



\PRESCOTT G. WOODRUFF, M.D., M.P.H.

Professor of Medicine

Chief, Pulmonary, Critical Care, Allergy and Sleep Medicine

Department of Medicine & CVRI

513 PARNASSUS AVENUE, HSE1305, BOX 0130

SAN FRANCISCO, CALIFORNIA 94143-0130

PHONE: (415) 514-2061

FAX: (415) 476-5712

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California Division of Occupational Safety and Health

Research and Standards Health Unit

Department of Industrial Relations

Submitted electronically to: RS@dir.ca.gov

Re: Proposed Emergency Rulemaking — Prohibition of Fabrication and Manufacture of Artificial Stone Containing More Than 1% Crystalline Silica

Dear Cal/OSHA Research and Standards Health Unit:

As the Chief of the Division of Pulmonary and Critical Care Medicine at the University of California, San Francisco (UCSF), I write in strong support of Cal/OSHA's proposed prohibition on the fabrication and manufacture of artificial stone containing more than 1% crystalline silica.

From the perspective of pulmonary medicine, the consequences of respirable crystalline silica exposure are particularly concerning because the lung injury it causes can be severe, progressive, and irreversible. Inhalation of respirable crystalline silica can produce persistent inflammation and fibrosis within the lungs. Once clinically significant silicosis develops, removing a worker from further exposure is essential, but it does not reverse the fibrosis that has already occurred. In some patients, lung disease continues to progress even after exposure has ceased.

This presents a profound challenge for physicians caring for affected workers. There is currently no established medical treatment that reverses the pulmonary fibrosis caused by silicosis or reliably halts progression of advanced disease. Clinical care is therefore largely supportive and directed toward preventing additional exposure, treating complications and associated conditions, providing supplemental oxygen when necessary, and managing progressive respiratory impairment. For patients who develop end-stage lung disease, lung transplantation may ultimately be the only intervention capable of substantially restoring pulmonary function.

California has experienced a rapidly growing epidemic of silicosis among workers who fabricate artificial-stone countertops. A 2023 California case series by Fazio, Gandhi, Heinzerling, Harrison and colleagues described severe disease among relatively young workers, including progressive massive fibrosis, respiratory failure, lung transplantation, and death. More recent California surveillance reported by Heinzerling, Harrison, Gandhi and colleagues identified 592 affected engineered-stone workers through June 2026, including 65 who had undergone lung transplantation and 31 who had died. [1,2]

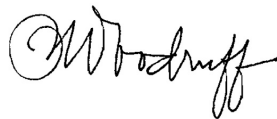
The severity and irreversibility of this disease make primary prevention especially important. Medical surveillance can identify silicosis, but it cannot prevent established fibrosis from progressing. Pulmonologists can diagnose the disease and manage its complications, but we cannot restore lung tissue that has been destroyed by silica-induced fibrosis. By the time severe silicosis becomes clinically apparent, the opportunity for true prevention has already passed.

As pulmonary and critical care physicians, we are acutely aware of what happens when prevention fails. Silicosis can leave previously healthy working-age individuals with permanent respiratory disability, dependence on supplemental oxygen, the need for lung transplantation, or premature death. Medicine has very limited ability to alter that trajectory once advanced disease has developed.

The UCSF Division of Pulmonary and Critical Care Medicine strongly supports Cal/OSHA's proposed prohibition on the fabrication and manufacture of artificial stone containing more than 1% crystalline silica. We urge Cal/OSHA to act expeditiously to prevent additional workers from developing an irreversible disease for which medicine currently has no effective curative treatment.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Woodruff", with a stylized, cursive script.

Prescott Woodruff, MD, MPH
Chief, UCSF Health Division of Pulmonary, Critical Care, Allergy, and Sleep Medicine
Department of Medicine
University of California, San Francisco

References

1. Fazio JC, Gandhi SA, Flattery J, Heinzerling A, et al. Silicosis Among Immigrant Engineered Stone (Quartz) Countertop Fabrication Workers in California. *JAMA Internal Medicine*. 2023;183(9):991–998. doi:10.1001/jamainternmed.2023.3295.
2. Heinzerling A, Flattery J, Cummings KJ, Harrison RJ, Fazio JC, Gandhi SA, et al. Silicosis among Workers Fabricating Engineered Stone (“Quartz”) Countertops in California, 2019–2026. *NEJM Evidence*. 2026;5(9). doi:10.1056/EVIDpha2600187.