

Distributed on February 16, 2010

TO: Lisa Jackson, EPA Administrator
David Rowson, Indoor Environments Division, EPA
Federal Interagency Committee on Indoor Air Quality (CIAQ)
CIAQ Mold Work Group
Gene Dodaro, Acting Comptroller General, GAO
Nicholas Sloss, Mold Work Group Liaison, GAO
Michael Myers, Majority Senior Adviser, Senate HELP Committee
David Bowen, Director for Health Policy, Senate HELP Committee

February 16, 2010

RE Submission of Information and Request for Action

This letter is being submitted on behalf of the **Action Committee on the Health Effects of Mold, Microbes and Indoor Contaminants (ACHEMMIC)**, along with many other individuals and organizations concerned about the health effects of indoor contaminants.

We are writing in follow-up to the February 3 meeting of the Federal Interagency Committee on Indoor Air Quality (CIAQ). Several members of our group and other interested parties (including scientists, physicians, nonprofit leaders, IAQ experts, and community members) were waiting for the opportunity to communicate with the representatives of the federal agencies included on the CIAQ. We were expecting a report on the progress of the CIAQ Mold Work Group (MWG), and we were waiting to receive updates from our government regarding their progress on this serious public health threat.

We were not given the opportunity to speak until the end of the meeting. Some of our group members were not able to stay on the phone for three hours as we waited to be heard. When the time came for us to comment, Mr. Philip Jalbert was the only member of the CIAQ/EPA still in the room. As a result, we felt compelled to send you this letter along with the written text of the comments we had planned to make during the meeting. We would like to address several issues, including our concerns about the lack of transparency and lack of action in the name of public health. We will also discuss scientific conclusions in the peer-reviewed literature and will share key statistics. In addition, we will propose specific actions that require implementation for proper advancement of U.S. public health policy.

First and foremost, we appreciate Mr. Jalbert's courtesy in staying through the end of the meeting and giving some of us an opportunity to comment. We also appreciate his efforts over this past year to move the discussion forward in regard to the health effects of mold and mycotoxins. Our group is taking a broader view of this issue. We will be focusing on the health effects of mold, microbes and indoor contaminants. Throughout the rest of this letter, we will be referring to those three components collectively as "indoor contaminants."

Second, we want to express our concerns about specific issues relating to the February 3 meeting.

1. We were concerned to hear that our comments will be moved to a separate tape and will not be included with the full audiotape of the February 3 meeting. This goes against President Obama's mandate about transparency and open government. We request that you include our comments along with the full tape of the meeting.
2. We were concerned that the agenda did not include an update from the CIAQ Mold Work Group.
3. We were concerned that certain members of the CIAQ were evasive when asked about the status of the work being done by the CIAQ Mold Work Group. Eventually, we were told that the CIAQ Mold Work Group has not met since the last meeting of the CIAQ.
4. We were concerned that the minutes of the last meeting of the CIAQ are not available. That meeting was held on October 9, 2009. We would appreciate receiving the minutes of that meeting as soon as possible.
5. Since several members of our group were not able to stay on the call for three hours as we waited to give our comments, we are submitting the written text of our comments (see attached). We request that our written comments be included as part of the public record of the February 3 meeting.

These concerns are directly connected to EPA Administrator Lisa Jackson's memorandum to all EPA employees dated April 23, 2009. The subject of that memo is "Transparency in EPA's Operations." In her memo, Ms. Jackson states:

"The success of our environmental efforts depends on earning and maintaining the trust of the public we serve. The American people will not trust us to protect their health or their environment if they do not trust us to be transparent and inclusive in our decision-making. To earn this trust, we must conduct business with the public openly and fairly."

We are very encouraged to know that the EPA has a policy and commitment to this important principle of transparency and openness.

Third, for the benefit of all recipients of this letter, we want to highlight the scope and purpose of the CIAQ and the Mold Work Group. According to the September 30, 2008 report issued by the U.S. Government Accountability Office (GAO):

"The Federal Interagency Committee on Indoor Air Quality could provide a structured mechanism for coordinating research activities on mold and other indoor air issues by, for example, serving as a forum for reviewing and prioritizing agencies' ongoing and planned research. However, it currently does not do so. Despite limitations of scientific evidence regarding a number of potential health effects of exposure to indoor mold, enough is known that federal agencies have issued guidance to the general public about health risks associated with exposure to indoor mold and how to minimize mold growth and mitigate exposure. For example, guidance issued by the Consumer Product Safety Commission, EPA, the Federal Emergency Management Agency, HHS, and HUD cites a variety of health effects of exposure to indoor mold but in some cases omits less common but serious effects. Moreover, while guidance on minimizing indoor mold growth is generally consistent, guidance on mitigating exposure to indoor mold is sometimes inconsistent about cleanup agents, protective clothing and equipment,

and sensitive populations. As a result, the public may not be sufficiently advised of indoor mold's potential health risks.”

GAO Report, Recommendation #1: *“The Administrator, EPA, should use the Federal Interagency Committee on Indoor Air Quality to help articulate and guide research priorities on indoor mold across relevant federal agencies, coordinate information sharing on ongoing and planned research activities among agencies, and provide information to the public on ongoing research activities to better ensure that federal research on the health effects of exposure to indoor mold is effectively addressing research needs and efficiently using scarce federal resources.”*

GAO Report, Recommendation #2: *“The Administrator, EPA, should use the Federal Interagency Committee on Indoor Air Quality to help relevant agencies review their existing guidance to the public on indoor mold--considering the audience and purpose of the guidance documents--to better ensure that it sufficiently alerts the public, especially vulnerable populations, about the potential adverse health effects of exposure to indoor mold and educates them on how to minimize exposure in homes. The reviews should take into account the best available information and ensure that the guidance does not conflict among agencies.”*

The GAO report was issued sixteen months ago, but we have seen no progress. In the meantime, people are suffering and dying from exposure to indoor contaminants in their homes, apartments, schools and businesses.

The CIAQ and the GAO report have been a welcome improvement in the ongoing discussion regarding diagnosis and treatment of illness caused by exposure to the interior environment of water-damaged buildings. The recognition of the role of the complex mixture of inflammagens and toxigens found in the interior environment has helped to dissuade many, particularly in litigation, from believing that mycotoxins alone are the sole focus of diagnosis and treatment.

In addition to the work of the CIAQ and the findings of the GAO, the World Health Organization (WHO) has also added valuable input into this matter. In June of 2009, the WHO issued a comprehensive report titled “Guidelines for Indoor Air Quality—Dampness and Mould.”

The WHO report moved the discussion forward in a very significant way. They acknowledged that indoor contaminants cause immunological problems (in addition to allergies, asthma and respiratory illness). They also acknowledged that indoor contaminants affect not only allergic and atopic individuals, but they also affect nonatopic individuals. This conclusion by the WHO should be used to dispel the myth promoted by the corporate naysayers who inaccurately state that only immunocompromised individuals can be harmed by these indoor contaminants. These two components of the report are monumental and should be used expeditiously to advance the governmental and public understanding of this serious health problem.

In the first paragraph of the report, the WHO stated:

“Healthy indoor air is recognized as a basic right. People spend a large part of their time each day indoors: in homes, offices, schools, health care facilities, or other private or public buildings. The quality of the air they breathe in those buildings is an important determinant of their health and wellbeing. The inadequate control of indoor air quality therefore creates a considerable health burden.”

The WHO report also states:

“Microbial pollution involves hundreds of species of bacteria and fungi that grow indoors when sufficient moisture is available. Exposure to microbial contaminants is clinically associated with respiratory symptoms, allergies, asthma and immunological reactions.”

“Excess moisture on almost all indoor materials leads to growth of microbes, such as mould, fungi and bacteria, which subsequently emit spores, cells, fragments and volatile organic compounds into indoor air. Moreover, dampness initiates chemical or biological degradation of materials, which also pollutes indoor air.”

“Health hazards result from a complex chain of events that link penetration of water indoors, excessive moisture to biological growth, physical and chemical degradation, and emission of hazardous biological and chemical agents.”

The chart on page 5 of the report shows that occupants in water-damaged buildings are exposed to *“B-glucans, toxins, spores, cell fragments, MVOC, phtalates, formaldehyde and VOC.”* This chart also indicates that the mechanisms of exposure include *“immunology, toxicity and inflammation.”*

The complexity of indoor contaminants is discussed throughout numerous publications. The following excerpts provide a few more examples.

From the book titled *“Recognition, Evaluation, and Control of Indoor Mold”* published by the American Industrial Hygiene Association (AIHA), edited by Bradley Prezant, Donald M. Weekes, and J. David Miller:

“Indoor exposures are a complex mixture of molds, bacteria, fragments of both types of organisms; their multiple toxic products; and biologically derived small particles, gases and other air pollutants. Effects, depending on the susceptibility of the exposed occupants and their degree of exposure, can be combinations of allergic response, inflammation and its consequences, and other toxic responses. This complex exposure and effect picture is not addressed by risk assessment focused on spores or individual toxins.”

“The implications of this research are that prevention of unwanted moisture, and removal of filth caused by moisture, is necessary to prevent disease.”

“Formal intervention studies exist and support three statements:

- 1. Moisture is the primary environmental condition associated with disease.*
- 2. Intervention is possible to resolve moisture problems and subsequent biological contamination.*
- 3. Intervention can resolve disease but requires careful manipulation of the environment.”*

As these statements indicate, the cause of health problems in indoor environment is due to several contaminants including mold, fungi, bacteria, and biological and chemical agents. These statements provide a good representation of the focus of our group (i.e., the health effects of mold, microbes and indoor contaminants).

According to the WHO report, they conducted a “comprehensive review and evaluation of the accumulated scientific evidence by a multidisciplinary group of experts studying health effects of indoor air pollutants as well as those specialized in identification of the factors that contribute to microbial growth indoors.” We commend the WHO for their work on this important topic, and the publication of this valuable report. However, it has been brought to their attention that their report omitted numerous studies from their review. A formal response was submitted to the WHO on October 7, 2009, which included a letter and a 12-page list of studies that were omitted from their review. A copy of the Submission to the World Health Organization is attached to this letter. It can also be found at the following URL:

http://achemmic.com/files/WHO_Submission_Oct_7_2009.pdf

We encourage you to carefully review this document and provide it to the government agencies that are best positioned to use this information to advance the truth about the health effects of indoor contaminants.

Because of the complexity of these indoor contaminants, another key component of this discussion is the importance of proper and effective testing and remediation. If the process is not handled correctly, it can lead to false negative test results and/or unsuccessful remediation efforts. The importance of this component of the process is highlighted in the following quotes.

From the book titled “Bioaerosols: Assessment and Control” published by the American Conference of Governmental Industrial Hygienists (ACGIH), edited by Janet Macher:

"The ultimate criterion for the adequacy of abatement efforts for treating biological contamination is the ability of people to occupy or re-occupy the space without health complaints or physical discomfort."

From the EPA publication titled “Mold Remediation in Schools and Commercial Buildings”:

"People should be able to occupy or re-occupy the space without health complaints or physical symptoms."

In order to ensure the safety of the occupants, we must have a coordinated effort between all of the experts involved in the process. This includes researchers, consultants, remediation contractors, and health care professionals. Each of these disciplines is represented within our group.

In addition to the information included in the 12-page list submitted to the World Health Organization, we also want to add a couple recent publications that were published after that list was compiled.

1. Toxicology and Industrial Health. Special Issue on Mold and Mycotoxin: Towards Healthy Homes. October/November 2009, Volume 25, No. 9-10. You can view the table of contents for this journal at the following URL:

<http://tih.sagepub.com/current.dtl>

One of the reports from that journal is included as an attachment to this letter. The report is titled: “The Biocontaminants and Complexity of Damp Indoor Spaces: More Than What

Meets the Eyes” by Jack D. Thrasher and Sandra Crawley. October/November 2009. Volume 25, No. 9-10. This report is available at the following URL:

http://achemmic.com/files/Thrasher_paper_The_Biocontaminants_and_complexity_of_damp_indoor_spaces_-_more_than_what_meets_the_eyes.pdf

2. International Association for Chronic Fatigue Syndrome. “Exposure to Interior Environments of Water-Damaged Buildings Causes a CFS-like Illness in Pediatric Patients: a Case/Control Study” by Ritchie Shoemaker, M.D. and Margaret S. Maizel. Summer 2009, Volume 17, Issue 2. This report is available at the following URL:

<http://www.iacfsme.org/BULLETINSUMMER2009/Summer09ShoemakerExposuretoInterior/tabid/381/Default.aspx>

3. Healthy Buildings IX Conference, Syracuse, New York. “Innate Immunity, MR Spectroscopy, HLA DR, TGF beta-1, VIP and Capillary Hypoperfusion Define Acute and Chronic Human Illness Acquired Following Exposure to Water-Damaged Buildings” by Ritchie Shoemaker, M.D. and Margaret S. Maizel. September 2009. This report is available at the following URL:

http://achemmic.com/files/Shoemaker_Innate_Immunity_MR_spectroscopy.pdf

The research is clear. Mold, microbes and indoor contaminants cause serious health problems. Let’s take a moment to focus on some of the statistics.

- From the World Health Organization report:

“Indoor air pollution – such as from dampness and mould, chemicals and other biological agents – is a major cause of morbidity and mortality worldwide. About 1.5 million deaths each year are associated with the indoor combustion of solid fuels, the majority of which occur among women and children in low-income countries.”

“The prevalence of indoor dampness varies widely within and among countries, continents and climate zones. It is estimated to affect 10–50% of indoor environments in Europe, North America, Australia, India and Japan. In certain settings, such as river valleys and coastal areas, the conditions of dampness are substantially more severe than the national averages for such conditions.”

- From a joint study conducted by the EPA and Berkeley National Laboratory:

“Building dampness and mold raised the risk of a variety of respiratory and asthma-related health outcomes by 30 to 50 percent.”

“Of the 21.8 million people reported to have asthma in the U.S., approximately 4.6 million cases are estimated to be attributable to dampness and mold exposure in the home.”

“The national annual cost of asthma that is attributable to dampness and mold exposure in the home is \$3.5 billion.”

- From a 1999 study by Mayo Clinic:

“An estimated 37 million people in the United States suffer from chronic sinusitis, an inflammation of the membranes of the nose and sinus cavity.”

“Mayo Clinic researchers say they have found the cause of most chronic sinus infections -- an immune system response to fungus. They say this discovery opens the door to the first effective treatment for this problem, the most common chronic disease in the United States.”

- From a 2007 study conducted in Finland:

“At least one in ten, and possibly as many as one in five, cases of asthma among children are linked with water damage in the building.”

“It has been estimated that between 84 to 95 per cent of fungus spores and 27 to 46 per cent of fragments can end up in the lungs, and it is believed that the fragments can get into the lower respiratory tracts of small children more easily than that of others.”

- Paraphrased from Dr. Lisa Nagy’s comments during the February 3 meeting:

“Numerous government and university studies have found that 15% of the population is chemically sensitive; if even half of them are due to indoor mold exposure, we have a significant health problem. Women are affected more often than men.”

- From a January 27, 2010, article posted on Wire Service Canada:

“William Fisk from Lawrence Berkeley National Laboratory in California established a baseline for quantifying benefits from improved IAQ and demonstrated the economic impacts of increased productivity. Findings are showing that improvement in IAQ can: Reduce SBS symptoms by 20 to 50 percent, with estimated savings of \$10 to \$100 billion; Reduce asthma by 8 to 25 percent, with estimated savings of \$1 to \$4 billion; Reduce other respiratory illnesses by 23 to 76 percent, with estimated savings of \$6 to \$14 billion; Improve office worker productivity by 0.5 to 5 percent, with estimated savings of \$20 to \$200 billion.”

These numbers are significantly greater than the millions of dollars being spent by certain corporate interests who are intent on denying the health effects of mold and other indoor contaminants. Our government cannot allow this charade to continue. The unethical position of these corporate interests is causing unfathomable harm to the overall financial position of the United States and the health of the American people. It’s time for the health and wellbeing of the American people and the economic strength of our country to be more important than these corporate naysayers.

In comparison, consider the harm that has been done by the tobacco industry. For 50 years, the tobacco industry denied the truth about the health effects of tobacco. They had a well-planned strategy and numerous high-paid medical experts who worked together to deny the truth about the dangers of tobacco. A similar strategy is now being used to deny the truth about the health effects of indoor contaminants. Certain corporate interests have spent huge sums of money and resources denying the truth about this new threat to human health. The current naysayers are even using some of the same unethical experts that were used by the tobacco industry. Are you willing to allow the truth about the health effects of these

indoor contaminants to continue to be denied just because certain corporate interests don't want the truth to be exposed?

We encourage the CIAQ and the EPA to reach out to the practicing physicians who are collaborating with data collection in 15 separate centers across the United States. These physicians are using the case definition described by the GAO. It is the research data from diagnosis, treatment and prospective clinical trials collected by these physicians that are crucial to your understanding of the current issues being faced by patients and physicians in response to health problems caused by indoor contaminants in water-damaged buildings. The information collected by these physicians will be invaluable to the federal agencies who are studying this issue. The treatment of these patients has already garnered a strong understanding of the immunological aspects of inflammation that create and perpetuate this illness. These physicians are using that experience and ongoing research into delineation of those mechanisms to heal patients.

In addition to utilizing the expertise of the physicians and scientists in our group, we also encourage you to leverage the expertise of some of our group members who have experience dealing with testing, evaluation and remediation of water-damaged buildings. There is currently no consistent set of guidelines on these topics, and experience has proven that merely cleaning based on spores is inadequate. Recent studies are implicating non-spore components of mold growth plus fragments of spores and hyphae in the fine and ultra-fine particulate range. None of which can be identified as present, or verified as removed, by current EPA visual inspections or spore-based sampling. We need to develop and disseminate a thorough and accurate set of guidelines to ensure that all situations are handled consistently and safely.

In summary, millions of Americans have been harmed by molds, microbes and other contaminants inside their homes, apartments, schools and businesses. Many of these individuals and families have lost everything---their health, homes, personal belongings, jobs, financial security, their sense of safety, and their hope for the future. To say it another way, they have lost a lifetime of hard work and achievements. They are counting on you to right this wrong, to stop this devastation, and to ensure that the truth is told.

The following paragraph from a report in the Internet Journal of Toxicology provides a good summary:

“The validity of the health effects of chronic toxigenic mold and mycotoxin exposures has been reviewed. The exposures to mixed molds and mycotoxins are confirmed to lead to CNS and the immune system, have pulmonary, and allergic effects preceded by inflammatory processes. Subsequently, these events lead to the observed neurobehavioral abnormalities in exposed individuals. In the light of recent compelling pieces of evidence available in peer-reviewed literature and the emergence of the science of nanotoxicology, it is almost imperative that most of the controversies concerning the validity of the adverse health effects of chronic environmental toxigenic and mycotoxic exposures can at least in parts, be resolved.”

In conclusion, the research has been done. The facts are available. People are suffering and dying. It's time to act.

ACTION REQUESTED

There are many issues that need to be addressed. We are proposing 20 action items and have organized them into six categories, as follows:

Record of February 3, 2010 CIAQ Meeting

1. Include our written comments (that were prepared for the February 3 meeting) as part of the public minutes of the February 3 meeting of the CIAQ. Since all members of our group were not able to stay on the line for three hours, we want to ensure that all of our comments are provided to the members of the CIAQ. Our written comments are included as an attachment to this letter.
2. Include the comments made by our group during and at the end of the meeting in the audiotape of the entire meeting--at the times the comments were made. Give copies of the complete audiotape to Lisa Jackson, Kevin Teichman, Laura Kolb, and David Rowson to ensure that they hear the comments made by members of our group.
3. Re-engage the CIAQ and the Mold Work Group to focus on the recommendations of the GAO Report. Provide an update to our group regarding the status of this work and outline specific action steps that will be implemented.

Meetings Requested

4. Members of our group would like to meet with Lisa Jackson, EPA Administrator, to discuss our concerns and, specifically, to ask her to include "Improving Indoor Air Quality" on the list of priorities for her agency and to establish a separate budget for this work.
5. Schedule a special meeting for the Mold Work Group and invite us to attend via webinar or in person. Prepare an agenda with specific times designated for each of us to offer comments and ask questions. We would recommend this meeting be held in March or April (prior to the regular meeting already scheduled for June). We would like to have 3-4 members of our group listed as presenters for the meeting.

Membership of CIAQ and MWG

6. Request that the President appoint someone at the federal level to oversee this issue on a national level so there is a coordinated approach for dissemination of information and solutions.
7. Expand the CIAQ and the Mold Work Group to include some of the treating physicians who are helping patients who have been exposed to indoor air contaminants. Consider adding experts from other fields (such as remediation and legislation) that are represented on our group. Add a representative from OSHA to the Mold Work Group. Add a representative from the National Center for Healthy Housing. Contact the CDC to determine whether a member of the Scientific Understanding Council should be added to the Mold Work Group.
8. Add another member to the CIAQ and the Mold Work Group who has expertise regarding fine particles (less than 1 micron), and their mode of intake and translocation. This is another important component of indoor contaminants. We recommend Dr. Calderon-Garciduenas at the University of Montana.
9. The Mold Work Group was going to appoint an advisory panel, but this has not happened. We recommend that the advisory panel be formed within the next 30 days and that the panel should include experts from our group (see the list below for the members of our group).

Funding and Research

10. Allocate funds to support the work of the CIAQ and the Mold Work Group.
11. Establish a federal budget to fund ongoing research. Funds would be allocated to government agencies, private research facilities, and individual physicians, scientists and researchers.
12. Coordinate research efforts in the U.S. with research being done in other countries in order to avoid duplication and to share ideas and information.

Marketing and Awareness

13. Prepare and disseminate a handbook for physicians and hospitals throughout the country to inform them about the health effects of indoor contaminants and the appropriate testing and treatment protocol. This handbook needs to be published in a format that can be frequently updated. We recognize that this assignment may be the responsibility of the CDC, but it is an important component of this process so we are including it in this list of action items.
14. Develop and disseminate one set of guidelines that presents best practices for building construction as it relates to preventing mold, microbes and indoor contaminants for construction of schools. A good starting point might be the new “Indoor Air Quality Guide: Best Practices for Design, Construction, and Commissioning” by Dr. Andy Persily (one of the presenters during the CIAQ meeting on February 3). If schools do not comply with these guidelines, they would be unable to obtain federal funds for construction.
15. Present a proposal to the Governors of each state recommending that they establish a unit within their organization to understand and address the complex issues involved, to provide advice and assistance to people who are affected, and to coordinate resources with other state agencies.
16. Create a formal marketing campaign to disseminate accurate information throughout the country.
17. Gather and organize information from the many groups and individuals who have firsthand experience and knowledge. Consider hosting a national convention to bring together individuals who have been harmed by indoor contaminants in water-damaged buildings to give them an opportunity to share information and ideas.

Remediation and Disaster Assistance

18. Develop, propose and enact meaningful federal and state laws regarding the correct procedures for handling and remediating indoor contamination. Establish national requirements for people who want to work as mold remediators.
19. Develop and disseminate a thorough and accurate set of guidelines regarding testing, evaluation and remediation of water-damaged buildings.
20. Inform relief agencies (such as FEMA and the American Red Cross) that their volunteers must use personal protective equipment when assisting in disaster areas where there is likely to be indoor contaminants in water-damaged buildings.

The American people are counting on you in your roles as government leaders and elected officials to take action to expose the truth about this very important health issue. Please do what's right to stop the suffering and to prevent unnecessary deaths.

We appreciate your time and attention. We are eager to work with you to advance the understanding, knowledge and dissemination of information. We must work together to ensure the medical community in the United States receives accurate information, so our fellow Americans can receive proper medical care and treatment.

We look forward to hearing from you and would appreciate receiving an initial response within the next 30 days. Thank you.

Respectfully Submitted,

Action Committee on the Health Effects of Mold, Microbes and Indoor Contaminants (ACHEMMIC)

Jennifer Armstrong, M.D.
Jodi Ashcraft
Jennifer Aspelund
Melinda Ballard
Kevin Carstens
Angel DeFazio
Linda Delp
Michael Gray, M.D.
Carl Grimes, HHS CIEC
HW Holder
Janette Hope, M.D.
Professor Matthew Hudson
Mary Mulvey Jacobson
Erik Johnson
Sharon Kramer
Ginny Tomasini Lane
Laura Mark, M.D.
John McBride

Marcie McGovern
Lisa Nagy, M.D.
Dina Padilla
Diane Perlman, Ph.D.
Gail Shepherd
Ritchie Shoemaker, M.D.
Raymond Singer, Ph.D.
Terry Sopher
Crystal M. Stuckey
Nancy Swan
Paul Taylor, III
Steve Temes
Jack Thrasher, Ph.D.
Kristina Townsend
Sandra Trend
Alan R. Vinitsky, M.D.
Michael Roland Williams
Cheryl Wisecup

The following individuals and organization have endorsed this letter, and the list of endorsers is continuing to grow.

Lawrence Rose, M.D., M.P.H.

Dr. Alfred Johnson

William Rea, M.D.

Stacey Hydrick, RN, BSN

Barbara J. Carter

Judy Derrickson

Joe Salowitz

Amy Botello

Scott Hartman

Luz Fuenzalida

Yahoo Sickbuildings Group

Alison Trowe

Jeff May

Jonathan Lee Wright

Fungal Disease Resource Center

Robert C. Brandys, Ph.D.	Deborah Davitt	Angel Marie Frederick
Dave Baca	Joan E. Frederick family	Barbara Backus
Moms Against Mold	Chris Fabry family	Michael Kramer family
Steve Zeltzer	Jim Davis	Vince Sugent
Nancy Seats	Jeanine Moseley	
HADD--Homeowners Against Deficient Dwellings	Poisonous Mold Awareness on Facebook	

Attachments: (For efficiency and conservation of natural resources, the attachments can be found at the links.)

- A) Written comments prepared by members of our group in anticipation of speaking during the February 3 meeting of the CIAQ.

http://achemmic.com/files/Comments_for_February_3_2010_Webinar_Conference.pdf

- B) "Submission to the World Health Organization" by Cheryl Wisecup.

http://achemmic.com/files/WHO_Submission_Oct_7_2009.pdf

- C) "The Biocontaminants and Complexity of Indoor Spaces: More Than What Meets the Eye" by Jack D. Thrasher and Sandra Crawley.

http://achemmic.com/files/Thrasher_paper_The_Biocontaminants_and_complexity_of_damp_indoor_spaces_-_more_than_what_meets_the_eyes.pdf

- D) "Exposure to Interior Environments of Water-Damaged Buildings Causes a CFS-like Illness in Pediatric Patients: a Case/Control Study" by Ritchie Shoemaker, M.D. and Margaret S. Maizel.

<http://www.iacfsme.org/BULLETINSUMMER2009/Summer09ShoemakerExposuretoInterior/tabid/381/Default.aspx>

- E) "Innate Immunity, MR Spectroscopy, HLA DR, TGF beta-1, VIP and Capillary Hypoperfusion Define Acute and Chronic Human Illness Acquired Following Exposure to Water-Damaged Buildings" by Ritchie Shoemaker, M.D. and Margaret S. Maizel

http://achemmic.com/files/Shoemaker_Innate_Immunity_MR_spectroscopy.pdf

Copies sent to:

President Barack Obama
David Rowson, EPA
Greg Brunner, EPA
Alisa Smith, EPA
Kevin Teichman, EPA
Thomas Frieden, CDC
Nsedu Obot Witherspoon, CEHN
All U.S. Senators
U.S. Congressmen
Nicholas Sloss, GAO
Linda Birnbaum, NIH
American Association for Retired Persons
New York Mold Task Force
Indoor Air Quality Association
ABC News
NBC News
Time magazine
The Boston Globe
Wall Street Journal
Allison Binney, Committee on Indian Affairs
Janet Napolitano, Dept of Homeland Security
Jordan Barab, OSHA
Shimere Williams, Science & Technology
Regina Benjamin, Surgeon General
World Health Organization
Marc Danzou, Regional Director for Europe
World Health Organization
Fiona Fleck
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Stephen Vesper, EPA
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Jack Kooyoomjian, EPA
Henry Falk, CDC
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Gene Dodaro, GAO
David Michaels, OSHA
Craig Fugate, FEMA
American Public Health Association
American Medical Association
American Red Cross
Washington Post Health
CBS News
Fox News
Newsweek
The New York Times
U. S. Department of Justice
John P. Holdren, Science & Technology
Jane DeMarines, National American Indian Housing
David Michaels, OSHA
Howard Frumkin, CDC
Jerry Gidner, Bureau of Indian Affairs
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