



6 We'll Look Back and Say, "Why Didn't We Act Sooner on Engineered Stone?"

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To the Editor:

The *Turning the Air Blue* opinion piece by Heinzerling and colleagues serves as a timely reminder of the now well-established harms from engineered stone, most widely used in kitchen countertops (1, 2). This article reflects strong parallels with the experience in Australia in trying to gain industry and government action for an epidemic that rapidly increased during the past decade (2, 3).

Heinzerling and colleagues noted that Australia banned the manufacture, supply, processing, or installation of engineered stone beginning in July 2024. The country also banned the importation of any engineered stone with a silica content of >1% beginning in January 2025. Other measures have been implemented to help to address Australia's silicosis epidemic (4): the introduction of a national occupational respiratory disease registry in May 2024, the development of a national strategy and action plan, and a proposal to halve the current workplace exposure standards for respirable crystalline silica. A rapid response protocol to identify and investigate new and emerging occupational respiratory hazards is in development. As highlighted by Heinzerling and colleagues, the implementation and adherence to safety protocols designed to reduce the risk of silicosis within this industry fall significantly short. When silicosis has been established, there are no disease-modifying therapies, and earlier detection with low-dose computed tomographic screening (which is much more sensitive than chest X-ray) is still only identifying established disease, not preventing the disease in the first place (5).

The process to achieve these legislative and other actions has been unnecessarily long considering how long the risk of rapid progression to life-threatening silicosis has been known. As noted, the people most exposed tend to be young workers from immigrant backgrounds whose health outcomes are already marginalized by their socioeconomic status. Globally, these are people who are also the least likely to be able to access interventions such as lung transplant should the need arise, yet their disease may progress to progressive massive pulmonary fibrosis within years (not decades) of exposure (6).

Heinzerling and colleagues propose a national inquiry. This is useful to promote comprehensive stakeholder engagement, but it

will delay the further implementation of already known measures that prevent disability and loss of life among workers. There is overwhelming urgency to respond to this well-documented risk. A national inquiry does not help people for whom we should be providing absolute protection today.

Engineered stone is not required for some life-saving resource, nor is it a mission-critical ingredient in some industrial process that changes lives. It is a substance for which there are already many alternatives that do not pose ongoing risks to wellbeing and life itself; something that is ultimately only aesthetic. The look and feel of our kitchen benches should not continue to cause avoidable morbidity and premature mortality among exposed workers. The lives and health of our fellow humans are worth much more than this.

Of note, soon after the engineered stone ban was introduced in Australia, the industry was able to market new crystalline-free products. We hope the United States and other countries will benefit from the Australian experience and urgently implement the necessary measures to avoid this terrible disease burden. ■

Author disclosures are available with the text of this letter at www.atsjournals.org.

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