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Director and State Public Health Officer

Gavin Newsom
Governor

850 Marina Bay Parkway
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September 30, 2026

Debra Lee
Chief, Cal/OSHA
Department of Industrial Relations
1515 Clay Street, Suite 1901
Oakland, CA 94612

Dear Ms. Lee,

CDPH COMMENTS IN SUPPORT OF CAL/OSHA'S PROPOSED NEW REGULATION: CCR TITLE 8, § 5204.1 "CRYSTALLINE SILICA ACTIVITIES STRICTLY PROHIBITED", AND PROPOSED CHANGES TO §5204 "OCCUPATIONAL EXPOSURES TO RESPIRABLE CRYSTALLINE SILICA" (GENERAL INDUSTRY) AND §1532.3 "OCCUPATIONAL EXPOSURES TO RESPIRABLE CRYSTALLINE SILICA" (CONSTRUCTION SAFETY ORDERS).

I am writing on behalf of the California Department of Public Health (CDPH) regarding the proposed regulations to protect workers from respirable crystalline silica exposure. CDPH strongly supports the adoption of the proposed regulations to prevent silicosis among workers who fabricate quartz countertops using engineered stone containing >1% silica.

CDPH's surveillance highlights the escalating risk associated with engineered stone fabrication. In 2019, we identified the first cases of silicosis, an incurable and life-threatening occupational lung disease, among California workers involved in engineered stone countertop fabrication, including two fatalities. Since then, cases of silicosis have increased significantly, coinciding with a 600% rise in engineered stone demand over the past decade.

A public health crisis persists, underscoring the urgent need for regulatory action. As of September 16, 2026, CDPH has identified 644 cases of silicosis among engineered stone countertop fabrication workers in California, including at least 35 deaths, 75 individuals who have undergone lung transplants, and 53 others who have been referred for a lung transplant. Since the Occupational Safety and Health Standards Board (OSHSB) meeting on May 21, 2026, where CDPH presented its findings, there have been **84 additional cases, 4 more deaths, and 17 new lung transplants** identified among affected workers. Most of these workers are young Latino immigrants with a debilitating, incurable disease acquired due to hazardous silica dust exposures in their workplaces.ⁱ



The true extent of silicosis among engineered stone countertop workers is likely underestimated, as many cases remain undiagnosed, misdiagnosed, or not reported to public health. Our review of silicosis medical surveillance records from a large California countertop employer revealed that 12% of their current workers had silicosis.ⁱⁱ This highlights the significant burden of disease present within individual fabrication facilities. In Australia, where more than 1,500 current and former engineered stone countertop workers have undergone government-sponsored silicosis screening, more than 25% of workers have been diagnosed with silicosisⁱⁱⁱ, underscoring the urgent need for comprehensive screening and reporting.

The particularly hazardous nature of engineered stone fabrication is evident. Using 2019-2024 silicosis surveillance data, we compared engineered stone silicosis cases to all other cases of silicosis in California. We found that the median age of diagnosis was 46 years for engineered stone countertop workers, compared to 65 years among other workers from sandblasting, mining, and cementitious industries. Silicosis cases among engineered stone countertop workers are notably severe. Approximately one quarter of affected workers have been referred for lung transplant evaluation, and at least 6% have died, with a median interval of just two years from diagnosis to death.^{iv} These figures highlight the aggressive nature and rapid progression of the disease.

CDPH research has emphasized the ongoing risks posed by engineered stone countertop fabrication work. Our analysis of data from Cal/OSHA's Special Emphasis Program (SEP) from 2019-2020 countertop fabrication shop inspections showed that workers were exposed to silica dust at levels above the Permissible Exposure Limit (PEL) in more than half of the inspected workplaces, and 72% of workplaces were cited for at least one violation of the §5204 silica regulation.^v In addition, interviews conducted with workers during those inspections indicated that many were not using adequate respiratory protection, and nearly all had not undergone silica medical examinations required under existing regulations.^{vi}

In response to the continued increase in cases, the OSHSB passed an emergency temporary standard in 2023 and made permanent changes to the silica standard in 2025. Cal/OSHA conducted additional inspections under the SEP to enforce the strengthened regulation. As of April 2026, Cal/OSHA had conducted 145 inspections, and CDPH has so far analyzed data from 62 of these inspections. Among these 62 inspections, more than three quarters (77%) of employers have been cited for at least one violation of the silica standard and more than a quarter (27%) had violations so severe that they were issued an Order Prohibiting Use. In addition, 39% of workplaces where silica exposures were monitored had at least one worker exposed above the PEL.^{vii} This underscores that enforcement under the current and prior standards has not been effective in preventing silica exposures during engineered stone fabrication. Indeed, it is very difficult for most employers to implement the dust control methods needed to protect workers for a variety of reasons including the expense and technical expertise necessary to acquire and maintain sophisticated equipment, as well as challenges in ensuring work practices are consistently followed. Furthermore, even when shops use mandated controls like wet methods, they are not always effective at lowering silica exposures enough to prevent disease.^{viii}

Another challenge to enforcement is this industry's fragmented structure, dominated by small-scale operations. Unlike industries concentrated in a few large facilities, where health and safety inspectors can efficiently conduct thorough enforcement, this sector consists of numerous small operations, complicating efforts to ensure compliance. CDPH has identified more than 1,300 countertop fabrication operations across California, most of which are small businesses, with a median of five workers per operation. While Cal/OSHA has mounted a significant effort to

enforce, conducting over 250 inspections since the 2019-2020 SEP, the inspected facilities represent only a fraction of the operations within the California industry.

Given the severity and rapid progression of disease, regulatory revisions targeting the primary source of exposure are warranted. By prohibiting fabrication of engineered stone with greater than 1% crystalline silica, these regulations will help protect workers from silica dust exposure. At the same time, the presence of safer, widely available alternatives makes this transition both feasible and practical. For example, in Australia, following implementation of a national ban on engineered stone in 2024, engineered stone with low crystalline silica content has become readily available. Alternatives to engineered stone are already marketed in California. Last year, CDPH conducted a survey of large California countertop showrooms and found more than 30 types of lower-crystalline silica manufactured countertop products were for sale. Many additional options, such as stainless steel and wood countertops, along with low silica natural stones such as marble, are also widely available.

The proposed revision to §1532.3 also is critical to prevent potential shift of fabrication activities to onsite locations as a means of circumventing the regulation in §5204.1. If fabrication were to move onsite, workers would remain exposed to hazardous conditions, undermining the intended protections of the regulation. Importantly, the designation of imminent hazards in §5204.1(f) will give Cal/OSHA the ability to immediately protect workers from clearly hazardous work environments

Recent peer reviewed publications confirm the dangers of engineered stone silicosis and support Cal/OSHA's proposed approach to eliminating the hazard. For instance, in June 2026, a report published by the American Thoracic Society (ATS) called for urgent action, including safer substitutes, stating "...existing strategies are inadequate to protect workers from this highly hazardous exposure. Without urgent, decisive action, thousands more cases will occur worldwide."^{ix}

Silicosis is a devastating disease, but it is preventable through elimination of workplace silica dust exposure. The continued increase in numbers of California workers diagnosed with this preventable workplace disease supports prompt adoption of the proposed standards. I appreciate Cal/OSHA's consideration of CDPH's strong support for adopting new and revised silica regulations. Please contact me or the Chief of the Occupational Health Branch, Dr. Kristin Cummings, at Kristin.Cummings@cdph.ca.gov if you have any questions.

Sincerely,



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Director and State Public Health Officer

ⁱ Fazio J, et al. Silicosis Among Immigrant Engineered Stone (Quartz) Countertop Fabrication Workers in California. *JAMA Intern Med.* 2023 Sep 1;183(9):991-998. doi: 10.1001/jamainternmed.2023.3295.

ⁱⁱ Heinzerling A, et al. Radiographic Screening Reveals High Burden of Silicosis among Workers at an Engineered Stone Countertop Fabrication Facility in California. *Am J Respir Crit Care Med.* 2021 Mar 15;203(6):764-766. doi: 10.1164/rccm.202008-3297LE.

ⁱⁱⁱ WorkSafe Queensland. Silicosis: WorkCover Screening Outcomes. <https://www.worksafe.qld.gov.au/claims-and-insurance/work-related-injuries/types-of-injury-or-illness/work-related-respiratory-diseases/silicosis>. Updated Apr 30, 2024.

^{iv} Flattery J, et al. Silicosis Surveillance in California, 2019-2024: Tracking an Epidemic. *Am J Public Health*. 2025 Nov;115(11):1913-1921. doi: 10.2105/AJPH.2025.308225.

^v Surasi K, et al. Elevated exposures to respirable crystalline silica among engineered stone fabrication workers in California, January 2019-February 2020. *Am J Ind Med*. 2022 Sep;65(9):701-707. doi: 10.1002/ajim.23416.

^{vi} Spiegel A., et al. Self-reported silica exposures and workplace protections among engineered stone fabrication workers in California. *Am J Ind Med*. 2022 Dec;65(12):1022-1024. doi: 10.1002/ajim.23432.

^{vii} Heinzerling A. Engineered Stone Silicosis in California: CDPH Updates [Power Point Presentation]. Occupational Safety and Health Standards Board Meeting. May 21, 2026.

^{viii} Heinzerling A, et al. Silicosis among Workers Fabricating Engineered Stone ("Quartz") Countertops in California, 2019-2026. *NEJM Evid*. 2026 Sep;5(9):EVIDpha2600187. doi: 10.1056/EVIDpha2600187.

^{ix} Gandhi SA, et al. Silicosis in the Artificial Stone Countertop Industry: An Official American Thoracic Society Workshop Report. *Ann Am Thorac Soc*. 2026 Jun 26:aaoag176. doi:10.1093/annalsats/aaoag176.