

Seventy-Five Issue-Educated & Concerned Physicians, Scientists and Citizens
January 17, 2011

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RE: Request for Transparency & Oversight of Federal Funds Used to Educate US Pediatricians of Children's Illnesses Caused by Water Damaged Buildings ("WDB").

Dear Dr. Frieden, Administrator. Jackson, Dr. Portier, Dr. Nelson, Dr. Rosenman and Dr. Hartenbaum,

We are concerned that a federally funded collaboration between various government agencies and private sector medical associations may be misleading pediatricians and other US physicians as to the true illnesses caused by WDB exposures in a manner adverse to public health and adverse to the tax paying public's best interest.

The 2011 Fiscal Year Congressional Justification Budget of \$76,000,000.00 for ATSDR includes funding for a collaborative effort with private sector medical associations for the purpose of educating US pediatricians of the dangers of toxic substances. It has recently come to our attention that this includes educating pediatricians regarding the health effects of microbial contaminants and toxins (mold, mycotoxins, bacteria, fungal fragments, etc.) that are often found in WDB.

Specifically, page 23 the FY 2011 ATSDR budget states: *"In collaboration with EPA, ATSDR will continue to support a six-year (2009-2015) cooperative agreement for 11 regional Pediatric Environmental Health Specialty Units (PEHSUs) and one satellite PEHSU in Ohio. The PEHSUs and partners at the American College of Medical Toxicology work to provide education, health consultation, and risk assessment to health care providers and the public on a range of environmental topics including toxic mold in homes, mercury in schools, and the health effects associated with imported drywall from China."*

In June of 2006, ATSDR's private sector partner, the American College of Medical Toxicology ("ACMT"), issued a Position Statement of their assessment of risk for illness caused by exposure to WDB. Titled *"Institute of Medicine Report on Damp Indoor Spaces and Health"* the ACMT Position Statement may be read online at: http://acmt.net/cgi/page.cgi?aid=12&_id=52&zine=show

Within the ACMT Position Statement it is written: *"While the allergic effects of fungi are well-summarized in the IOM report, there are still a number of misperceptions relating to mycotoxins or other chemicals produced by certain species of fungi, and their role in adverse health effects from exposures in water-damaged buildings. Although several epidemiological studies of building-related illness have implicated mycotoxins as a cause of health effects in water-damaged environments, their interpretation is complicated by limitations in their study design, exposure*

and dose assessment methods, and confounding effects. In fact, these issues have cast doubt on the causative role of inhaled mycotoxins for any toxic health effects in the indoor residential environment.....With respect to mycotoxins in indoor air, exposure modeling studies have concluded that even in moldy environments, the maximum inhalation dose of mycotoxins is generally orders of magnitude lower than demonstrated thresholds for adverse health effects.(3,7,8)”

The three references “(3,7,8)” in purported validation of the above ACMT risk assessment that a threshold model (of only one of the many toxins known to be concurrently present in WDB, mycotoxins, via only one route of exposure, inhalation) could scientifically conclude microbial toxins in WDB play little to no role in occupant, worker and children ill health, are addressed respectively in points A through C below.

A. ACMT Reference 3: *“Evidence Based Statement: Adverse Human Health Effects Associated with Molds in the Indoor Environment”* American College of Occupational and Environmental Medicine (“ACOEM”). 2002. Kelman BJ, Hardin BD, Saxon AJ. The ACOEM Position Statement may be read online at <http://www.acoem.org/guidelines.aspx?id=850>

The Position Statement of ACOEM of which the ACMT Position Statement cites in validation of a reason to deny causation of illness based on a modeling theory was the subject of a front page January 2007 Wall Street Journal (“WSJ”) expose titled, *“Court of Opinion, Amid Suits Over Mold Experts Wear Two Hats, Authors of Science Paper Often Cited by Defense Also Help in Litigation.”* The WSJ article details how policy statements of private sector medical associations carry much weight in physician education, in insurer claims handling practices, and in the courts. They are sometimes biased in their conclusions to influence these intended usages. Within the article, one will find the quote by a nationally respected toxicologist of, *“They [the ACOEM authors] took hypothetical exposure and hypothetical toxicity and jumped to the conclusion there is nothing there.”* The WSJ expose may be read online at: http://www.drcraner.com/images/suits_over_mold_WSJ.pdf

B. ACMT Reference 7: *“Risk from inhaled mycotoxins in indoor office and residential environments”*. Int J Toxicol 2004 January;23(1):3-10 Kelman BJ, Robbins CA, Swenson LJ, Hardin BD. These are four of the six owners of the corporation, VeriTox, Inc.; two of whom also authored the ACOEM Mold Position Statement. As noted in the WSJ article, they are expert defense witnesses in mold litigation. One of the owners and ACOEM co-author who postulated the modeling theory of which the ACMT Position Statement relies for two references, is a retired Deputy Director of the CDC National Institute for Occupational Safety and Health (“NIOSH”). They also authored a mold policy paper for the US Chamber of Commerce in 2003, in which the statement is made that science holds US citizen claims of illness from mold toxins are a merely result of *“trial lawyers, media and Junk Science”*. The US Chamber Mold Statement may be read online at: http://www.uschamber.com/sites/default/files/reports/ilr_mold.pdf

ACMT Reference 7 was published in 2004. In April of 2006, (three months prior to the June 2006 ACMT Position Statement being published) it was disallowed in a legal proceeding in California via a Kelly ruling. The judge stated *“I’m hearing essentially this jump from a literature review to a postulated model to a no harm result..”* He found it to be not medical community accepted science to go from a modeling theory to professing scientific proof of lack of causation of human illness from exposure to mold toxins in WDB. This ruling was detailed by Harris Martin Publishing (HM) in May 2006. The HM article may be read online in its entirety by subscription. Excerpts regarding the court’s disallowing this paper’s methodology and conclusion as evidence based science may be read on line at: <http://freepdfhosting.com/0260f26d42.pdf>

C. ACMT Reference (8) *“Satratoxin G from the black mold Stachybotrys chartarum evokes olfactory sensory neuron loss and inflammation in the murine nose and brain”*. Islam Z, Harkema JR, Pestka JJ. EHP 2006 may be read online at: <http://ehp03.niehs.nih.gov/article/info%3Adoi%2F10.1289%2Fehp.8854>

This paper by respected mold toxicity researchers concludes that neurotoxicity and inflammation of the nose and brain are potential adverse health effects of exposure to mold toxins in WDB. It clearly states that dose response

before humans become ill from mold toxins in WDBs has not yet been established by modeling theories or by any other means. This paper's conclusions appear to directly conflict with the above statement in the ACMT Position Statement that it is cited to support, i.e., *"With respect to mycotoxins in indoor air, exposure modeling studies have concluded that even in moldy environments, the maximum inhalation dose of mycotoxins is generally orders of magnitude lower than demonstrated thresholds for adverse health effects.(3,7,8)"*

D. The two ACMT member authors of the ACMT Position Statement are both physicians who generate income when serving as expert defense witnesses in mold litigation on behalf of insurers and employers. One of the two ACMT authors is a former affiliate of VeriTox, Inc, whose work he cited for ACMT in purported scientific proof of lack of causation of toxicity, References 3 & 7. The two ACMT authors' expert opinion testimonies aid stakeholders of WDB to deny potential financial liability for causation of worker, tenant, homeowner and school children illnesses from WDB exposures. Their testimonies and position papers upon which their testimonies rely in creditation of their opinions aid insurers to avoid potential financial responsibility for WDB injuries of workers, occupants and children. When the claimed injured are truly injured yet receive no restitution from insurers, a cost shifting to taxpayers occurs via state and federal social disability programs. This is because when those injured by WDB can no longer work, live in their homes, or attend their schools, and are unable to receive rightfully due insured benefits or medical treatment from properly educated physicians, they and their families must turn to government assistance programs for survival.

E. As of 2010, ACOEM is currently revising their 2002 Mold Position Statement. These revisions will be taught to occupational physicians at an upcoming March conference in Washington, DC, by yet another expert defense witness and prior affiliate of VeriTox, Inc. On December 1, 2010, WorkCompCentral ("WCC") ran an article regarding public, injured worker, physician and scientist requests for transparency, oversight and the ability to comment on the still unveiled ACOEM Mold Statement *"2010 revisions"*. To date, no response to the requests for transparency have been forthcoming from the directors of the policy-writing body, ACOEM, or from the federal agencies and entities who were requested to provide oversight in the name of public health. The WCC article along with the requests may be read online at: <http://freepdfhosting.com/715a485427.pdf>

F. The Association of Occupational and Environmental Clinics ("AOEC") is a private sector medical organization with locations at medical universities across the US. AOEC oversees the allocation of federal monies for the Pediatric Environmental Health Specialty Units ("PEHSU") for US pediatrician education at these dual AOEC occupational and PEHSU pediatric clinics. There are many hard-working physician members of AOEC and PEHSU who have helped to advance the understanding of chemical injury with federal funds and grants. Yet over the years with regard to illness from WDB, AOEC leaders have endorsed the prejudice of the mold toxins injured and the now discredited modeling theory that was first legitimized by ACOEM in 2002, and reiterated by ATSDR's partner ACMT in 2006, as a purportedly scientific basis for insurers to deny liability for causation of illness from WDB, while leaving those injured by microbial toxins nowhere to turn for medical treatment.

A 2003 example of AOEC leadership publicly endorsing ACOEM's mold science while portraying the sick only to be concerned of fungal illnesses because of media hype and a desire for litigation settlements may be read online at <http://www.oem.msu.edu/userfiles/file/News/Sv14n2.pdf> This example states: *"News coverage of the dire consequences of mold infestation and multimillion legal/ insurance settlements have raised concern and interest among patients about the health effects of fungi. So called 'black mold' (Stachybotrys chartarum) has been described as being particularly harmful despite the fact that an initial CDC study finding an association between stachybotrys and death from pulmonary hemorrhage in infants was subsequently retracted by the CDC.1-4 A well balanced statement from the American College of Occupational and Environmental Medicine titled "Adverse Human Health Effects Associated with Mold in the Indoor Environment" can be found at their website: www.acoem.org/guidelines/evidence."*

G. The mold issue is a multi-billion dollar issue involving the health and safety of the American public. Millions of public tax dollars are allocated each year for the purpose of proper education of US physicians via the AOEC and

PEHSU. Times change. The medical community learns. But instilled perception biases run deep. Given the current situation and prejudicial history of the issue; we are certain the directors of CDC, EPA, ATSDR, ACMT, and AOEC, can understand the public's and scientific community's interest in ATSDR using federal tax dollars in a three way collaborative partnership between ATSDR, ACMT and AOEC to educate America's pediatricians of illnesses from WDB exposures via the PEHSUs.

Certainly, the directors can understand the concern when tax dollars are used to potentially harm the public when some of the US policy writers involved in influencing America's pediatricians and occupational physicians of the causes and effects of WDB exposures also generate income aiding insurers to deny any causation or effect even exists. This in turn, may aid insurers to shift the cost of WDB-illness onto us, the US taxpayer.

H. In September of 2008, the Federal Government Accountability Office ("GAO") issued a report calling for consistent messaging from the various federal government agencies that oversee various aspects of this issue. Titled, *"Indoor Mold: Better Coordination of Research on Health Effects and More Consistent Guidance Would Improve Federal Efforts"*, the report may be read at: <http://www.gao.gov/products/GAO-08-980>

The GAO Report details the importance of government oversight of private sector physician and public education for the sake of public health and safety. As such, we are requesting that you please let the public see and comment on what educational information is going to US private sector physicians with our tax dollars. Since federal funds will be used to educate the pediatricians and occupational physicians of America in regards to WDB induced illnesses through the collaboration of DHHS, EPA, CDC, ATSDR, ACMT, AOEC, PEHSU, NIOSH please place on the websites of EPA, ATSDR, ACMT and AOEC the specific materials and list of references that will be utilized for that process.

Thank you in advance for your prompt attention to this matter that impacts the health and safety of our nation's children and impacts all US citizens, workers and taxpayers. We look forward to receiving your replies.

Sincerely,
Seventy-Five Issue-Educated and Concerned
(Signers & Comments on Following Pages)
Contact Sharon Kramer (760)-746-8026

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US Executive Office White House fx: 202-456 2461
President Barack Obama

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Secretary Kathleen Sebelius

US Dept of Housing and Urban Development 202-708-2476
Secretary Shaun Donovan

US Dept of Labor fx: 202 693-6111
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US Occupational Health and Safety Adm fx: 202 693-2106
Assistant Secretary, David Michaels

US Senate HELP Comm fx: 202-224-5128
Chair Tom Harkin, D-IA; Ranking Mbr Michael Enzi, R-WY

US Congressional Edu & Labor Committee fx: 202-226-5398
Chair John Kline, R-MN; Ranking Mbr, George Miller, D-CA

US Senate Appropriations, SciTech, & Public Works Comms.
Frank Lautenberg D-NJ 202 228-4054

US Exec Office of Science & Technology, fx: 202 456-7116
Director John Holdren

US Exec Office of Management & Budget fx: 202 395-3888
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Attorney General Eric Holder

US Senate Appropriations Committee fx: 202 224-2100
Chair Daniel Inouye D HI; Ranking Mbr Thad Cochran MS

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US Senate Env & Public Works Committee 202 224-1273
Chair Barbara Boxer D-CA Ranking Mbr James Inhofe OK

US Congressional Energy & Commerce fx 202 225-2525
Chair Fred Upton R-MI Ranking Mbr Henry Waxman D-CA

() by name indicates comment to follow*

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Ketchikan, AL

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Transparency is paramount !
Jennifer Aspelund

This is vital to the health and welfare to our children and next generation .
Rosanne Avirill

The exposure to toxic mold may have a wide range of effect and symptoms. Defining the vulnerable populations are important and necessary for adequate problems solving and treatments.
James Baker, PhD

Pediatric education should entail the effects that not only mold and microbial toxins affect our school children, but also chemical brain damage from pesticides in schools. The effects that these things have on the children are causing brain fog and other neurological symptoms that make it almost impossible for the children to function without some degree of cognitive impairment.
Patricia Barth

Illness from mold is REAL..... and needs all the support it can get - not excuses and coverup.
Sue A. Bennett

It's way past time for this....
Thomas Brooks

Mycotoxins kill people!
Shannon Chavez

We are in serious trouble if we cannot count on our pediatricians to properly diagnose and adequately treat our children who are our greatest resource.

Deborah Daniels

Having seen my parents completely lose their health, home and endure great suffering as a result of mold and a wdb, as both a daughter and a nurse, something needs to change so those who are sick can get the medical care needed.

Sabrina Derosler

It is imperative in the securing of democracy that the less than 1% of the population occupying the seats on the collective Boards of Directors through which they control 98% of our nation's collective wealth, be held accountable for the human misery that results from their negligent disregard for regulatory efforts created to secure and protect the Public's Health.

Michael Gray, MD

The continuance of inserting doubt into the American health care system at the taxpayers expense, must now come to a end. The harmful effects of mold in the indoor environment are easily seen as the stories of illness are now just a few clicks away. The stories of those made ill from mold exposure recently include the Judges that over see the laws of our land, to the Medical Examiner that certifies your cause of death. The Fireman and Police Officers you call in your time of need. The salesperson that sells your family it's next car. The Indians that remain out of sight on the reservations we provided them with. The children in schools that should have been replaced years ago, instead of building that new ballpark with the Corporate logo on it.

These people that are made ill from mold exposure, while having never met one another share many of the same symptoms. The evidence that all these people share many of the same adverse health effects is not that of chance but that of fact. That any person placed in a indoor environment that is supporting uncontrolled mold will over time develop ill health. The other disastrous thing these many people made ill share is the so called treatment guidelines put in place by ACOEM and others that benefit in casting doubt for Corporate America. The cost of allowing this thievery of the American tax dollar to fund report after report that only cast doubt or call for further studies must not go on any longer. Corporate America would not fund report after report if doubt is not what they wanted the conclusion to be. The fact that they now want the American tax dollar to due it is as brazen a crime you will ever see. The cost of continuing to try to hold the truth back will only increase by the billions as more and more of our countries infrastructure ages and supports indoor mold growth. When these defense experts and doctors for hire are exposed to the light, they will like mold seize to exist.

Timothy Hack

A victim of environmental illness due to mold and mycotoxins in a wdb, it's been very hard to find proper medical. Both the public and all physicians need to be aware of how serious, even life threatening these illnesses are. I've also been fortunate to work closely with some in the ATSDR who have actual copies of my biopsies and medical findings.

Iris Hardin Brooks

Government transparency is long overdue

Matthew Hudson

I have thoroughly researched Dr. Kelman's alleged "scientific" opinion. It should be noted that Dr. Kelman extrapolated results from another study which used a specific kind of rodent--i.e. a "Charles River Rat" and where the mycotoxins bypassed through a tube all tissues but the lung.

Additionally, from this one very small study, which involved rodents that have a fairly high immune response to mycotoxins, Dr. Kelman created his conclusions by melding the "rat study" with government studies on the effect of mycotoxins when they are ingested from eating. From what I understand, there is no basis of comparison nor is there any study which measures their relative adverse affects in comparison with each other. Dr. Kelman also never distinguished the affects that mycotoxins would have on children as opposed to adults. Whatever his conclusions, reality is many orders of magnitude below what he stated. There are also no corroborating studies that were performed.

Harold Hyams, Esq.

It is impossible to follow the directive of the Federal GAO to send consistent messaging regarding these illnesses if there is no transparency of what messages are being sent. Please let the public see what the pediatricians and occupational physicians are being taught regarding illness from water damaged buildings with the use of federal funds. (Disclosure: I am in litigation with the authors of the ACOEM mold statement and have been for six years over my use of the phrase, "altered his under oath statements on the witness stand" in the first public writing to expose how ACOEM & the US Chamber are connected in the marketing of misinformation over this issue <http://freepdfhosting.com/b801845975.pdf>.)

Sharon Kramer

Research should be an open invitation to all those whom have either been peer-reviewed published and or conduct treatment. Their work should be included even more so as they have years of direct knowledge and bench science which supports their findings. Currently it seems only a few select voices from a few select clubs are invited to be heard and counted. I also believe those whom are victims of WBD buildings and their advocates should also be included in what is relayed to the public and the private sector physicians.

John McBride

Please stop suffering like mine by giving doctors accurate information about mold. I have lost everything and I am now on disability living with friends. There are two causes all from ignorance of mold. A contractor who knew nothing about mold did a home repair allowing water intrusion, into my home. Second a long string of wrongly educated doctors not only failed to help, but hurt me more with toxic medications. The mold growing unnoticed in my crawlspace destroyed my health, my life. Leaving me helpless and dependent on others. PLEASE HELP!

Brenda May

Water damaged buildings ruined my health. Please pass this through. So many people are at risk.

Shelia Martin

I am sicker than a dog. Hoping to make it.

Colleen Murphy-Mulvihill

Honest and full disclosure.....please.

Dennis Mudloff

I developed serious non-respiratory illnesses from exposure to a water-damaged building, including peripheral neuropathy and arthritis-like symptoms.

John Murtaugh

Enforce penalties for any non disclosure of corporate conflicts of interest.

Elizabeth M.T.O’Nan

I am on CDC and NIH roundtables on environment, building, chemicals, mold and health
Lisa Nagy, MD

The book Damp Indoor Spaces and Health was published in 2004. Since then there have been good studies coming out of West Virginia, Scandinavia, and others clearly show a relationship between wet spaces and health. This whole argument can be made without the use of the word mycotoxins. As a matter of fact no study has ever been done or ever will be done exposing human subjects to mycotoxins so to say there is no evidence to show mycotoxins do or do not cause human disease is nonsense. Energy Star and Building for America clearly have the ability to make shelters with controlled humidity, Larry Arlian's study showing the inverse number of dust mites and the relative humidity in the homes is very important when discussing house dust mites and the most recent paper in JACI written by Charles Reed clearly explains the effect of the products of wet environments and adult onset asthma. I have even more to say in this regard having seen over 700 patients with moisture related problems
John Ouellette MD

This is just one area of Transparency needed to protect American Citizens. Will you help?
Diane Parker

Credibility and Transparency go hand in hand
Gail Shephard

<http://KatysExposure.Wordpress.Com> Exposing environmental health threats and those responsible.
Crystal Stuckey

Immunoactive substances can potentiate the innate immune system to cause induction of sensitization by the adaptive immune system (think vaccine adjuvant). As an environmental health professional who has been investigating the causes of building-related health effects for 20 years, I can report that people become immunologically and neurologically sensitized to contaminants in water-damaged buildings.
Steve Temes

The indoor environment resulting from water intrusion and microbial growth (fungi and bacteria) is highly complex and adversely affects human health. Transparency regarding these critical issues is a must. Water damage results in loss to the this Nation and other countries with respect to health care loss costs and lost wages.
Jack D. Thrasher, PhD

As an Injured worker and Mother of a child that has severely effected by my exposure, it is imparative that the real science and research be brought to the forefront so all the treating physicians be completely educated on the health impacts from water damaged buildings.
Kristina Townsend

*If you have nothing to hide, why would there be a problem with transparency relative to the education doctors are receiving concerning *Illness Caused By Water Damaged Buildings*? I shudder to think about places like Louisiana, Mississippi, from Katrina and what types of illnesses we will see in the next 10 years.*
Amy Weaver

Transparency is paramount in public health.
Chin S. Yang, PhD

*I am Chair of the California Coalition For Workers Memorial Day
www.workersmemorialday.org and the issue of cost shifting by employers and insurance
companies is a serious issue for the public.*
Steve Zeltzer