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January 21, 2026

Re: HR 5437, the WOEMA Petition to CAL-OSHA, and the ISFA Proposal to CAL-OSHA

Dear Congressional Committee Members and Standards Board Members:

At Brayton Purcell LLP, we represent approximately 500 California artificial stone fabrication workers and almost 200 workers from 22 other states, all with silicosis and other artificial stone related diseases. These 700 artificial stone fabrication workers support WOEMA's petition to CAL-OSHA to prohibit crystalline silica artificial stone, oppose ISFA's poorly thought-out plan focused solely on increased licensing and enforcement, and oppose the HR5437 foreign manufacturer bailout bill that would ban civil lawsuits against the artificial stone slab manufacturers for silicosis-related injuries their products have caused. That is a bill whose passage would result in countless unnecessary fabrication worker deaths because it would decelerate the transition from artificial stone to safer alternatives.

I. Summary

99% of the crystalline silica toxic artificial stone slabs are made by foreign manufacturers in 17 countries such as China and Iran, and 1% are made by Cambria USA in Minnesota. Following manufacture, these toxic slabs are dumped in California and other U.S. states, where fabrication shops must prepare them for installation as countertops. The California Department of Public Health (CDPH) artificial stone silicosis dashboard shows that to date 487 fabrication workers in California alone have confirmed silicosis, highlighting the public health crises that has emerged from the fabrication of artificial stone. A separate CDPH dashboard tracks the shops where workers are diagnosed and – far from a few bad actor shops – an alarming 54% of shops (688/1276) have documented cases. The sheer prevalence of disease undercuts the ISFA argument that licensing and enforcement could adequately address the problem.

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/essdashboard.aspx>

<https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/fabops.aspx>

For many decades when only natural stone slabs were fabricated into countertops, before the introduction and rise in popularity of artificial stone, the global rate of silicosis among countertop fabrication workers was 0%. The fabrication process did not change, except to get even safer; what changed is natural stone was replaced with uniquely toxic artificial stone. Without artificial stone, there would be no epidemic. The unique toxicity of artificial stone is multifactorial, related to the high (>95%) crystalline silica content, the extremely small nano-particle size of the crystalline silica dust particles because the natural crystalline silica is crushed into fine particles to create a uniform base, and compounded by toxic metals, resins, and pigments with which it is mixed to achieve the desired properties and colors of the artificial stone slabs. Over 100 published peer-reviewed scientific and medical studies have highlighted the distinct dangers of artificial stone silicosis and underscore the impossibility of its safe fabrication.

This product is so “uniquely toxic” that the 600+ occupational medicine doctors of WOEMA have petitioned CAL-OSHA to ban it. After Australia banned it, the entire industry in Australia simply switched to non-toxic recycled glass slabs – and importantly – did so without the loss of jobs or a disruption of the consumer market. Despite all of this, Cambria and the foreign slab manufacturers are opposing the WOEMA petition and are promoting both the ISFA licensing proposal and the HR5437 foreign slab manufacturer bailout bill to prevent fabrication workers with fatal silicosis from holding the companies accountable for the harms that they have caused, and to allow them to continue selling their deadly product. California and U.S. workers can safely fabricate recycled glass amorphous silica slabs and natural stone slabs into countertops. In contrast, crystalline silica artificial stone slabs cannot be safely fabricated by human beings.

II. Litigation Funding

False allegations have been made that the plaintiff law firms litigating the state civil lawsuits against foreign slab manufacturers and Cambria USA are using litigation funding companies to finance the litigation. To be clear, our firm has not ever utilized any such services, and we are informed that none of the few other plaintiffs law firms involved in the litigation have used such services.

III. Analysis of Exactly Who Opposes the WOEMA Petition and Supports the HR 5437 Foreign Manufacturer Bail Out and the ISFA licensing proposal

The vast majority of countertop fabrication workers are not members of any union. The various groups that are opposing the WOEMA petition to ban crystalline silica artificial stone in California are the same foreign slab manufacturer lobby groups that are behind the ISFA licensing proposal and the proposed federal HR 5437 bill to bail out foreign crystalline silica slab manufacturers by banning civil product liability lawsuits against them for their toxic products. These lobby groups do not represent the interests of the U.S. fabrication workers. They vaguely

state that they represent the “fabrication industry”, but they absolutely do not. They are the silver-tongued mouthpieces of the foreign artificial stone slab manufacturers and Cambria USA.

Foreign slab manufacturers: 99% of the crystalline silica toxic artificial stone slabs are made by foreign manufacturers in 17 countries (China, India, Iran, Vietnam, Israel, Thailand, South Korea, Turkey, Czech Republic, Brazil, Spain, Italy, Belgium, Germany, Portugal, Austria, and Canada), and then dumped here by foreign distributors, after which U.S. fabrication shops must prepare them for installation as countertops. These foreign manufacturers are making over \$25 billion a year while young fabrication workers in the U.S. are dying. There is only one major U.S. based manufacturer, Cambria USA in Minnesota, and they only have approximately 1% of the global market. The very few other “domestic” manufacturers (like LX Hausys) have miniscule market share and are in fact wholly owned subsidiaries of foreign manufacturers.

International Surfaces Fabricators Association (ISFA): ISFA claims to be a “fabricator’s association”, but according to its own website, it does not have any actual fabrication *workers* who are members. Rather its members include 157 stone fabrication and stone slab supplier company *owners* (<https://www.isfanow.org/fabricator-members>), and 112 members who are actually stone slab *manufacturers*, distributors, and tool and equipment manufacturers (<https://www.isfanow.org/associate-partner-member-directory>). ISFA does not speak on behalf of the actual fabrication workers.

At the January 15, 2026 Cal-OSHA standards board meeting, ISFA claimed to have the support of the “Latino Fabrication Workers Association”. Such organization does not exist. It appears ISFA is actually referring to the Latin American Fabricators Network. That organization does not list its membership on its website, but none of our 700 fabrication worker clients are members. The “Our Sponsors” section of its website shows that it is yet another mouthpiece of the foreign slab manufacturers and equipment suppliers. And the “About Us” section of their website includes a photograph of best practices training they conducted showing a worker using a dry grinder with no water, no mask surrounded by several people all not wearing masks.

Cambria USA: While Rebecca Shult, Cambria’s in house counsel, likes to refer to Cambria USA as a “small family-owned company”, it is in fact owned by the billionaire MAGA donor Marty Davis. Based in Minnesota, Cambria is the only major U.S. manufacturer of crystalline silica artificial stone, however globally it controls only about 1% of the market.

In response to the Australian ban, all of the major foreign manufacturers began also manufacturing non-toxic recycled glass (amorphous silica) slabs. Thus far, Cambria is the only major manufacturer who has not done so.

Like many of the foreign artificial stone slab manufacturers and distributors, Cambria likes to deceptively refer to its artificial stone as “natural”. Raw quartz straight out of the ground certainly is natural, just like arsenic, mercury, lead, and asbestos are natural. It is only when they are mined, refined, processed and then unnecessarily added to consumer and workplace products

that these natural substances become a hazard. Unlike the very large in particle size crystalline silica that is present in mostly low percentages in true natural stone, the “natural” quartz in artificial stone is mined, crushed, processed, and then intentionally pulverized to nano-size and concentrated to up to 95%, before it is then mixed with toxic and carcinogenic metals and toxic and carcinogenic resins. There is nothing “natural” about artificial crystalline silica stone slabs. While it is correct that true natural stone quartzite is also high in crystalline silica content, it historically is not as popular as granite (30% crystalline silica), porcelain (15% crystalline silica), or marble (3% crystalline silica), and most of the crystalline silica particles in quartzite are too big to be respirable unlike the nano-sized particles in artificial stone. Further, the large crystalline silica particles in quartzite are not mixed with heavy metals and resins. These distinctions make a profound difference in terms of toxicity.

Cambria achieved vertical integration by purchasing the three Canadian quartz mines that supplies its crushed quartz as well as the quartz pulverizing facilities that it uses to reduce the quartz to nano-size before it adds it as an ingredient at its crystalline silica artificial stone slab manufacturing facility. Cambria would lose its investment in those quartz mines and the pulverizing facility if it was forced to switch to recycled glass. That is what is actually driving Cambria’s lobbying efforts.

Cambria asserts (without proof) that its own workers in its state-of-the-art facilities in Minnesota do not have silicosis. Naturally: robots do not get silicosis. In Cambria’s slab manufacturing facilities and in its very limited slab fabrication facilities, the dust producing operations are done by robotic machines in closed chambers separated from the few human workers. Cambria well knows that the vast majority of fabrication shops in the web of distribution that it has created do not have the many millions of dollars required to facilitate that level of automation.

Interestingly, Cambria has never produced HRCT scans or other validated surveillance data to support its claims as to the health of its human workforce.

While Cambria claims that engineering controls can eliminate all visible and invisible toxic dust from crystalline silica artificial stone, countless studies from NIOSH, SafeWork Australia, and many others demonstrate that Cambria’s claims are false. Cambria claims to have performed a study that shows use of wet hand tools can keep levels below the OSHA PEL. Interestingly – they have not produced this study for either litigation or public review, have admitted that it was paid for by litigation defense attorneys, conducted by litigation defense experts, and the reported conclusions are at odds with an ever-growing body of peer-reviewed medical and scientific studies performed by NIOSH and other unbiased entities. And, the OSHA PEL was designed for natural stone not the uniquely toxic dust from artificial stone.

Cambria asserts that it “cannot control the workplace” of the fabrication shops, however Cambria has the power to, and already does, certify, inspect, and contract with every fabrication shop, distributor, supplier, and contractor that it sells to, so in fact it *could* control the fabrication shop

workplace. What Cambria certainly cannot control is the fact that its products cannot be safely fabricated by humans.

Cambria falsely stated to Congress that it was not found liable for failure to warn in the first civil trial for Reyes Gonzalez. In fact, as the judgment with verdict form clearly shows, the jury explicitly found both Cambria and Caesarstone liable for “products liability failure to warn”, as well as “negligence” and “products liability design defect” after finding that they were negligent in their design and distribution of their defectively designed crystalline silica artificial stone products. Similarly, Cambria falsely stated that the jury found the fabrication shop hirer to be 70% at fault. In fact, as the as the judgment with verdict form clearly shows, the jury found “all others” to be 70% at fault, which included the 21 other foreign slab manufacturers and their domestic distributors that had already accepted partial responsibility by settling before trial as well as the fabrication shop hirer.

Natural Stone Institute (NSI), led by Jim Hieb: According to its website, the deceptively named “Natural” Stone Institute has about 2,000 members, but only about 800 are actually fabrication shop owners, and to be clear they are the (mostly large shop) *owners*, not the actual workers. The other 1,200 NSI members are the foreign crystalline silica artificial slab *manufacturers*, Cambria, and other large companies who profit from manufacturing and supplying crystalline silica artificial stone.

(https://associationdatabase.com/aws/NSI/pt/sp/public_members_directory_advanced)

Further, NSI offers a free training course for fabricators that misstates the effectiveness of wet methods and other controls when fabricating crystalline silica artificial stone.

(<https://edu.naturalstoneinstitute.org/education/catalog/courseGroup.cfm?id=91>)

ATSA Worldwide: ATSA is quite simply a lobby group for its 10 foreign crystalline silica artificial stone slab manufacturers members and Cambria.

(<https://www.astaworldwide.com/engineered-stone-association-brands-members/>)

Block Tops: Block Tops is a sophisticated California fabrication shop that provided suspect data to Yale for Dr. McGowan and Dr. Redlich’s 2025 study “Work Practices and Respirable Crystalline Silica Exposures in Stone Countertop Fabrication Shops”. Block Tops claims that none of their fabrication workers have silicosis. However, the data they provided to Yale of their employees only included 27% that were actually fabricator. Those fabricators had only worked for an average of 6.3 years with a margin of error of 6.8 years, and they only provided chest x-ray reports. Moreover, some of their employees have filed civil lawsuits for silicosis, and their actual medical records demonstrate that they do have silicosis.

Natural Stone Resources: While NSR presented itself at the HR 5437 hearing as a “small U.S. family business”, its written testimony and reports from media demonstrate that it is actually the U.S. distribution wing of a large company in India. Moreover, it claims that artificial stone is

only 1% of the stone that is supplies, yet refuses to simply stop selling this uniquely toxic product.

IV. Adoption of the WOEMA Petition and Rejection of HR 5437 Will Not Result in Any Job Loss:

Certain labor organizations mistakenly believe that CAL-OSHA adopting the WOEMA Petition to Ban crystalline silica artificial stone will lead to job losses. Similarly, they fear that if Congress rejects the HR 5427 foreign manufacturer bailout bill it might result in U.S. job losses. In fact, the opposite is true.

Given that 99% of the global crystalline silica artificial stone slabs are manufactured in foreign countries such as China and Iran, and 1% is manufactured in Minnesota, even in a worst-case scenario where slab manufacturing jobs were lost, at most 1% would be in the U.S. in Minnesota.

Moreover, the Australian market reaction to the Australian ban demonstrates that not even foreign jobs will be lost if the WOEMA petition is adopted and/or HR 5437 is rejected. With the exception of Cambria, all the major crystalline silica artificial stone slab manufacturers simply adjusted their recipes to also make non-toxic recycled glass slabs. It is now all they sell in Australia, and they already sell it in the U.S. alongside their uniquely toxic crystalline silica slabs. The Australian fabricators simply switched to fabricating non-toxic recycled glass slabs using the same equipment they previously used for the artificial stone slabs. The Australian consumers simply switched to buying non-toxic recycled glass slabs for their kitchen and bathroom countertops. The various Australian building trades did not lose their jobs. Australian construction did not slow down. There was no slippery slope of job loss, at all, none. Nobody anywhere in the chain lost their jobs.

In contrast, the foreign crystalline silica artificial stone slab manufacturer/Cambria alternative proposal presented by ISFA of “self-policing”, licensing, and more OSHA enforcement of fabrication shops owners would almost certainly lead to job loss: shops unable to afford the advanced technology would close; those that could afford it would invest in robotics at the cost of the human labor force. In contrast, human workers can safely fabricate recycled glass slabs and natural stone slabs on existing equipment. Therefore, denying WOEMA’s petition to ban crystalline silica artificial stone in CA, passing the ISFA alternative licensing proposal, or passing the federal HR 5437 foreign manufacturer bailout would actually result in U.S. job loss. If we want to keep U.S. fabrication workers both employed and alive, the fabrication industry must quickly switch to fabricating recycled glass slabs and natural stone slabs, which can only be achieved, like in Australia, with a prohibition on crystalline silica slabs as WOEMA proposes. And, if the HR 5437 foreign manufacturer bail out is passed, U.S. fabrication workers will continue to get fatal disease, because without civil product liability lawsuits against them, the

foreign crystalline silica manufacturers would have no incentive to stop dumping their deadly toxic product on U.S. workers.

V. Doctors and Actual Fabrication Workers Support WOEMA's petition, Oppose the ISFA alternative licensing proposal, and Oppose the HR 5437 foreign slab manufacturer bailout:

The vast majority of fabrication workers are not members of any union. At Brayton Purcell LLP, we represent approximately 500 California artificial stone fabrication workers and almost 200 workers from 22 other states, all with silicosis and other artificial stone related diseases. These 700 artificial stone fabrication workers support WOEMA's petition to CAL-OSHA to prohibit crystalline silica artificial stone, oppose ISFA's alternative 3-year plan to increase licensing and enforcement, and oppose the HR5437 foreign manufacturer bailout bill that would instead ban civil lawsuits against them for silicosis. And, the hundreds of other fabrication workers represented by a few of our colleagues feel the same way. They do not want any more of their brothers, sons, and friends dying like they are from fatal silicosis caused by the foreign manufacturers' crystalline silica artificial stone slabs.

The 600+ occupational medicine doctors of WOEMA, who are on the front lines trying to address this emergency epidemic of dying workers agree. Despite not yet being allowed to make a full presentation on their own petition, Dr. Robert Blink from WOEMA briefly testified at the January 15, 2026 Cal-OSHA Standards Board hearing that even as we debate how to best address the crisis of artificial stone silicosis, the death clock is ticking, more workers are being stricken with this fatal disease, and the only solution is a ban on crystalline silica artificial stone.

The AFL-CIO agrees, as demonstrated by their written testimony opposing HR 5437.

Dr. David Michaels, former Assistant Secretary of Labor for OSHA, agrees, as demonstrated by his oral and written testimony opposing HR 5437.

Dr. Jane Fazio of UCLA and Dr. Sheipali Gandhi of UCSF agree, as demonstrated by their written testimony opposing HR 5437.

The Cal-OSHA standard board medical and scientific staff agrees. Staff have repeatedly stated at the standards board hearings that artificial stone is uniquely toxic when compared to natural stone and recycled glass, and that they, like WOEMA, have analyzed 100s of published peer-reviewed medical studies demonstrating that it cannot be safely fabricated by human beings who are not in a full NASA-style moon suit.

Worksafe, Inc. agrees, as demonstrated by their testimony at the last two Cal-OSHA Standards Board meetings.

The Instituto De Educacion Popular Del Sur De California (IDEPSCA) agrees, as demonstrated by their testimony at the last two CAL-OSHA standards board meetings.

The Los Angeles Department of Public Health agrees, as demonstrated by their testimony at the first Cal-OSHA Standards Board meeting.

The California Department of Public Health agrees, as demonstrated by their two dashboards tracking the epidemic.

The occupational medicine doctors at UCSF, UCLA, UCSD, UCI, Cedars-Sinai, USC, University of Chicago, and so many other hospitals around the country agree.

Doctors around the world who have studied and published on this epidemic agree.

Everyone who actually cares about the lives and jobs of the human workers in the U.S., instead of the \$25 billion profits of the foreign slab manufacturers and Cambria, agrees.

VI. Crystalline Silica Artificial Stone is a Uniquely Toxic Product:

Throughout the many decades when only natural stone slabs were used to fabricate countertops, not a single case of a countertop fabricator developing accelerated silicosis was ever published in the global peer-reviewed medical literature. All this changed when foreign companies began to make and sell crystalline silica artificial stone slabs. This epidemic starts and stops with crystalline silica artificial stone. It is entirely the uniquely toxic product that is the problem not the countertop fabrication process.

Before artificial stone became popular in the United States, countertops were largely made from granite (which contains only 30% crystalline silica) and marble (which contains just 3% crystalline silica), and that silica in natural stone is regular-sized rather than nano-sized. In contrast, high-content (95%) ultra-fine and nano-sized silica, toxic metals, and resins (which produce Volatile Organic Compounds (VOCs)) are the ingredients used to manufacture crystalline silica artificial stone slabs, and therefore those same components are in the extremely toxic dust that is released when later the slab is fabricated into a kitchen or bathroom countertop. Numerous peer-reviewed studies demonstrate that engineering controls (mainly water), and local exhaust ventilation and masks and respirators Personal Protective Equipment (PPE), which work reasonably well when fabricating natural stone and recycled glass stone, do not prevent silicosis in workers fabricating crystalline silica artificial stone.

Contrary to the sensationalist rhetoric of the slab manufacturers, a very small minority of fabrication shops are so called “dry shops”. The vast majority of shops actually use a wet cutting machine, and then have varying levels of sophistication for other tasks such as grinding and polishing. However, countless fabrication workers in even the most sophisticated fabrication shops are getting silicosis, because not even the most sophisticated methods are effective for crystalline silica artificial stone.

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VII. Evolution of a Global Artificial Stone Pandemic:

This is not a new problem, but rather the foreign crystalline silica artificial stone slab manufacturers knew this was the inevitable outcome.

Long before artificial stone became popular in the United States, the foreign slab manufacturers knew that their crystalline silica artificial stone slab product is uniquely deadly. Since the late 1990s, many artificial stone fabrication workers in Italy, Israel, Spain, Australia, and China have died from accelerated or acute silicosis. Within a few years of crystalline silica artificial stone slabs displacing natural stone slabs in any geographic market of human being countertop fabricators, an epidemic of artificial stone accelerated silicosis soon follows.

In 1987, Caesarstone opened the first artificial stone slab manufacturing factory in Israel. As Caesarstone became popular in Israel, and displaced natural stone in the market, the new disease now known as artificial stone accelerated silicosis began to emerge. According to a prominent 2012 published Israeli medical journal article by Dr. Kramer, by 1997 the first Caesarstone countertop fabrication worker developed accelerated artificial stone silicosis, and by 2010, 24 more workers had it, with 10 receiving lung transplants.

Similarly in Spain, Cosentino opened its first artificial slab manufacturing factory in 1988. By 2011, Spanish doctors reported that 25 Spanish Cosentino fabrication workers had developed artificial stone silicosis, and in 2012, another Spanish doctor reported another 255 patients. This would eventually result in the criminal conviction in Spain of Cosentino as a company in 2019 for failure to warn fabrication workers of the hazards of artificial stone causing them to develop fatal silicosis, and later in 2023 the criminal conviction in Spain of Francisco Cosentino himself for similar crimes. As of 2015, the Spanish public health authorities have now tracked at least 6,000 patients with artificial stone silicosis and are now proposing a ban on crystalline silica artificial stone.

The foreign crystalline silica artificial stone slab manufacturers and fabricators in countries like China and Vietnam experienced similar outbreaks.

Since the Australian natural stone countertop fabrication market was hijacked by foreign crystalline silica artificial stone slab manufacturers a few years before this occurred in the United States, the next artificial stone silicosis outbreak was in Australia. In 2019, Australia reported 260 cases of artificial stone silicosis, followed in 2022 by 579 cases. After extensive testing, review, and analysis for several years, SafeWork Australia concluded that wet methods and other engineering controls do not prevent disease during artificial stone countertop fabrication and that – if no action were taken - they estimated that 100,000 Australian fabricators would get silicosis and over 10,000 would get lung cancer from artificial stone. As a result, in 2024 Australia banned the importation and use of crystalline silica artificial stone slabs.

The first artificial stone case in the United States was reported in 2015 in Texas. However, California has become the epicenter of the disease in the United States, with the disease now rapidly spreading to other states. As the crystalline silica artificial stone slab product becomes popular in each market, it displaces natural stone, and the silicosis rates in fabrication workers rapidly increase from a baseline of zero. California is simply the first state where artificial stone became popular.

The California Department of Public Health (CDPH) confirmed artificial stone silicosis dashboards are now up to 487 fabrication workers from 688 different fabrication shops out of a total of 1,276 fabrication shops, which means at least 54% of fabrication shops (the vast majority of which are wet shops) have workers with silicosis, not “a few bad actor shops” as the foreign slab manufacturers and Cambria claim.

<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/Pages/essdashboard.aspx>

<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/Pages/fabops.aspx>

The data shows a rapidly worsening epidemic. Other states are also seeing increasing rates of artificial stone silicosis as the demand for artificial stone countertops grows, however none have a tracking program like the CDPH. For example, Massachusetts just issued its first alert in December 2025.

VIII. The WOEMA Petition Is well Researched:

In support of their petition, the 600+ occupational medicine doctors of WOEMA from the 7 western states of California, Arizona, Hawaii, Nevada, Utah, Colorado, and New Mexico rely on over 100 published peer reviewed medical and scientific studies from the last ten years focused on the artificial stone silicosis epidemic, and therefore have petitioned the CAL-OSHA Standards Board to urgently revise 8 CCR § 5204 to prohibit all fabrication and installation of countertops made from artificial stone slabs containing more than 1% crystalline silica, citing a continuing epidemic of silicosis among California countertop fabrication workers exposed to silica dust from such products.

Based on extensive published literature and epidemic tracking tools, WOEMA clearly states that crystalline silica artificial stone slabs are too toxic and hazardous to fabricate into countertops or install safely, even with enforcement of workplace regulations. They advocate for an expedited prohibition on crystalline silica artificial stone slabs to stop the epidemic and replace the market with safe alternatives. They remind us that according to NIOSH, OSHA, and countless global peer reviewed studies, the most effective method to prevent occupational disease is elimination of hazardous products and substitution with safer materials.

And yet, despite all of this evidence from hundreds of global doctors and scientists who have spent over 10 years researching the artificial stone silicosis epidemic, the lobbyists behind the HR5437 foreign slab manufacturer bailout absurdly claim that crystalline silica artificial stone is

“not inherently dangerous”. So again, the U.S. and global occupational doctors all state that crystalline silica artificial stone is too toxic to be fabricated by human being workers under any conditions and yet the foreign slab manufacturer lobbyists behind the HR 5437 bailout claim it is “not inherently dangerous”. Who are you going to believe?

The WOEMA petition highlights that that these same foreign artificial stone slab manufactures and distributors already make and sell recycled glass slabs made from non-toxic amorphous silica, which has the same quality, look, and feel as the toxic crystalline silica artificial stone. This product is already sold in the U.S., and it is all that is sold in Australia since they passed a ban on crystalline silica artificial stone.

IX. HR 5437

The recent HR 5437 subcommittee hearing is well summarized here:

<https://insideclimatenews.org/news/17012026/house-republicans-discuss-protections-for-artificial-stone-workers/>

The lobbyists behind the HR 5437 foreign slab manufacturer bailout bill purposely ignore all of the points listed herein as well as over 100 years of U.S. product liability law. Products liability in the U.S. is intentionally called “strict liability”. Its purpose is to prevent a manufacturer or supplier of a defective product from reducing the scope of its responsibility for harm caused by its products when used in a reasonably foreseeable way, ensuring that the manufacturer and supplier, who are best situated in the chain to prevent injuries from defective products, are incentivized to use ordinary care to do so. See, ie. *Ortiz v. Daimler Truck North America LLC* (2025) 112 Cal.App.5th 608.

X. ISFA’s “Emergency Licensing and Enforcement Solution”

Not surprisingly since it actually represents the foreign slab manufacturers and Cambria rather than fabrication workers, ISFA ignores the weight of the data and the international experience and instead suggests that the silicosis epidemic can be reduced to “a few bad actors” that just need to be removed or reformed via licensing, certification, and enforcement. This claim is flatly contradicted by the evidence. The CDPH has confirmed that at least 54% of all California artificial stone fabrication shops have silicosis.

<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/Pages/fabops.aspx>

<https://www.cdph.ca.gov/Programs/CCDCPHP/DEODC/OHB/Pages/essdashboard.aspx>

The WOEMA petition highlights the extensive body of over 100 published peer reviewed medical and scientific studies that have determined that crystalline silica artificial stone is so “uniquely toxic” that it cannot be safely fabricated by human beings even when using sophisticated engineering controls.

The WOEMA, Safework Australia, NIOSH, UCSF, UCLA, and CDPH findings are in accord with extensive evidence produced in the civil litigation that most shops with silicosis are in fact already wet shops, and that numerous very sophisticated multi-million dollar shops also have extensive silicosis.

For example, the Jordan family in Colorado was recently highlighted in <https://www.investigatetv.com/2026/01/19/some-engineered-stone-countertop-workers-facing-deadly-lung-disease-silica-exposure/> and in the Jordans' written testimony opposing HR 5437. The family described how they have always had the most sophisticated fabrication technology available on the market (including advanced automation equipment) and that the artificial stone slab manufacturers intentionally deceived them as to the safety of their uniquely toxic product. 100% of the fabricators at their shop have silicosis.

Similarly, for decades until 2024, fabrication industry expert Aki Vourakis ran Aegean Stoneworks (ASW), which was the largest and most sophisticated fabrication shop in Southern California. Despite always having the most sophisticated fabrication technology available on the market, at least eight (8) ASW employees have silicosis.

Block Tops is a sophisticated California shop that supports ISFA's proposal and the HR5437 ban. They provided data to Yale for Dr. Redlich's study, claiming that none of their fabrication workers have silicosis. Unfortunately the actual medical records and lawsuits of their fabrication workers show they do have silicosis.

While Cambria asserts that none of its fabricators have silicosis, it does very little internal fabrication, and the cutting for fabrication is done on robotic machines. Further, Cambria has refused to produce High Resolution CT scans of their workers or other validated surveillance data to support their claims.

Even if all of mainstream medical science and actual facts of who is being diagnosed were somehow wrong, ISFA, NSI, the foreign slab manufacturers and Cambria already know exactly who they are selling to. They already have contracts. They already visit the shops. They already certify shops. They already offer training. They could instantly limit fabrication to only sophisticated shops by simply stopping selling to everyone else.

For example, the evidence in the first civil trial of Reyes Gonzalez demonstrated that Caesarstone directly contracted with and inspected and certified his supposed "bad actor" fabrication shop hirer. In the civil case of Gonzalez Qurioz that is currently in trial, Caesarstone contracted with and claims to have trained and certified Select Imports, Inc. despite knowing that it, like so many others of its suppliers, do not have any fabrication capability and therefore must resell the slabs to unsophisticated fabrication shops like Mr. Gonzalez Qurioz's hirer. Estimates are that the foreign slab manufacturers and Cambria sell at least half of their inventory to suppliers and contractors that they know do not have fabrication capability and therefore must resell the slabs to unsophisticated fabrication shops. The examples are legion.

In Colorado, Cambria directly contracted with and inspected and certified the Jordan family's sophisticated fabrication shop noting that it was the "cleanest shop they had ever been in", yet now they blame the Jodan family for their silicosis and kidney disease. Aki Vourakis at the sophisticated ASW fabrication shop had numerous contracts, certifications, and inspections from many of the slab manufactures and suppliers, and yet at least 8 of his employees have silicosis.

The foreign slab manufacturers and Cambria repeatedly assert that a license is required to fabricate stone countertops, such as a C-54 contractors license in California. However, no state has such a license for countertop fabrication, and for example the C-54 license explicitly states that it is a tile setters license. So, it is not clear what ISFA even means by "licensing".

Similarly, NSI, ISFA, Cambria, and Caesarstone already for many years have offered certification courses. However, certification is not effective, because they falsely train fabricators to use safety methods that are effective for natural stone and recycled glass but not for crystalline silica artificial stone. So, it is not clear what ISFA means by "certification".

Instead of taking three years to develop and implement a certification and licensing program that they do not explain how they will fund or how they will enforce, they can simply stop selling to anyone that is not currently a certified sophisticated shop. But that would not be effective either: the silicosis cases would continue to climb because even the sophisticated shops cannot fabricate artificial stone safely.

XI. Conclusion

ISFA's response to important questions from the standards board members at the January 15, 2026 meeting regarding ISFA's incredibly vague plan was "I am not a doctor" or "we need time to collaborate and discuss". Cambria had similar responses to Congress. However, the actual doctors are already telling us, there is no time, the clock is ticking, workers are dying, artificial stone is uniquely toxic such that it cannot be fabricated safely by human beings, safer alternatives such as recycled glass and natural stone already exist, ban crystalline silica artificial stone now rather than banning lawsuits against the foreign slab manufacturers, no jobs would be lost, lives would be saved. You have a moral obligation to many thousands of U.S. workers to immediately adopt the WOEMA petition, reject the ISFA counter proposal, and reject the HR 5437 foreign manufacturer bailout.

With kind regards,



James P. Nevin

JPN: