gao-12-330).

The stark reality is that this nation's regulatory system has been critically overburdened with massive obstacles that worker protection agencies must surmount to propose even the most basic of protections for workers. Most proposed attempts to change the regulatory system actually weaken the ability of agencies to issue future standards against workplace hazards.

Updates to the regulatory system should speed up the process so that OSHA and other agencies can issue safeguards to protect workers and the public as the authors of the OSH Act intended, as well as increase transparency and remove special privileges given to businesses over workers. Protecting workers should be the goal of safety and health regulations, and protecting workers is good for employers.

Instead, DOGE is attempting to strip away safety and health protections—those that keep people alive and prevent workers from developing lifelong illness from the job. This effort to roll back and weaken worker safety and health protections for people who want to return home to their families after every shift should be unacceptable to every elected leader.

Compliance Assistance and Voluntary Programs

For years, OSHA consistently has spent more than 10 times the amount of money on employer compliance assistance than it has on worker training. (See attached charts.) Compliance assistance accounts for a significant amount of OSHA's budget at \$140 million, where small businesses benefit from onsite consultation—which is confidential and free—and compliance assistance specialists who help businesses identify problems and address them. OSHA compliance assistance should continue to focus on small businesses and on industries with workers especially vulnerable to serious hazards and workplace fatalities, injuries and illnesses.

Voluntary programs have always been part of OSHA's compliance assistance model. The major voluntary programs run by OSHA are the Voluntary Protection Program (VPP), a program that recognizes companies with good safety and health management systems, and the Alliance program, under which OSHA partners with trade associations, professional groups and others to carry out safety and health initiatives targeted at particular industries or hazards. Alliances can be made at the national, regional or state level, with more than 1,000 alliances having been created. Currently, OSHA has 39 national and many more regional/area alliances.¹⁵

Voluntary Protection Program

OSHA's VPP was initiated in 1982 during the Reagan administration to recognize and certify companies with a low reported injury and illness rate who implemented safety and health programs. A voluntary recognition program has theoretical benefits where employers put together safety and health management systems and checklists that go beyond OSHA requirements, still make a profit and are recognized for it. However, actual execution of the program can play out very differently and significant structural problems remain.

¹⁵ See [OSHA.gov/alliances](https://www.osha-slc.gov/alliances).

First, companies that qualify for VPP are exempt from regularly scheduled OSHA inspections, even if serious hazards may still exist. When the program was initiated, the AFL-CIO opposed this exemption—and still opposes it. An inspection exemption does not incentivize employers to make conditions safer, but does attract companies to the program. Inspection exemptions also limit OSHA's discretion as to what kind of oversight is needed—especially in workplaces that fall into high hazard industry sectors that are the subject of OSHA emphasis programs. Plus, employers who are doing the best work do not need inspection exemptions.

Second, the assumption that VPP-approved workplaces are model workplaces is often misleading. There are VPP sites with evidence of programmatic failure, as serious hazards still exist and serious injuries and fatalities still occur after VPP has awarded sites recognition. Companies can remain in VPP even where they have citations for fatalities and willful violations. OSHA has allowed the same companies to be part of VPP and the Severe Violators Enforcement Program—a hot list for companies that severely misbehave, have fatalities and willful violations—at the same time.

Examining VPP's efficacy, The Center for Public Integrity found that between 2000 and 2010, 80 workers were killed on the job at OSHA VPP sites.¹⁶ In 2018, a worker was killed after falling into a water basin of a cooling tower at a VPP-approved refinery.¹⁷ Another tragic example is a combustible dust fatality at one of our union VPP companies, even though a VPP company should have a gold standard combustible dust program, regardless of OSHA not having a standard. These deaths are devastating to family members, and where they are preventable they undermine the credibility of the program overall.

Third, lack of oversight and accountability is built into the VPP model. It allows companies to self-police their safety programs. Employers can check boxes rather than adequately address safety concerns. Self-regulation produces working environments in which violations can occur and remain unnoticed, allowing unsafe practices and conditions to persist, and where employers can become complacent about the ongoing assessments and changes needed to maintain safe work environments. This approach allows health and safety to be utilized as a public relations tool rather than make genuine commitments and policy changes to safety, thus creating the illusion of safety, which may or may not exist.

In addition to government oversight of a government-funded program, unions are a key accountability partner where there is true participation of workers and their representatives. Yet, 90% of workplaces in the United States are not unionized. Without OSHA oversight, and without a union to hold a voluntary program accountable, we only have the word of most employers in the program.

¹⁶ Hamby, Chris. (2011, July 7). *'Model workplaces' not always so safe*. The Center for Public Integrity. Available at: PublicIntegrity.org/inequality-poverty-opportunity/workers-rights/worker-health-and-safety/model-workplaces/model-workplaces-not-always-so-safe/.

¹⁷ LaRose, Greg. (2018, July 7). *Contract worker dies at Belle Chasse Refinery*. NOLA. Available at: NOLA.com/news/traffic/contract-worker-dies-at-belle-chasse-refinery/article_d01c05db-75aa-554f-acdc-69907062341c.html.

Instead, VPP encourages a management-driven, top-down approach, rather than encouraging workers to empower themselves to communicate about unsafe conditions. With fewer OSHA inspections at VPP sites, workers have limited opportunities to address safety concerns with an external body.

Fourth, we do not actually know that the VPP certification systematically reduces injuries, illnesses or fatalities, and the program's evaluation metrics are unclear. The program incentivizes employers to use programs that we do not know work. Further, it is likely that the companies that implement programs would do so without VPP. Employers allowed in the program have lower injury rates *than the national average*, which does not mean they have *low* injury rates. Additionally, underreporting of workplace injuries is pervasive because too many workers fear retaliation or succumb to pressure from their company to stay in VPP.

Since its inception, VPP has never been comprehensively, independently evaluated for effectiveness. There is little evidence suggesting VPP is effective or efficient at reducing workplace injuries and fatalities, while OSHA's enforcement program has been studied and shown at the workplace level to be effective in reducing injuries and illnesses. In 2009, the Government Accountability Office (GAO) analyzed OSHA's VPP program and recommended multiple revisions to the program.¹⁸ GAO recommended that the secretary of labor direct OSHA to: 1) develop a documentation policy for information on actions taken by OSHA's regions in response to fatalities and serious injuries at VPP sites; 2) establish internal controls that ensure consistent compliance by its regions with VPP policies; and 3) develop goals and performance measures for the Voluntary Protection Program.

Fifth, VPP benefits large corporations over workers. Those most in need of compliance assistance are high hazard industries and occupations and those with workers at serious risk of facing retaliation for speaking up against unsafe working conditions. But in fact, most of the companies in VPP are large, multinational companies, not small businesses because those participate in OSHA's SHARP program.¹⁹ Large employers generally do not need compliance assistance.

Sixth, VPP systematically weakens OSHA enforcement. Instead of focusing on enforcing safety laws and regulations, VPP requires that OSHA assign personnel and funding to maintaining VPP, which inherently benefits employers rather than protecting at-risk workers. VPP requires significant resources and administrative labor to both evaluate and maintain companies in the program, thus consuming OSHA's already limited resources, also noted in GAO's 2009 findings.²⁰

In 1982, the year VPP was initiated, OSHA was handed a budget that allowed it to spend \$6.40 on each worker in the nation. That number has significantly declined since—by 38% to only \$3.92 in 2024 and the number of OSHA staff has greatly diminished at a pace that has not kept up with the

¹⁸ U.S. Government Accountability Office. (2009). *OSHA'S Voluntary Protection Programs: Improved Oversight and Controls Would Better Ensure Program Quality*. Available at: [GAO.gov/assets/gao-09-395.pdf](https://www.gao.gov/assets/gao-09-395.pdf).

¹⁹ See [OSHA.gov/vpp/bynaics](https://www.osha.gov/vpp/bynaics).

²⁰ U.S. Government Accountability Office. (2009). *OSHA'S Voluntary Protection Programs: Improved Oversight and Controls Would Better Ensure Program Quality*. Available at: [GAO.gov/assets/gao-09-395.pdf](https://www.gao.gov/assets/gao-09-395.pdf).

43% growth in employment over the years (see Table 1 above). In other words, after VPP was established, OSHA has had many fewer resources to devote to preventing atrocities at work.

Certification in voluntary programs are for setting up systems, without showing they actually mitigate hazards, and reduce injuries, illnesses or fatalities. But if VPP companies are not complying with OSHA standards and maintaining a safe work environment, they are not following the law and there is little redress until there is a serious incident such as a fatality, which is much too late for working families.

Additionally, previous and recent attempts to reform or mandate VPP have been plagued with issues that would reinforce the problems described above, and even require them of the agency. Some of these include contracting VPP oversight responsibilities to some unaccountable third-party system, prohibiting OSHA from charging a fee for companies to apply to the program and opening up levels of 'participation' that required little commitment by employers that may never result in being a VPP site.

OSHA needs to spend its time and resources on core responsibilities, not expending additional efforts on voluntary efforts. OSHA needs to focus its few resources on addressing oversight for the worst companies, assisting small businesses, and targeting industries with vulnerable workers, not on recognition programs that are for the largest companies that otherwise would have safety programs on their own. Large employers who are inclined to cut corners on safety do not want compliance assistance; instead, they need stronger enforcement. We oppose any expansion of a problematic program where such widespread problems remain.

Conclusion

Every employer should have a safety program. Employers should also have resources from OSHA to help them understand standards, understand existing and emerging hazards, and how to mitigate hazards at the source, using the hierarchy of controls.

We do not need a “better” voluntary approach. It is a time to return to the core functions of the agency’s mandate by Congress. The cornerstones of the OSH Act are standard setting and enforcement, which are maximized when coupled with effective education, resources and training. Voluntary compliance does not have an accountability structure. The expansion of voluntary programs with significant problems like VPP will come at the cost of sacrificing enforcement against the worst acting employers.

Our progress on preventing fatalities and job injuries and illnesses has slowed not because we have not been recognizing employers for following the law or having safety programs; that progress has stalled because our leaders have constricted government oversight on workplaces across the country. Current efforts to “deregulate” actually remove worker safety and health protections from the books that employers do not like, but that save workers’ lives.

All of this severely impairs the ability for the government—the trusted authority for workplace health and safety inspections—to keep workers safe on the job.

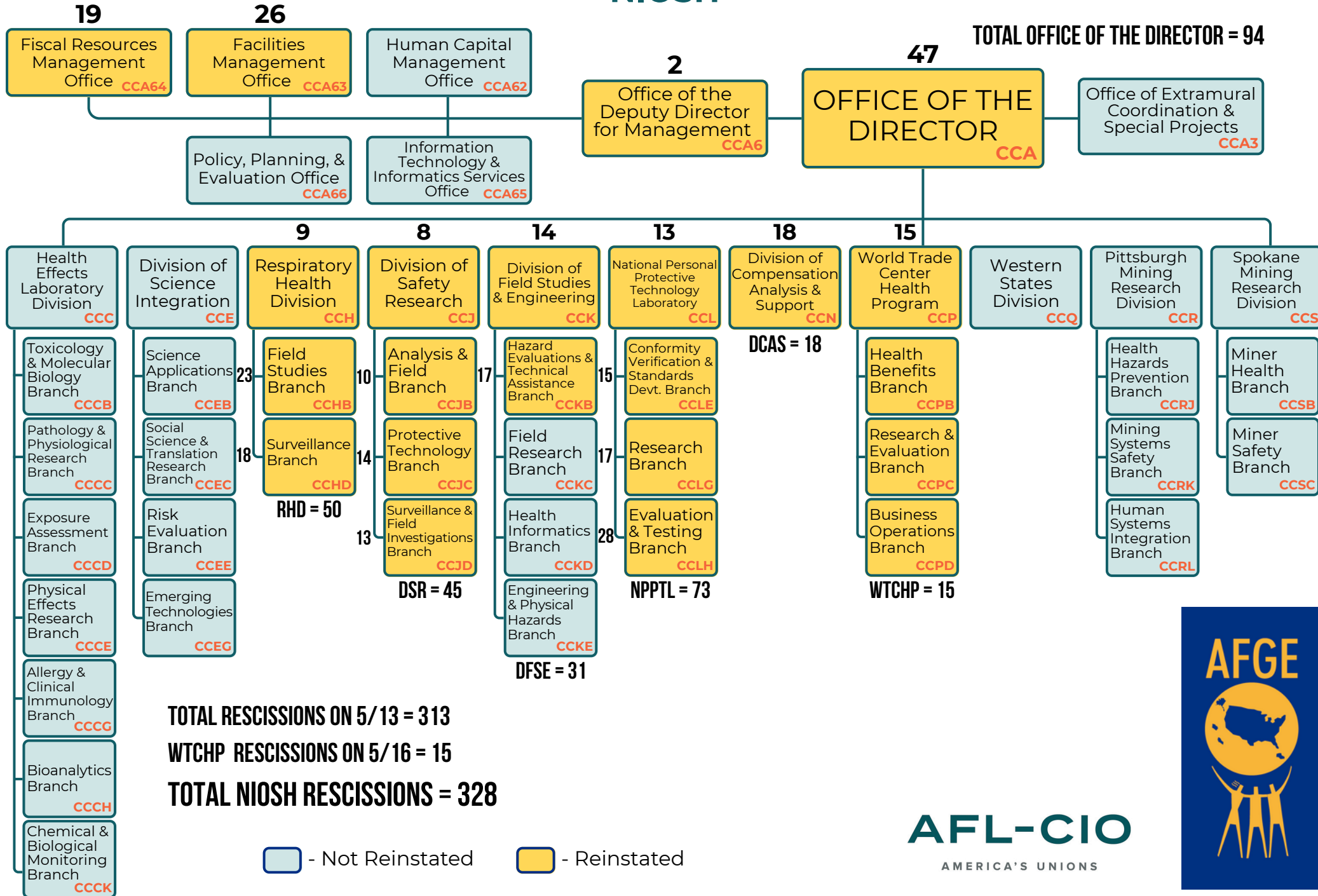
Finally, several key recommendations for the subcommittee's consideration include:

1. Increase the budgets for core functions of job safety and health agencies, including OSHA, so that they can carry out their statutory mandate to protect workers.
2. End reductions in job safety and health agency staff and core duties that keep our nation's workers safe and restore program areas that have been eliminated.
3. Prevent rollbacks to job safety and health standards.
4. Ensure reforms to the regulatory system make it more transparent, inclusive, faster and easier for agencies like OSHA to follow their mandate, rather than add burdens to agencies or give regulatory review power to other branches of the government.

Thank you for inviting me to testify today, and I would be happy to answer your questions.

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

NIOSH



NIOSH Staff Keep America's Workers Safe



- Not Reinstated



- Reinstated

Office of Extramural Coordination and Special Projects

Funds more than 50 applied research and training centers, including:

- multidisciplinary centers like the Education Research Centers (ERCs), the National Construction Center, Agriculture Safety Centers, others;
- research grants for occupational safety & health research and the World Trade Center Health Program;
- cooperative agreements for state surveillance programs that monitor work-related injuries, illnesses, exposures and fatalities, mesothelioma research, and commercial fishing occupational safety research & training;
- specialty training program grants that support the development of the next generation of occupational health professionals, including college and graduate students, post-graduates, and emergency responders, as well as conference grants;
- mine safety & health training programs; and
- small business innovation research.

Health Effects Laboratory Division (HELD)

Conducts laboratory-based research in immunology, allergy, and inflammation to evaluate and determine how workplace exposure causes disease and injury, and can be prevented. Develops analytical methods that are used by both private and public sector occupational health professionals to measure chemical exposure hazards. Supports Health Hazard Evaluation and other field programs with analytical sampling and processing. All NIOSH field sampling and analysis is coordinated through HELD.

Division of Science Integration (DSI)

Synthesizes and translates all scientific NIOSH evidence into practical guidance and recommendations that prevent occupational disease, injury and death:

- Conducts risk assessments for occupational exposures to hazardous chemicals—often using data from NIOSH toxicological studies, industry-wide occupational exposure and illness surveillance studies, and Health Hazard Evaluations—and develops Recommended Exposure Limits (RELs) for those chemicals.
- Authors the NIOSH Pocket Guide to Chemical Hazards, which is consistently one of the most requested CDC publications and utilized by emergency responders and health & safety professionals worldwide (more than 1.3 million downloads in 2021).
- Designs and implements occupational safety & health training programs, such as the Safe, Skilled, Ready Workforce Program for young workers, temp workers, and workers with intellectual and developmental disabilities.

Respiratory Health Division (RHD)

Oversees research & administers service programs to prevent work-related respiratory diseases caused by hazardous occupational agents via surveillance programs and field investigations.

Division of Safety Research (DSR)

Conducts research to identify and reduce causes of traumatic occupational injuries and develops interventions to prevent them.

Division of Field Studies and Engineering (DFSE)

Conducts field **Health Hazard Evaluations**, which require expertise and operations from other divisions not reinstated. Conducts field based exposure assessments & epidemiologic studies to characterize and control workplace health hazards, which support the development of practical guidance and recommendations that reduce occupational illness and injuries, such as Recommended Exposure Limits and Hazard Reviews. Researches, designs, and implements ventilation, ergonomic, and noise exposure controls. Responds to public health emergencies, such as infectious disease outbreaks, natural disasters, and industrial accidents. Most of these employees have not been reinstated.

National Personal Protective Technology Laboratory (NPPTL)

Conducts laboratory and field research, surveillance, standards development, interventions, and conformity assessments of personal protective equipment (PPE), and tests and monitors the marketplace for counterfeit PPE.

Division of Compensation Analysis and Support (DCAS)

Provides scientific support for and administers claims involving nuclear weapons workers who develop cancer from radiation exposure.

World Trade Center Health Program (WTCHP)

Provides medical monitoring and treatment for first responders and survivors of September 11. Medical conditions include respiratory diseases, cancers, and mental disorders such as PTSD.

Western States Division (WSD), Spokane, WA

Responsible for conducting research to reduce a wide variety of occupational safety and health hazards faced by workers in the Western United States, including fishing and oil & gas fatalities.

Pittsburgh Mining Research Division (PMRD)

Conducts research to prevent mining illnesses, injuries, and fatalities across all mining sectors. Heavily focuses on coal & metal/nonmetal mining safety with its simulated research laboratory.

Spokane Mining Research division (SMRD)

Conducts research preventing mining illnesses, injuries, and fatalities across all mining sectors, Heavily focused on rock mass stability, dust and diesel exposures, and technologies that improve miner health and hazard detection.

Major OSHA Health Standards Since 1971

Standard	Year Final Standard Issued
1. Asbestos	1972
2. Fourteen Carcinogens	1974
3. Vinyl Chloride	1974
4. Coke Oven Emissions	1976
5. Benzene (vacated)	1978
6. DBCP	1978
7. Arsenic	1978
8. Cotton Dust	1978
9. Acrylonitrile	1978
10. Lead	1978
11. Cancer Policy	1980
12. Access to Medical Records	1980
13. Hearing Conservation	1981
14. Hazard Communication	1983
15. Ethylene Oxide	1984
16. Asbestos (revised)	1986
17. Field Sanitation	1987
18. Benzene (revised)	1987
19. Formaldehyde	1987
20. Access to Medical Records (modified)	1988
21. Permissible Exposure Limits (PELs) Update (vacated)	1989
22. Chemical Exposure in Laboratories	1990
23. Bloodborne Pathogens	1991
24. 4,4'-methylenedianiline	1992
25. Cadmium	1992
26. Asbestos (partial response to court remand)	1992
27. Formaldehyde (response to court remand)	1992
28. Lead (construction)	1993
29. Asbestos (response to court remand)	1994
30. 1,3-Butadiene	1996
31. Methylene Chloride	1998
32. Respiratory Protection	1998
33. Ergonomics (revoked under the Congressional Review Act)	2000
34. Bloodborne Pathogens – Needlestick Injuries	2001
35. Hexavalent Chromium (response to court order)	2006
36. Hazard Communication – Globally Harmonized System	2012
37. Crystalline Silica	2016
38. Beryllium	2017
39. Occupational Exposure to COVID-19 for Health Care Emergency Temporary Standard ¹	2021
40. COVID-19 Vaccination and Testing Emergency Temporary Standard (withdrawn after court injunction)	2021

Source: Code of Federal Regulations.

¹The COVID-19 ETS for Health care was issued on June 21, 2021. On Dec. 27, 2021, OSHA announced it planned to withdraw the standard and the standard has not been in effect since, other than the recordkeeping provisions. On March 23, 2022, OSHA published a notice for limited reopening of the record and an informal hearing on its interim final rule. A public hearing was held on April 27, 2022. At the time of publication of this report, a permanent standard has not been issued and the final rule has been under review at the Office of Information and Regulatory Affairs under Executive Order 12866 since Dec. 7, 2022.

Major OSHA Safety Standards Since 1971

Standard	Year Final Standard Issued
1. Cranes/Derricks (load indicators)	1972
2. Roll-over Protective Structures (construction)	1972
3. Power Transmission and Distribution	1972
4. Scaffolding, Pump Jack Scaffolding and Roof Catch Platform	1972
5. Lavatories for Industrial Employment	1973
6. Trucks, Cranes, Derricks and Indoor General Storage	1973
7. Temporary Flooring – Skeleton Steel Construction	1974
8. Mechanical Power Presses	1974
9. Telecommunications	1975
10. Roll-over Protective Structures of Agricultural Tractors	1975
11. Industrial Slings	1975
12. Guarding of Farm Field Equipment, Farmstead Equipment and Cotton Gins	1976
13. Ground-Fault Protection	1976
14. Commercial Diving Operations	1977
15. Servicing Multi-Piece Rim Wheels	1980
16. Fire Protection	1980
17. Guarding of Low-Pitched Roof Perimeters	1980
18. Design Safety Standards for Electrical Standards	1981
19. Latch-Open Devices	1982
20. Marine Terminals	1983
21. Servicing of Single-Piece and Multi-Piece Rim Wheels	1984
22. Electrical Safety in Construction (Part 1926)	1986
23. General Environmental Controls – TAGS (Part 1910)	1986
24. Marine Terminals – Servicing Single-Piece Rim Wheels (Part 1917)	1987
25. Grain Handling Facilities (Part 1910)	1987
26. Safety Testing of Certification of Certain Workplace Equipment and Materials	1988
27. Crane or Derrick Suspended Personnel Platforms (Part 1926)	1988
28. Concrete and Masonry Construction (Part 1926)	1988
29. Mechanical Power Presses (modified)	1988
30. Powered Platforms (Part 1910)	1989
31. Underground Construction (Part 1926)	1989
32. Hazardous Waste Operations (Part 1910) (mandated by Congress)	1989
33. Excavations (Part 1926)	1989
34. Control of Hazardous Energy Sources (lockout/tagout) (Part 1910)	1989
35. Stairways and Ladders (Part 1926)	1990
36. Concrete and Masonry Lift-Slab Operations	1990
37. Electrical Safety Work Practices (Part 1910)	1990
38. Welding, Cutting and Brazing (Part 1910) (revision)	1990
39. Chemical Process Safety	1992
40. Confined Spaces (general industry)	1993

Major OSHA Safety Standards Since 1971

Standard	Year Final Standard Issued
41. Fall Protection	1994
42. Electrical Power Generation	1994
43. Personal Protective Equipment	1994
44. Logging Operations	1995
45. Scaffolds	1996
46. PPE for Shipyards	1996
47. Longshoring and Marine Terminals	1997
48. Powered Industrial Truck Operator Training	1998
49. Steel Erection	2001
50. Electrical Equipment Installation	2007
51. Employer Payment for Personal Protective Equipment	2007
52. Cranes and Derricks in Construction	2010
53. General Working Conditions for Shipyard Employment	2011
54. Electric Power Generation, Transmission and Distribution	2014
55. Confined Spaces (construction)	2015
56. Walking-Working Surfaces and Personal Protective Equipment (Fall Protection Systems) (Part 1910)	2016
57. Improve Tracking of Workplace Injuries and Illnesses	2024

Source: Code of Federal Regulations.

**Funding for OSHA Worker Safety Training Programs vs.
Employer Compliance Assistance Programs,
FY 2007–2025 (\$ in thousands)**

Fiscal Year	Worker Safety and Health Training	Employer Compliance Assistance (Federal and State)
FY 2007 Request	\$0	\$129,900
FY 2007 Enacted	\$10,100	\$126,000
FY 2008 Request	\$0	\$134,100
FY 2008 Enacted	\$9,900	\$123,800
FY 2009 Request	\$0	\$131,100
FY 2009 Enacted	\$10,000	\$127,200
FY 2010 Request	\$10,000	\$128,175
FY 2010 Enacted	\$10,750	\$128,200
FY 2011 Request	\$11,000	\$126,100
FY 2011 Enacted	\$10,729	\$128,200
FY 2012 Request	\$12,000	\$129,800
FY 2012 Enacted	\$10,700	\$134,200
FY 2013 Request	\$10,700	\$131,000
FY 2013 Enacted ¹	\$10,150	\$116,300
FY 2014 Request	\$10,700	\$133,200
FY 2014 Enacted	\$10,700	\$127,200
FY 2015 Request	\$10,700	\$128,200
FY 2015 Enacted	\$10,500	\$126,200
FY 2016 Request	\$10,700	\$130,800
FY 2016 Enacted	\$10,537	\$126,558
FY 2017 Request	\$10,537	\$132,558
FY 2017 Enacted	\$10,537	\$130,481
FY 2018 Request	\$0	\$130,016
FY 2018 Enacted	\$10,537	\$130,481
FY 2019 Request	\$0	\$134,715
FY 2019 Enacted	\$10,537	\$133,481
FY 2020 Request	\$0	\$133,414
FY 2020 Enacted	\$11,537	\$135,981
FY 2021 Request	\$0	\$136,910
FY 2021 Enacted ²	\$11,787	\$136,731
FY 2022 Request ²	\$13,787	\$149,675
FY 2022 Enacted ²	\$11,787	\$136,731
FY 2023 Request ²	\$13,787	\$155,108
FY 2023 Enacted ²	\$12,787	\$141,422
FY 2024 Request	\$13,787	\$165,233
FY 2024 Enacted	\$12,787	\$140,423
FY 2025 Request	\$12,787	\$140,423
FY 2025 Enacted	\$12,787	\$140,423

Source: Department of Labor, Occupational Safety and Health Administration, Annual Congressional Budget Justification.

¹FY 2013 funding levels reflect the budget cuts mandated by the sequester.

²The funding levels do not include additionally appropriated COVID-19 funds to the Department of Labor for FY 2021 through FY 2023 through the American Relief Plan, passed on March 10, 2021. Additional funds included \$200 million for pandemic-related worker protection activities, including \$100 million for OSHA, of which \$10 million have been used for training grants and not less than \$5 million for COVID-19 enforcement.