

Dear House of Representatives,

We are writing to express our strong opposition to H.R. 5437. We write as academic physicians who treat patients with silicosis—young, otherwise healthy workers who are now facing irreversible lung disease, lung transplantation, and premature death.

H.R. 5437 rests on a fundamentally flawed premise: that artificial stone slabs are inherently safe products and that worker harm arises primarily from “alteration” or misuse by fabricators. This framing is inconsistent with clinical evidence, occupational health research, and what we see daily in our medical practices.

Artificial stone cannot be fabricated safely. These products contain extremely high concentrations of crystalline silica—often exceeding 90%. Even with modern dust controls, cutting, grinding, and polishing artificial stone releases respirable silica at levels that overwhelm existing engineering and personal protective measures. The epidemic of accelerated silicosis we are witnessing is not the result of careless workers or isolated failures of compliance; it is the predictable consequence of working with a material that is intrinsically hazardous. As an example, Australia took action in 2024 to fully ban the use and import of high silica artificial stones after substantial failed attempts to safely work with the products.

Importantly, this silicosis epidemic did not exist when countertops were fabricated primarily from natural stone. For decades, granite and other natural stone products were used widely in the United States without producing the wave of severe, rapidly progressive silicosis now devastating countertop fabrication workers. Natural stone, while not risk-free, contains substantially lower silica content and has not produced the same catastrophic health outcomes.

H.R. 5437 also ignores the broader economic and industrial context. The majority of artificial stone products are imported into the United States, particularly from China, undercutting domestic natural stone producers. This bill effectively shields foreign manufacturers of high-silica artificial stone while shifting responsibility—and blame—onto U.S. workers and small fabrication shops. In doing so, it disadvantages a domestic natural stone industry whose products are demonstrably safer and do not drive the same burden of disease.

As physicians and researchers, we are deeply troubled by legislation that minimizes the role of a dangerous product while the medical community is struggling to respond to an entirely preventable occupational disease crisis. Silicosis is incurable. Once lung damage occurs, there is no medical therapy that can reverse it. Prevention is the only effective intervention, and that requires honest acknowledgment that certain products pose unacceptable risks.

We urge you to oppose H.R. 5437 and to support policies that prioritize worker health, accurate scientific evidence, and responsible domestic industry. Our patients—and their families—cannot afford legislation that obscures the true cause of this public health crisis.

Thank you for your attention to this critical issue.

Sincerely,

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