

CDC

THE OUTSOURCING OF ENVIRONMENTAL MEDICINE

The Centers for Disease Control and Prevention is giving millions of dollars to private medical associations to research and educate physicians about environmental illnesses. What individuals govern these chosen medical associations? What are they promoting as national medical protocol? And who, if anyone, is providing government oversight?

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1. INTRODUCTION

The purpose of this paper is to illustrate the impact of government outsourcing of environmental science with little or no legitimate oversight. It is a case study of one environmental illness wrongfully subjected to the abuse of occupational medicine and to the unchecked proliferation of misinformation meant to limit industry's financial risk at the expense of the environmentally ill. The illness used as an example is poisoning (toxicity) after exposure to microbial contaminants that are found in water damaged buildings.

There are many ethical physicians and researchers within the medical associations and government agencies discussed in this paper. They earnestly seek to advance medical understanding of environmentally induced illnesses. Yet, a problem with far-reaching ramifications arises from the manner in which research information and government research dollars are controlled by the leaders of private medical associations. Ethical physicians and researchers are often not given access to funds that would assist in moving key environmental research forward. Treating physicians are often not provided with complete, up to date research data. There is little or no government oversight. Information, influence, and money move in and out of the hands of industry-sympathetic leaders of medical associations, and in and out of government agencies. This in turn controls what information the physicians of America are privy to know. The lack of needed knowledge negatively impacts the availability of proper medical treatment for the American public.

It is an inherent conflict of interest for government to relinquish unsupervised charge and control of funding to those private medical organizations with longstanding close ties to some of the largest industries in the US - most particularly, those industries that are responsible for pollutants in the environment and toxicants in products. Several of these chosen private medical associations also have close affiliations with those who insure industries against financial risk from these environmental exposures. One way to limit financial risk is to flatly deny the cause of illness. Another is to flatly deny the existence of the illness altogether. Many of the influential members of these private medical associations charged with the task of advancing environmental science generate income denying the plausibility and causation of environmentally induced illnesses. They frequently do not fully admit to their conflicts of interest, even when required by law or ethical practices to do so. In essence, they are the medical gatekeepers of commerce.

In the United States today, the specialty of occupational medicine is government-funded with the express mission to proliferate national understanding regarding environmental illnesses. These private organizations refer to themselves as "occupational and environmental" medical associations, but the very phrase "occupational and environmental medicine" is an oxymoron. Occupational medicine serves the interests of commerce. The genuine practice of environmental medicine serves the interest of the people. The implication of combining the two is that "environmental medicine" is of interest to industry, when in fact only the commercial practice of environmental *risk management* is of interest to industry. What brings the two medical disciplines together is the word "commerce" - not "medicine". While assessing and limiting both physical and financial risk from environmental exposures are essential, the limiting of financial risk should not be given unfair advantage over advancing the understanding of environmentally induced illnesses or treating the ill.

For convenience, an ordered glossary of acronyms is included here.

Abbreviations

Government Agencies, Publicly-Funded Institutions and Projects:	
ATSDR	Agency for Toxic Substance and Disease Registry, Centers for Disease Control
CDC	Centers for Disease Control and Prevention, U.S. Dept. of Health and Human Svcs.
CEPA	Canadian Environmental Protection Agency
EPA	Environmental Protection Agency
GWU	George Washington University
IOM	Institute of Medicine, National Academy of Sciences
NIOSH	National Institute of Occupational Safety and Health, Centers for Disease Control
NJH	National Jewish Hospital
NORA	National Occupational Research Agenda – a project of the CDC
OSHA	Occupational Safety and Health Administration, U.S. Dept. of Labor
UCLA	University of California at Los Angeles, CA
UNC	University of North Carolina
Businesses and Private Organizations:	
AAAAI	American Academy of Allergy, Asthma and Immunology
ACMT	American College of Medical Toxicology
ACOEM	American College of Occupational and Environmental Medicine
AOEC	Association of Occupational and Environmental Clinics
Chamber	United States Chamber of Commerce
ICT	International Congress of Toxicology
IUTOX	International Union of Toxicology
NAR	National Association of Realtors
PEHSU	Pediatric Environmental Health Specialty Units

Exhibit documents are hyper-linked throughout this paper via endnotes.

2. CDC RESPONDS TO INQUIRY

On June 7, 2007, Dr. Julie Gerberding, Director of the CDC and Administrator of ATSDR responded to a written inquiry made by MCS America, a non-profit organization that seeks to assist those who suffer from environmentally induced illnesses.¹ Dr. Gerberding was asked what is being done by the CDC and ATSDR to advance the medical understanding of loss of tolerance to many chemicals after excessive exposure to a toxicant. In reply, Dr. Gerberding wrote:

...For example, ATSDR develops teaching materials for physicians, including the clinically based 'Case Studies in Environmental Medicine' series....ATSDR has worked with the American College of Medical Toxicology in advancing environmental education and has a cooperative agreement with the Association of Occupational and Environmental Clinics and its Pediatric Environmental Health Specialty Units..²

A public interest federal spending watch group, Fedspending.Org, reports that ACMT has received over \$1,000,000 in funding from ATSDR.³ Fedspending also reports that AOEC and its PEHSU, which are clinics located at various teaching hospitals and universities, have received over \$5,000,000 from ATSDR and NIOSH. NIOSH is one of the Centers of the CDC.⁴

¹ 02/07/2007 Letter from MCS America to the CDC

² 06/06/2007 Letter from CDC to MCS America

³ 07/2007 Fedspending.Org, CDC contract, American College of Medical Toxicology

⁴ 07/2007 Fedspending.Org, CDC contract, Association of Occupational and Environmental Clinics

3. AMERICAN COLLEGE OF MEDICAL TOXICOLOGY

According to their website, ACMT is a nonprofit trade association of physicians with recognized expertise in medical toxicology. ACMT, which Dr. Gerberding referred to in her letter above, published its policy paper in 2006 regarding toxicity from the exposure to microbial toxins found in water damaged buildings. The paper was titled “American College of Medical Toxicology Comment: Institute of Medicine Report on Damp Indoor Spaces and Health”⁵, authored by Dr. Daniel Sudakin and Dr. Tom Kurt of the ACMT Practice Committee. The subject of the paper is the Institute of Medicine Report on Damp Indoor Spaces and Health, commonly referred to as the “IOM Report”.

The IOM Report was published in 2004 by the National Academy of Sciences as a literature review of scientific papers regarding illnesses caused by microbial contaminants found in water damaged buildings. In the “ACMT Paper”, Sudakin and Kurt criticized the IOM Report, opining that it did not place enough weight on the need to establish exposure dose threshold levels when considering causation of human toxicity, and that such a dose response relationship must be established in order to prove causation of human poisoning which typically occurs from long term, chronic, low dose exposure. The IOM Report had specifically stated that it is scientifically impossible to establish a dose response relationship for long term, chronic, low dose exposure when only data from short term, acute, high dose exposure, rodent studies are available to be used as a model. This disparity between science and the impossible has been used to fuel a large and growing public health controversy.

The IOM Report states:

*Except for a few studies on cancer, toxicologic studies of mycotoxins are acute or short-term studies that use high exposure concentrations to reveal immediate effects in small populations of animals. Chronic studies that use lower exposure concentrations and approximate human exposure more closely have not been done except for a small number of cancer studies.*⁶

Nevertheless, the ACMT Paper not only contradicted the IOM Report; it went so far as to claim that it *has* been scientifically established through use of a short-term high dose exposure modeling theory that humans cannot plausibly be exposed to enough microbial toxins in water-damaged buildings to invoke symptoms indicative of toxicity. The ACMT Paper then cited three references in support of its claim:

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)”

Two of the supporting references cited above and discussed in detail here (below) were authored by a privately owned environmental risk management corporation, VeriTox, Inc. (formerly known as GlobalTox, Inc). VeriTox also happens to be the employer of ACMT Paper author, Dr. Daniel Sudakin. The first reference authored by his employer was the subject of a front page article in the Wall Street Journal in January, 2007. The article was entitled, “Court of Opinion, Amid Suits Over Mold, Experts Wear Two Hats.”⁷

The second reference, also authored by Dr. Sudakin’s employer, had its own problems. The same acute exposure modeling theory it used to deduce absence of human illness was found to be an unscientific “huge leap” in a mold litigation case before the California Superior Court. In

that case another principal of Veritox, Dr. Coreen Robbins, was attempting to testify as an expert for the defense. The Court's ruling disallowing this theory to be presented as science was made in April of 2006. In making his finding, the judge relied heavily on the IOM Report. This ruling was handed down a mere two months prior to ACMT's last review of its own paper in June of 2006. Surely, Dr. Sudakin knew that the VeriTox paper he referenced had already been determined to be unscientific before he cited it.

The third reference cited for the ACMT Paper was not authored by VeriTox. It made the exact *opposite* conclusion from what Dr. Sudakin and Dr. Kurt claimed it supported. That paper had concluded that research suggests neurotoxicity and inflammation of the nose and brain are potential adverse health effects of exposure to mold toxins in water-damaged buildings, and clearly stated that dose response in humans has not yet been established.

Dr. Sudakin's bias and conflict of interest disclosure statement for the ACMT Paper acknowledged he is employed by Veritox, Inc., and that in that capacity he serves as an expert witness for the defense in mold litigation. Asked to describe personal contracts with the government, Dr. Sudakin wrote "None".⁸ When questioned as an expert witness in an Oregon mold trial in August of 2005, Dr. Sudakin indicated he had participated on a CDC committee several years back.⁹ What Dr. Sudakin failed to mention both times, is that in February of 2005, the CDC had contracted with him directly. He was paid \$10,000 for "technical writing."^{10,11} The disclosure statement of his ACMT co-author, Dr. Kurt, does not appear to have been completed.¹²

These facts all lead to serious questions: Why was Dr. Sudakin only able to quote one actual source, his own employer, to support the primary findings of the ACMT Paper that denies illness from microbial toxins? Why would he cite a paper that had been found to be unscientific just two months prior? Why was Dr. Sudakin's CDC contract not disclosed in his ACMT conflicts of interest statement or in his Oregon testimony given under oath? What was Dr. Sudakin writing under contract directly with the CDC in 2005? What impacts do the CDC contract and the ACMT Paper have on commercial attempts to limit financial liability through use of expert witness testimony in mold litigation?¹³ Who, within the governing body of ACMT, performed peer review or verified the accuracy of the ACMT Paper and the references it used? And in light of this situation, why has the CDC chosen this private medical association, ACMT, as the authoritative source for exposure to toxicants?

⁵ 06/2006 American College of Medical Toxicology, Mold Paper

⁶ 05/2004 Institute of Medicine Damp Indoor Spaces and Health Report, Chap. 4 Summary

⁷ 01/09/2007 Wall Street Journal, "Court of Opinion, Amid Suits Over Mold, Experts Wear Two Hats"

⁸ 03/28/2006 American College of Medical Toxicology, Conflict of Interest Statement, Daniel Sudakin

⁹ 08/2005 Testimony Daniel Sudakin, O'Hara Family v. David Flain Construction

¹⁰ 02/2005 CDC Contract, Dr. Daniel Sudakin

¹¹ 04/2007 Freedom of Information Request of CDC Regarding Contract, Dr. Sudakin

¹² 02/07 to Date American College of Medical Toxicology, Disclosure Statement, Dr. Thomas Kurt

¹³ 08/2005 and 11/2005 Testimony O'Hara Case, Oregon & Email

4. AMERICAN COLLEGE of OCCUPATIONAL and ENVIRONMENTAL MEDICINE

As shown above, there were three references cited in support of the proposition that symptoms indicative of toxicity from exposure to microbial toxins in water-damaged buildings is not plausible in humans and claiming that this fact has been scientifically established. The first of the three papers cited as scientific proof was the American College of Occupational and Environmental Medicine Evidence Based Statement of 2002, "Adverse Human Health Effects Associated with Molds in the Indoor Environment". The paper is commonly referred to as the "ACOEM Mold Statement"¹⁴ and remains the stated position of ACOEM on the subject.

ACOEM is a nonprofit medical trade association comprised primarily of occupational physicians. Several members are company employees. They evaluate injured workers on behalf of their employers and insurers. Others are employed by companies which provide workers compensation services to employers, such as Concentra. Still others work in the clinics of AOEC. It was not until the early 1990's that the word "Environmental" was added to the occupational physician association's moniker.^{15,16}

In 2002, two associates of the risk management corporation, VeriTox, were brought into ACOEM specifically to author the organization's position statement on mold.¹⁷ That paper was co-authored by Bruce Kelman, PhD. and Bryan Hardin, PhD. Neither is a physician. Kelman is founder and president of VeriTox. Dr. Hardin had recently retired as Deputy Director of NIOSH, and also retired with the rank of Assistant Surgeon General in the Public Health Service. (The Public Health Service does not require a person holding the rank of Assistant Surgeon General to be a physician.) Hardin has since stated that he was merely a consultant to Veritox at the time he joined ACOEM to write the paper, although he is now one of six principals of the corporation.^{18,19}

Litigation testimony shows the two, not being physicians, felt they were unqualified to write regarding the immunological aspects of mold-induced illnesses. This is the reason they invited Dr. Andrew Saxon, an allergist now retired from UCLA, to assist with the paper.²⁰ Like Kelman and Hardin, Saxon was not a prior member of ACOEM, nor is he today. Saxon had already been benefiting both himself and UCLA financially with his defense witnessing since 1999.²¹ None of the three men had research backgrounds specializing in mycotoxins. Along with ACMT author and VeriTox employee Dr. Sudakin, all three ACOEM authors - Drs. Kelman, Hardin, and Saxon - frequently serve as expert witnesses for the defense in mold litigation, as does the Veritox principal involved in the CA Superior Court case referred to earlier, Dr. Robbins. In this work, their compensated function is to deny the plausibility and/or causation of illness from indoor mold and mold toxin exposure on behalf of the clients for whom they provide witness. The ability to cite position papers from established medical associations adds an air of credibility to their words – very important in satisfying the courts that they all meet the legal standards for providing testimony.

The ACOEM Mold Statement's key finding denied the plausibility of illness from indoor mold toxin exposure and claimed that acute dose response modeling theories established this finding. That denial of illness is based solely upon the VeriTox principals' own hypothetical calculations. No such finding has ever been duplicated in any laboratory. The calculations themselves have never been verified elsewhere. The conclusion based upon just these calculations is this:

Levels of exposure in the indoor environment, dose-response data in animals, and dose-rate considerations suggest that delivery by the inhalation route of a toxic dose of mycotoxins in the indoor environment is highly unlikely at best, even for the hypothetically most vulnerable subpopulations.

None of the 83 references cited by the ACOEM Mold Statement make this same finding. Many indicate the exact opposite. Yet, the VeriTox-authored ACOEM Mold Statement of 2002 makes its own radical conclusion. That same conclusion was used again for the 2006 VeriTox authored ACMT Paper.

The ACOEM position paper was presented as an “Evidence Based Statement”, as though it contained real evidence and represented the impressive medical understanding of thousands of learned environmental physicians. As such, the ACOEM statement carried much weight within the general medical community - and in the eyes of the courts as well. The concept was off and running, based upon nothing more than some never-duplicated math calculated by principals of an environmental risk management corporation who testify *against* patients regularly.²²

As noted previously, the ACOEM Mold Statement was discussed in detail in a Wall Street Journal front page article from January 2007, entitled “Court of Opinion, Amid Suits over Mold, Experts Wear Two Hats”. In that article, the ACOEM Mold Statement’s origin, purpose, scientific validity, and peer review process were all brought into question. Upon the publication of the Wall Street Journal article, then President of ACOEM, Dr. Tee Guidotti, objected - claiming ACOEM was “outraged” at the treatment received in the respected news publication. In February of 2007 Guidotti wrote a rebuttal entitled “Ambush above the Fold”.²³ The rebuttal was shared with members of ACOEM via their monthly newsletter.

In his protest of the Wall Street Journal article, Dr. Guidotti never denied that his association was promoting the concept that math applied to data borrowed from a single acute exposure rodent study could scientifically deduce the implausibility of all human toxicity from indoor mold toxin exposure. In his rebuttal letter shared with the physicians of ACOEM, Dr. Guidotti claimed that their Mold Statement was consistent with the IOM Report. He wrote:

The crux of the scientific issue is not whether mold or dampness are related to diseases such as asthma and other respiratory conditions: of course they are. It is whether the evidence supports the mycotoxin theory, popularly known as ‘toxic mold’. ACOEM’s mold statement is in fact consistent with those of the Institute of Medicine....

The claimed agreement with the IOM Report does not exist. Where the IOM Report stated that it does *not* have all the evidence yet, the ACOEM Mold Statement insisted that the ACOEM miraculously *does*. Dr. Guidotti holds other posts of interest in regard to furthering the understanding of environmentally induced illness. He is currently the Director of the AOEC clinic located at George Washington University, and Director of the University’s Pediatric Environmental Health Specialty Unit (PEHSU) as well. The related interests of these additional organizations will be detailed in the sections to follow.

¹⁴ 10/27/2002 American College of Occupational and Environmental Medicine Mold Statement, Toxicity Section, Authorship and References; and 06/22/2004 Testimony Bruce Kelman, Arizona.

¹⁵ [Assorted Journals, excerpted. Commentary on Occupational Medicine’s expansion into Environmental Medicine.](#)

¹⁶ AOEC - Description

¹⁷ 02/27/2002 Borak email to Hardin

¹⁸ [2005, 2006, 2007 Testimonies of VeriTox indicating five or six principals, varying.](#)

¹⁹ 02/22/2002 Email Hardin to ACOEM Overseer of Peer Review, Dr. Jonathan Borak

²⁰ 09/2005 Reply Brief, Kelman vs. Kramer, San Diego, CA

²¹ Saxon, A. Testimony given in Deposition Hake v. Coleman Homes. NV Nov. 28, 2006

²² 01/2003 Mold Litigation Defense Firm, Gordon & Rees, Significance ACOEM Mold Statement

²³ 02/2007 “Ambush Above the Fold” ACOEM Rebuttal to Wall Street Journal Article

5. VERITOX, INC.

Veritox, which bills itself as an environmental risk management company, is a prolific provider of defense witnessing to the insurance industry in mold cases, as well as a corporate author of papers used to support that business. Published in 2004, Reference No. 7 in the ACMT Paper is called “Risk from inhaled mycotoxins in indoor office and residential environments - Kelman BJ, Robbins CA, Swenson LJ, Hardin BD.”²⁴ The authors of this paper are all principals of Veritox, and they are also the employers of Sudakin - the ACMT Paper's author.²⁵

The VeriTox principals have testified repeatedly that their ACOEM Mold Statement and the IOM Report are in scientific agreement. As merely one example of this, on April 14, 2006 when providing expert testimony before the Arizona courts, Dr. Kelman stated under oath, “The positions are nearly identical. The IOM report is -- covers a much broader scope.”²⁶ On that same day, a Kelly hearing was being held in the California courts regarding admissibility of the Veritox modeling theory.²⁷ The judge in that case found the VeriTox modeling theory to be unscientific. He called it a “huge leap” to parlay data borrowed from a single rodent study into a conclusion of absence of all human illness.²⁸ The primary document used before the California court to discredit the VeriTox modeling theory was the IOM Report - *the very same one* - that Dr. Kelman was simultaneously testifying in another court was “nearly identical”.²⁹

With the California ruling, it was established that the scientific understanding of the authoritative IOM Report does *not* condone the ACOEM/VeriTox modeling theory as scientific evidence regarding human illness or lack thereof. Since 2002, when the ACOEM Mold Statement was published, that same unscientific modeling theory has been used extensively in the courts to deny physical illness and thereby also deny financial liability by stakeholders with moldy buildings. Finally, after 4 years, a court had looked past all the window dressing of supposed endorsements and into the actual meat of the report only to find there was nothing there.

It is not difficult to understand the possible motivation for Sudakin, as an expert defense witness and VeriTox employee, wanting to publish a new medical association position paper (the ACMT Paper) in an attempt to disparage the true science of the IOM Report. Only two months had passed since the California ruling. Since they could no longer claim the Institute of Medicine agreed with them, the VeriTox authors could really only reverse positions and attack the IOM Report instead. What is more difficult to understand is why ACMT would cooperate with VeriTox's aims. ACMT holds itself out to be an “association of physicians with recognized expertise in medical toxicology”, while the Veritox theoretical model had just taken a plain-language drubbing in the very courts where it was intended to be used to advantage. ACMT is also a group the CDC is funding and referring the public to as an authoritative source concerning toxicity. Thus, by its *own* ‘association’, the federal government has now been drawn into the machinations of the expert defense witnessing business. Nothing in the CDC Mission Statement, which is “to promote health and quality of life by preventing and controlling disease, injury, and disability” mentions brokering public health policy, either directly or through its grantees and contractors, for business interests. Nothing in the Constitutional responsibilities of the Executive as a whole invites this kind of relationship with industry, and there is much in the Code of Federal Regulations which applies in precisely the opposite direction - *and for very good reason*.

Even *after* the California courts found that the modeling theory for the ACOEM Mold Statement was not consistent with the IOM Report in 2006, and even *after* an employee of the authors of the ACOEM Mold Statement wrote a paper about those inconsistencies that same year, in February of the following year, Dr.Guidotti was still telling the ACOEM membership that their ‘Evidence

Based' Mold Statement was consistent with the IOM Report in his rebuttal to the front page Wall Street Journal article. The claim of consistency is false and Dr. Guidotti knew, or should have known this. Beside all of the other instances showing this not to be the case, in April of 2006 the Board of Directors of ACOEM was directly informed of the matter.³⁰ Dr. Guidotti was an ACOEM Board Member and incoming President at the time. Multiple written requests were made to speak before the Board of Directors May meeting regarding the retraction of the erroneous Mold Statement. The Board repeatedly denied the requests to speak, which clearly stated the topic:

The subject we would like to discuss is the ACOEM's retraction as a Position Statement representative of 7000 physicians, the Adverse Human Health Effects Associated with Molds in the Indoor Environment, Accepted October 27, 2002.

...

The document has been improperly used to stifle medical understanding and as a legal weapon against the ill, who find themselves caught in the web of the "Toxic Mold Issue". The paper is not based on legitimate scientific evidence. Nor are its findings significant and conclusive enough to be provided the elevated stature of a Position Statement of an influential medical association.³¹

It should be noted that Fedspending.Org has documented that Dr. Kelman of VeriTox has also served as an expert witness for the United States Department of Justice, and has been compensated over \$200,000 for this service. It is unknown which environmental risk or proof of causation about which he was testifying. In the past, Dr. Kelman has been an expert willing to witness for Big Tobacco, health effects from exposure to TCE's, breast implants, and numerous other types of environmental exposures.³²

This type of business activity is anything but new to ACOEM. In 2006, ACOEM's own regular publication, the Journal of Occupational and Environmental Medicine, was involved in the widely reported ethics scandal that was a real-life follow-up to the investigation that inspired the film "Erin Brockovich". Another environmental risk management company called ChemRisk falsely published the results of some research into chromium in drinking water as a carcinogen. This practice is sometimes referred to as "seeding the literature" with the intent of influencing public policy. The article was cited by the EPA in allowing chromium in wood treatment, by ATSDR in a further report discounting the effects of chromium as a carcinogen, and quite nearly made its way into California law related to drinking water standards thanks to ChemRisk's founder and CEO, Dennis Paustenbach, being seated on the panel making the recommendations. The ACOEM journal was finally forced to retract the fraudulent article. Despite all this, Paustenbach received a 2002 appointment to the Board of Scientific Counselors for CDC's National Center for Environmental Health. Despite being informed of his activities, Director Julie Gerberding chose to take no action.³³

²⁴ 02/2004 Risk from inhaled mycotoxins, Veritox

²⁵ [2005, 2006, 2007 Testimonies of VeriTox indicating five or six principals, varying.](#)

²⁶ 04/14/2006 Abad et al, v. Creekside Place Holdings, Testimony of Bruce Kelman

²⁷ 05/ 2006 Harold v. Westmont Construction, Overview of case by Harris Martin Publishing

²⁸ 04/14/2006 Harold vs. Westmont Construction, Excerpts in Judge Kenny's own words.

²⁹ [04/06/2006 Harold v. Westmont Const, Motion To Exclude Modeling Theory Citing IOM Report.](#)

³⁰ 06/15/2006 Email correspondence to Barry Eisenberg, ACOEM, regarding Harold/Kelly Ruling

³¹ 04/06/2006 Email correspondence with Barry Eisenberg, Request to speak before the board

³² 2005 VeriTox contracts with the Department of Justice as Expert Witness (ongoing).

³³ June, 2006. ChemRisk. EHP Online (Online.)

6. ACMT PAPER AT ODDS WITH OWN SOURCE REFERENCE

Again, the key sentence in the ACMT paper is:

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)”

Reference Number 8 for the ACMT Paper is an actual research (not review) paper entitled “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.³⁴ Satratoxin is a potent toxin released by *stachybotrys*, often found in water-damaged buildings. The paper concludes:

These findings suggest that neurotoxicity and inflammation within the nose and brain are potential adverse health effects of exposure to satratoxins and Stachybotrys in the indoor air of water-damaged buildings.

The conclusion of this paper is the exact opposite of the ACMT Paper. The focus of this paper was not about establishing theoretical dose response effects for humans in indoor environments. It is a research paper meant to better understand *routes* of exposure to a single mold toxin, satratoxin, in order to determine if olfactory and cognitive difficulties occur. The paper concluded that exposure to this mycotoxin does indeed cause these symptoms to occur in rodents. Once again, a Veritox-authored paper seems to have difficulty settling on the meaning and intent of other papers cited to support its preferred conclusion.

³⁴ 2006 Islam Z, Harkema JR, Pestka JJ. “Satratoxin G from the Black Mold *Stachybotrys chartarum* Evokes Olfactory Sensory Neuron Loss and Inflammation in the Murine Nose and Brain”. Excerpts. *Environmental Health Perspectives* 114:1099-1107 (2006). doi:10.1289/ehp.8854 [Online 27 February 2006]

7. AMERICAN ACADEMY OF ALLERGY, ASTHMA AND IMMUNOLOGY

A particularly interesting phrase from the ACMT paper refers to immunoassay tests:

...but they do not provide any information about exposure to mycotoxins and therefore they have no role in exposure assessment in this context. The American Academy of Asthma, Allergy, and Immunology (AAAAI) has addressed some of these issues in their recent position statement on health effects from mold exposure (15).³⁵

Reference No. 15 in the ACMT Paper was the AAAAI Position Statement, “The medical effects of mold exposure. *Journal of Allergy Clinical Immunology*” - Bush RK, Portnoy JM, Saxon A, Terr AI, Wood RA.³⁶ This paper is commonly referred to as the “AAAAI Mold Statement”. It was published in February of 2006 and was co-authored by Dr. Andrew Saxon - the same allergist Hardin and Kelman selected to help author the ACOEM Mold Statement. Although himself a prolific expert witness for the defense in mold litigation, according to Dr. Saxon’s testimony, the AAAAI Mold Statement and the ACOEM Mold Statement are the only two medical papers he has authored in regard to mold-induced illness.³⁷

The AAAAI Mold Statement claimed to be in agreement with both ACOEM Mold Statement and the IOM Report:

Thus we agree with the American College of Occupational and Environmental Medicine evidence-based statement and the Institute of Medicine draft, which conclude that the evidence does not support the contention that mycotoxin-mediated disease (mycotoxicosis) occurs through inhalation in nonoccupational settings.

Like the others in this series of medical association position papers, the AAAAI Mold Statement has also been publicly criticized regarding the conflicts of interest surrounding its origin, purpose, and scientific foundation. The Center for Science in the Public Interest wrote of its experts’ failure to disclose their conflicts of interest³⁸ as did award-winning environmental journalist Dick Russell.³⁹ The AAAAI received complaints from over two hundred scientists, physicians, and citizens from across the United States and Canada regarding its acceptance of this paper as representative of the position of thousands of allergists.^{40,41}

One of the physicians listed as an author of the AAAAI Mold Statement, Dr. Portnoy, was not even aware the paper had been published. Upon becoming informed of its final contents, Dr. Portnoy repudiated authorship and requested that his name be withdrawn.^{42,43,44} Not only had AAAAI failed to disclose the Conflict of Interest of those chosen to author their position statement, it had failed to gain Dr. Portnoy’s acceptance of the final version of the paper prior to its publication.

Over time, the collateral furor associated with the paper continued to mount as expert witnesses for the defense in mold litigation attempted to use the paper as a scientific weapon against the ill.⁴⁵ Despite all the evidence of conflicted interests and false science, in the end AAAAI chose to merely acknowledge the many letters of complaint, but failed and refused to retract their Mold Statement.^{46,47} VeriTox, in the person of Hardin, Kelman, and their associate Saxon, responded to the litany of complaints by letter, insisting that the ACOEM Mold Statement was somehow mischaracterized and only relied upon the science available at the time, as though its wild assumptions and cornucopia of unsupportive references appear only by virtue of the science having moved forward since then. But, if that were the actually the case, then continually quoting

the 2002 ACOEM Statement would make even less sense. One more time, the claim was made that the ACOEM Report and the IOM Report are somehow in agreement.

The VeriTox authors and Saxon conclude their rebuttal with the following:

Like ACOEM and the Institute of Medicine,⁹ the AAAAI has done a service by providing a concise overview of what mold-related health effects actually can or cannot be supported with sound science. Patients who believe their health has been harmed by indoor mold benefit from evidence-based medical practices. Misdirected medical evaluations and treatments that lack a sound basis in medical science and that address unproven etiologies do not contribute to identification and effective treatment of root causes for the patient's distress.

This last would like to leave us with the impression that VeriTox has some superior form of knowledge that the thousands of patients involved are being 'distressed' by a mere belief, egged on by unscrupulous physicians. Not typical of legitimate scientists, this style of attack on patients is universally favored by defense teams in legal cases, where it is almost universally suggested that the plaintiff suffers from previously undiagnosed psychiatric problems, drug or alcohol addictions, lack of moral character on the part of the treating physicians, or all of the above.⁴⁸ Any of those rather florid proposals would fall well outside professional purview of AAAAI allergists or the VeriTox toxicologist authors.⁴⁹

These private medical organizations exist in large part to promote and disseminate their views to others. They are successful in no small part because their marketing efforts also include continuing education courses which are often flavored more like industrial propaganda than strictly informational course materials. The attached course slides are an excellent example of this. Note the last two slides, where survey answers not in agreement with ACOEM's official position are simply ignored and not reported. Where VeriTox talks about what patients 'believe', ACOEM is likewise not afraid to promote whatever it feels its member physicians ought to 'believe'.⁵⁰

³⁵ 06/2006 American College of Medical Toxicology Mold Paper

³⁶ 06/2006 American Academy of Allergy Asthma & Immunology Mold Statement

³⁷ 11/28/2006 Saxon, A. Testimony in deposition given in Hake v. Coleman Homes. NV.

³⁸ 04/2006, 05/2006, 01/2007 Center for Science in the Public Interest

³⁹ 09/2006 Environmental Writer, Dick Russell, Presentation Italy

⁴⁰ 09/2006 Endorsers of "Nondisclosure of conflict of interest is perilous" letter

⁴¹ 09/2006 Names of those in support of Rigor, Transparency Disclosure letter

⁴² 02/2006 Emails Dr. Jay Portnoy

⁴³ 11/28/2006 Testimony Andrew Saxon, Hake vs. Coleman Homes, Las Vegas NV

⁴⁴ Spring, 2006 Journal of Allergy and Clinical Immunology adds expert witness testimony to disclosures

⁴⁵ 2006 Ammann Deposition, Frasier v Townhouse Homes, NY

⁴⁶ Summer, 2006 Letters of Complaint Regarding AAAAI Mold Statement

⁴⁷ 09/2006 Thomas Platts-Mills Response & Refusal to Retract

⁴⁸ 2006 Stone DC, Boone KB, Back-Madruga C, Lesser IM. "FORENSIC APPLICATIONS: Has the Rolling Uterus Finally Gathered Moss? Somatization and Malingering of Cognitive Deficit in Six Cases of "Toxic Mold" Exposure". The Clinical Neuropsychologist, 20:766-785, 2006, Taylor & Francis Group, LLC. ISSN: 1385-4046 print /1744-4144 online DOI:10.1080/13854040500428459

⁴⁹ 01/2007 Hardin, Kelman and Saxon Rebuttal in the Journal of Allergy and Clinical Immunology

⁵⁰ Ducatman, Course on mold-related illness.

8. U.S. CHAMBERS OF COMMERCE

Although Dr. Saxon has testified that he has only authored two mold papers (the ACOEM Mold Statement and the AAAAI Mold Statement), there is a third mold paper that Dr. Saxon is listed as co-authoring along with Dr Hardin, Dr. Kelman, and Dr. Robbins of VeriTox.⁵¹⁵² Sometimes referred to by the authors as a 'lay translation' of the ACOEM Mold Statement, this third paper was written at the request of the U.S. Chambers of Commerce in 2003. That paper may be found on the website of the National Association of Realtors titled, "Moldy Claims, the Junk Science of "Toxic Mold".⁵³ Dr. Saxon has testified he did not author it, has never read it and knew nothing of this paper. If it is true as he claims under oath, that Dr. Saxon did not author this paper, then one of the most significant papers over the mold issue, paid for by the US Chamber, cites false authorship and was written exclusively by three principals of a corporation who generate substantial income as expert witnesses for the defense in mold litigation.

The VeriTox authors of the ACOEM Mold Statement were paid a commission of \$40,000 to convert the purportedly unbiased and scientific ACOEM Mold Statement into lay terminology for the Chamber.⁵⁴ Although the two papers are very similar in verbiage, the main 'translation' lies in the ending sentence:

Thus the notion that 'toxic mold' is an insidious secret 'killer' as so many media reports and trial lawyers would claim is 'Junk Science' unsupported by actual scientific study.

In July of 2003, with the involvement of the Manhattan Institute think-tank and former real estate developer U.S. Congressman Gary Miller (R-Ca), the "Chamber Mold Statement" was shared with the real estate, mortgage, building and insurance industry's own respective associations. The actual title for the paper is "A Scientific View of the Health Effects of Mold, Hardin BD, Saxon AJ, Robbins CH, Kelman BJ, US Chamber of Commerce/Center for Legal Policy".⁵⁵ The topic of "Public Health" would not appear to have much to do with the paper's intentions.

⁵¹ 11/28/2006 Saxon, A. Testimony given in deposition. Hake v Coleman Homes.

⁵² 05/18/2005 Kelman Testimony in Adair on origins of the 2 papers

⁵³ 07/2003 National Association of Realtors, "Moldy Claims, The Junk Science of 'Toxic Mold'"

⁵⁴ 06/22/2004 Kilian v Equitable Trust, Testimony Bruce J Kelman

⁵⁵ 07/17/2004 US Chamber of Commerce, "Fighting for your business"

9. INSTITUTE OF MEDICINE REPORT DISCREDITS OTHER CLAIMS

The following sums up the chain of events that have caused the sick to be unable to obtain proper medical treatment while stakeholders of moldy buildings have been provided an unethical shield from financial liability.

In February of 2002, ACOEM specifically brought two PhD's of an environmental risk management company into their organization to write an "evidence based statement" regarding illness from microbial contaminants found within water damaged buildings. One of the PhD's had recently retired as a high level employee of NIOSH. Dr. Borak, overseer of the ACOEM peer review process wrote:

ACOEM will enroll you as an Associate Member (the category for PhD's, as contrasted to MD's) at no cost for the first year. That will be an advance 'thank you' for your contributions, specifically the preparation of a scientific position paper on the subject of mold, indoor air quality and health.

...

That position paper would be prepared by you and your GlobalTox colleagues. We ask that you and/or Dr. Kelman be listed as the first authors, as you two will be the ACOEM members on the authorship list.

In October of 2002, the completed ACOEM Mold Statement claimed:

Levels of exposure in the indoor environment, dose-response data in animals, and dose-rate considerations suggest that delivery by the inhalation route of a toxic dose of mycotoxins in the indoor environment is highly unlikely at best, even for the hypothetically most vulnerable subpopulations.

In July of 2003, the US Chamber of Commerce translated the meaning of the above statement while blatantly calling all of those claiming illness to be liars and shared its position with the association of stakeholder industries. The translation was:

Thus the notion that 'toxic mold' is an insidious secret 'killer' as so many media reports and trial lawyers would claim is 'Junk Science' unsupported by actual scientific study.

In May of 2004, in complete contradiction to what was being promoted by ACOEM and the US Chamber, the IOM Report concluded:

Except for a few studies on cancer, toxicologic studies of mycotoxins are acute or short-term studies that use high exposure concentrations to reveal immediate effects in small populations of animals. Chronic studies that use lower exposure concentrations and approximate human exposure more closely have not been done except for a small number of cancer studies.

Thus results of animal studies cannot be used by themselves to draw conclusions about human health effects.

In February of 2006, while attempting to back up and establish some credibility that the erroneous finding of the occupational physicians' ACOEM Mold Statement is scientifically consistent with the IOM Report, the allergist' AAAAI Mold Statement claimed:

Thus we agree with the American College of Occupational and Environmental Medicine evidence-based statement and the Institute of Medicine draft, which conclude that the evidence does not support the contention that mycotoxin-mediated disease (mycotoxicosis) occurs through inhalation in nonoccupational settings.

In April of 2006, the courts became wise to the discrepancies and, citing the IOM Report, concluded that the modeling theory used by the risk management corporation Veritox being promoted by the leaders of two medical associations and the US Chamber of Commerce was an unscientific "huge leap" when determining the implausibility of human illness. The judge was quoted as saying:

The concern I had with regard to the animal studies was – was related to the modeling, to the extent that you have got her doing this literature review, coming up with a theory, postulating her theory, and then really having nothing to substantiate her theory with regard to the modeling other than the literature review. And I – I think that is a huge leap. There is nothing there that is talking about the correlation between the humans and the animals.

Two months later, in June of 2006, the Veritox authored ACMT Paper sought to recoup by discrediting the IOM Report - that was used to discredit the risk management company, VeriTox.- While citing only the VeriTox authored modeling theory (and one paper that makes the exact opposite finding) ACMT, the toxicologists' medical association, concluded:

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.

Three months after that, in September of 2006, the AAAAI was being watched by the Center for Science in the Public Interest. AAAAI agreed to run letters of complaints made by many scientists and physicians, yet refused to retract their mold statement even when the false science had been directly brought to their attention. Thomas Platts-Mills, President of AAAAI wrote:

The authors of the position paper have extensive experience in the field, and they applied clearly defined criteria in evaluating the published evidence. In addition, the position paper was reviewed by the Board of Directors of the AAAAI in November 2005. Thus, although reasonable persons might disagree with the emphasis of the article in some areas or with any particular details, it has been determined that there is no reason for withdrawing the position paper.

[It should be noted that Dr. Platt's Mills is documented in the late 1990's as receiving \$590,000 in grant money from the now defunct Big Tobacco front group, the Center for Indoor Air Research.⁵⁶]

Four months later, in January of 2007, the inconsistencies, conflicted interests and lack of scientific foundation among the medical association papers were discussed in detail in a front page Wall Street Journal article. The article quoted Dr. Harriet Amman of the IOM Committee as saying:

They took hypothetical exposure and hypothetical toxicity and jumped to the conclusion there is nothing there.

Yet one month after that, in February of 2007, the President of ACOEM, Dr. Tee Guidotti was still feigning innocence over ACOEM's abuse of public and government trust and was still claiming the IOM supported his and AAAAI medical associations' industry friendly science. Dr. Guidotti wrote:

ACOEM is not alone in its interpretation of the evidence. For reasons that are unclear, David Armstrong, the WSJ reporter, chose to imply that the ACOEM statement is at odds with the report of the Institute of Medicine (IOM), Damp Indoor Spaces (see below). A careful reading of both will show that the two are compatible, as are both with the more recent statements of the American Academy of Asthma, Allergy, and Immunology...

The statement was initiated by the College precisely because the topic is important in environmental medicine. The lead author who was chosen (a retired Assistant Surgeon General) had no conflict of interest at the time – none.

We cannot even cast this scenario generously as a term of art. It was, and still is, simply and plainly not the truth. The same exposure modeling theory promoted by ACOEM, AAAAI, and ACMT is all based solely on that single, never duplicated, calculation invented by an environmental risk corporation and promoted by stakeholder industries and their medical gatekeepers^{57,58,59,60}

While the IOM Report acknowledges there is still much to be learned, the IOM conclusion rightfully remains a source of consternation and embarrassment to those who profess to have proved a negative with no real experience and no real data. Through the misapplication of erroneous dose-response modeling theories, the medical gatekeepers of commerce have perpetrated a great fraud and injustice on the American public for the sole purpose of limiting liabilities of financial stakeholder of moldy structures.

As of today, August 2007, the modeling theory used by ACOEM, AAAAI, and ACMT, found unscientific and harmful to the health of American citizens, is still being presented as 'evidence based science' before many courts. When attempting to portray the VeriTox/ACOEM modeling theory as accepted science before the courts, Dr. Kelman and others have testified that these illnesses "could not be" and, "the levels at which we see effects is just too great."⁶¹ They fail to mention that neither they - nor anyone else - have ever "seen" any such thing. The foundational numbers have never been postulated, let alone duplicated, by any respectable scientific body - although they have been parroted repeatedly.

The judge in the California case did what so many before him had failed to do - he simply read the reports and applied logic. ACOEM says this type of illness is not possible, while IOM says we do not yet know. The ACOEM Mold Statement was published two years before the IOM Report was published in 2004. As noted in the IOM Report, by 2004, there had still been no studies done that correctly simulated human exposure - meaning the calculations of ACOEM in 2002 were not considered valid by IOM, and were ignored. The same holds true today.

When one looks in detail, all of these medical association position papers are authored by only a handful of the same prolific expert witnesses for the defense in mold litigation, Drs. Sudakin, Kelman, Hardin, Saxon, Terr, Robbins, Swenson, and their associates. All make a nationally significant, yet unscientific, conclusion which negatively impacts the lives of millions. What is most alarming about this is that the governing bodies of all of these medical associations have allowed the defense experts' conclusions to be projected as if to reflect the collective opinion of their thousands of physician members. And in her response letter to MCS America in June 2007, even Dr. Julie Gerberding, acting officially as Director of the Centers for Disease Control and

Prevention, is referring the sick to those very same medical associations as the authoritative source on illness brought on by exposure to toxicants.⁶²

One can only ask: What individuals govern these chosen medical associations? What are they promoting as national medical protocol? Why are government agencies referring to them for expert advice? And who, if anyone, is providing government oversight?

⁵⁶ Platts-Mills and the tobacco industry

⁵⁷ 2004 IOM Report Excerpt - Limitations of Rodent Studies

⁵⁸ 2006 AAAAI Mold Statement Abstract

⁵⁹ 2002 ACOEM

⁶⁰ 2006 ACMT Comment IOM Report

⁶¹ Haynes v Adair Homes, Testimony Bruce J. Kelman

⁶² CDC Director to MCS America

10. CANADIAN ENVIRONMENTAL PROTECTION AGENCY

In contrast to the U.S. Government/CDC funded endorsement of the ACMT, ACOEM and AAAAI proposition that “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”, the Canadian government does *not* support this conclusion. The influential U.S. medical associations’ rodent modeling concept is not accepted as valid science on the subject anywhere outside the United States.

Instead, in agreement with the IOM Report, the Canadian Environmental Protection Agency (CEPA) adopted new guidelines in March of 2007.⁶³ A portion of the guidelines were made in reference to current scientific understanding of illnesses caused by mold exposure in water-damaged buildings. CEPA found that:

Exposure to indoor mould is associated with an increased prevalence of asthma-related symptoms such as chronic wheezing, irritation symptoms, and non-specific symptoms; and In laboratory animal studies, instillation of fungal antigens (Penicillium sp. and Aspergillus sp.) and fungal cell components [(1->3)-β-D-glucan] resulted in an inflammatory response in the lungs of rodents, while instillation of Stachybotrys chartarum spores resulted in severe histological and biochemical changes.

In absolute contrast to the AAAAI, ACOEM, and AMCT statements, CEPA concluded:

The large number of mould species and strains growing in buildings and the large inter-individual variability in human response to mould exposure preclude the derivation of exposure limits.

Even with the above having been written into law, Canada is not immune to the conflicts of interest of the matter on this side of the border. In July 2007, at the International Union of Toxicology, International Congress of Toxicology Conference in Montreal, Veritox presented another theory to prove why it is scientifically impossible for humans to experience symptoms indicative of toxicity from exposure to microbial toxins found in water damaged buildings. Instead of math applied to data from a single rodent study, this time they tossed moldy lemons into a wastebasket. Once again, no actual measurements of any toxins were made at all. Guesses were made as to the quantity of toxins which *might* be present - if the spore count was correct - and the Veritox conclusion was made:

Despite the findings of learned bodies, there continue to be concerns throughout North America and Northern Europe about mycotoxins from mold spores in indoor environments.....Even at these relatively high spore levels, our data indicates that the spore levels measured and potentially-associated doses of mycotoxin are not sufficient to cause adverse effects.⁶⁴

Presumably, those “learned bodies” would be the same medical associations whose position papers have been publicly questioned, professionally protested, and found legally unworthy. IUTOX is a professional organization comprised of toxicology societies and toxicologists worldwide. It is not plausible that such an organization could find tossing moldy lemons into a wastebasket to be a scientifically founded method of determining absence of human illness from exposure to microbial toxins found in water damaged buildings.

⁶³ 03/2007 Canadian Environmental Protection Agency (CEPA) Guidelines

⁶⁴ 07/17/2007 The Lemon Toss

11. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

An additional example of the influence the VeriTox modeling theory has had on government and public understanding of mold-induced illnesses is the 2006 handbook of the Occupational Health & Safety Administration (OSHA), “Preventing Mold-Related Problems in the Indoor Workplace - A Guide for Building Owners, Managers and Occupants.”⁶⁵

The OSHA handbook ignores the findings of thousands of peer-reviewed papers regarding toxicity from microbial contaminants, including the findings of the IOM Report, but cites the ACOEM Mold Statement three times. It also cites an additional paper by principals of Veritox, Inc. three times. Mimicking the financial risk management party line and discounting that there are numerous toxins simultaneously present in water damaged buildings, the OSHA document finds:

....and according to recent studies, mycotoxins have not been shown to cause health problems for occupants at concentrations usually seen in residential or commercial buildings (12, 29, 31). Adverse health effects that may be due in part to mycotoxins have been reported to occur among agricultural workers. However, these effects are due to the inhalation of very high levels of molds (e.g., in silage and spoiled grain products) that are orders of magnitude greater than the typical exposures that might be seen when mold is found growing in the indoor environment.

In addition to all of this, the handbook cites another ACOEM member and prolific and long time expert witness for the defense in mold and other toxic torts, Dr. Ronald Gots. Dr. Gots was the subject of a 2000 NBC News Dateline investigation into claims denials by State Farm Insurance, for which the reporter won a Peabody Award in 2001. To quote from the investigative piece entitled “The Paper Chase”:

*...secretly orchestrated the supposedly independent medical results, helping author reports and dictating changes to medical opinions that led to lower recommended payments for medical claims.*⁶⁶

In 2002, Dr. Gots was sponsor and lead presenter of a mold seminar at Georgetown University entitled, “Mold Medicine & Mold Science, Practical Applications for Patient Care, Remediation & Claims”.⁶⁷ Among the papers presented were several by authors who generate substantial income as expert witnesses for the defense in mold litigation. The history of some in that group may be found in the University of California, San Francisco Tobacco Legacy Library.⁶⁸ The seminar was kicked off with a presentation by Dr. J. Donald Millar, retired Director of NIOSH. (Millar was Bryan Hardin of Veritox, Inc.'s former boss at CDC). As a second career, Millar is now a consultant with PathCon Laboratories of Norcross, GA, which also made a presentation. Two other authors, Dr. Elena Page and Dr. Douglas Trout, are still employed by NIOSH. A presentation was also given by principals of Veritox. The conference concluded with an advertisement for Gots' medicolegal defense services.

In 2006, OSHA chose to reference Dr. Gots' work as an authoritative source regarding illness from mold toxin exposure in indoor environments over the exact opposite findings of the IOM Report. And still today, this OSHA document stands as a government-endorsed guideline regarding the implausibility of toxicity from exposures in water-damaged buildings.

Several questions arise: Why was our government presenting at a mold seminar sponsored by a publicly known and somewhat notorious expert at denying claims on behalf of State Farm

Insurance? How did Dr. Gots become an 'expert' on mold induced illnesses?⁶⁹ Who made the decision that NIOSH should participate in this seminar? For what purpose did NIOSH participate in the seminar?

⁶⁵ 11/2006 Preventing Mold-Related Problems in the Indoor Workplace - A Guide for Building Owners, Managers and Occupants

⁶⁶ 2000 The Paper Chase

⁶⁷ 05/2002 ICTM Mold Seminar, Georgetown University

⁶⁸ To Date, UCSF Tobacco Legacy Library ICMT Presenters

⁶⁹ 11/28/2006 Gots Testimony Hake v. Coleman Homes. NV.

12. ASSOCIATION OF ENVIRONMENTAL CLINICS

Illustrating how misinformation has been dispersed to the medical community with the direct assistance of government funding is the Association of Occupational and Environmental Clinics (AOEC). According to its website, AOEC is a non-profit organization with most of its clinics focusing on occupational and environmental medicine. In addition to its website, AOEC operates its own official listserv out of the University of North Carolina. The AOEC listserv is funded by both AOEC and ACOEM, which describe themselves as 'sister organizations' and share a significant crossover of leadership and members.

To very briefly explain the myriad relationships between AOEC and ACOEM, UNC, EPA, and the CDC, we must start with the AOEC leadership role. Dr. Guidotti of ACOEM sat at the helm of AOEC prior to assuming leadership of ACOEM, as did the two ACOEM presidents before him, Dr. Cheryl Barbanel and Dr. Timothy Key.^{70,71} Bonnie Rogers, PhD. is the current President of the Board of Directors of AOEC. Although AOEC and ACOEM remain separately incorporated, the 'sister' relationship is a close one, forged in part through ACOEM's assumption of the word 'Environmental' into its name and through activities undertaken by both groups because of their shared interests and views.

Various Occupational Medicine associations have been sending representatives to sit on committees of NIOSH's National Occupational Research Agenda (NORA) program since its beginning in 1996.⁷² Among them are AOEC and ACOEM. AOEC President Bonnie Rogers is possibly the longest-running industry member of the NORA project, although she has represented more than one private Occupational Medicine association to the CDC over the years while seamlessly retaining a position as Chair of the Liaison Committee.^{73,74,75} among the groups Rogers has officially represented is UNC. Rogers has also very prominently signed some of NIOSH's official annual reports of its activities, which are ultimately used to obtain further agency funding from Congress.^{76,77} Culminating 10 years of this relationship, Rogers and the AOEC Board of Directors now have control of millions of federal dollars routed through AOEC to fund the Pediatric Environmental Health Specialty Units (described in the following section) and other projects. AOEC's website states that it:

“...receives significant financial support through multi-year cooperative agreements with the Agency for Toxic Substances and Disease Registry and the National Institute for Occupational Safety and Health.”

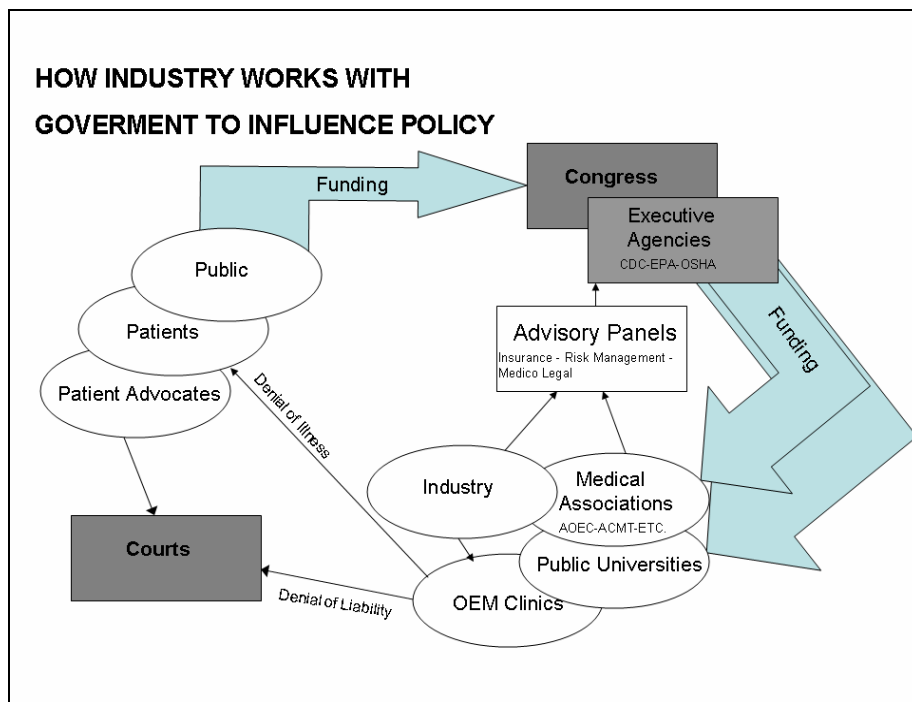
Under these agreements, AOEC is charged with developing curriculum materials for occupational and environmental health education and providing continuing education programs for primary care practitioners and others. The federal funding is to be used to aid in identifying, reporting and preventing occupational and environmental health hazards and to provide a means for occupational/environmental health clinics to share information that will better enable them to diagnose and treat occupational/environmental diseases. In addition, most of the AOEC clinics are situated on college campuses housing medical schools, or participate in training and residency programs with the local medical schools. Some of the clinics also offer Continuing Medical Education courses to practicing clinicians. And in this way, the industry-preferred views are thrust right into environmental medical practices - with the U.S. government's considerable help.

The AOEC leadership generally parrots ACOEM's disdain for those made ill from microbial toxins found in the indoor environment. In April 2007, an April Fools joke was penned by the AOEC Executive Director Kathy Kirkland and former AOEC Board and ACOEM member Dr. Gary Greenberg. Greenberg runs the AOEC listserv at UNC. The gist of the April Fools 'jest' was:

“Toxic Mold Causes Memory Loss, Judgment Effects”. The page was a copy of an official FDA website page, sporting a biting satire of mold patients created by substituting the word ‘mold’ for ‘gelatin mold’, with a picture of a brain made out of Jell-o. The ‘joke’ was hyper-linked to the FDA and made to appear as if it were an official joke of the US government. It was then shared, through the AOEC funded, and thus government funded, UNC listserv with occupational and environmental physicians worldwide. Despite complaints from patient advocates and a rather amazing shuffle of mea culpas and finger-pointing from the page’s authors, the page remains published on the AOEC website at UNC today.^{78,79,80} The two organizations made it plain that they will not be swayed by patient sensibilities, even if those patients are ultimately bearing the costs.

In addition to retaining control of federally-funded activities intended to benefit the public, ACOEM actually produces the Standard of Care for Worker’s Compensation claims in various states, most notably California. Under State Senate Bill 988, the guidelines are the law workers compensation physicians must follow.^{81, 82} With regard to mold-related illnesses, workers compensation benefits are often denied on the advice of both AOEC and ACOEM physicians who believe mold exposure cannot cause severe illness. A survey of AOEC physicians indicates that two out of three do not believe mycotoxins cause severe illness.⁸³ Given the information provided to all these physicians through the government and leadership of their medical associations, this misinformed bias is understandable, if unacceptable.

Several AOEC physicians cite the ACOEM Mold Statement as reasons to deny workers compensation claims of mold-induced illnesses.⁸⁴ Similar to some ACOEM members, various AOEC physicians then generate income as expert witnesses defending this position in workers compensation disputes or civil litigation.^{85,86} Depending on how the AOEC clinic is affiliated with local medical schools, the fees either go into the physician’s own bank account, or else a large percentage of the expert witness fees goes directly into the coffers of the university hospitals.⁸⁷ As such, through the federally-funded capacity to influence occupational health care, corporations provide such physicians and teaching universities with a source of income and have proliferated undue and improper influence over multiple branches of the government, physicians, and both private and public policy with regard to mold-induced and other environmental illnesses. The following illustration shows the path by which this takes place.



Virtually nothing has been done in the way of unbiased further research into these particular illnesses, although millions have been poured into clinics which deny the illnesses outright. The government-funded AOEC clinics use the OSHA, ACMT, ACOEM and other medical associations' 'educational materials' when evaluating injured workers on behalf of insurers and employers. Our government refers those made ill from mold exposure to the physicians of AOEC and ACOEM. To state that the AOEC and ACOEM 'sisters' have their fingers in quite a lot of public pies would not be an understatement.

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- ⁷⁰ 2003 Kirkland, Katherine. "VIEW FROM VERMONT AVE.". Newsletter of the Association of Occupational and Environmental Clinics 10 (2003) 3:5
- ⁷¹ 2003, 2005 AOEC Newsletters
- ⁷² 04/2006 U.S. Dept. of Health and Human Services, "NORA 10 Years: The Team Document" DHHS (NIOSH) Publication No. 2006-121: "Foreword". Online Jul.29, 2007.
- ⁷³ 07-29-2007 Rogers, B. "Liaison Committee Perspective" CDC. Nora9903. May 24, 1999. Online Jul. 29, 2007.
- ⁷⁴ 10/26/2004 "Steps To A Healthier US Workforce: October 26, 2004 Symposium Agenda". CDC/NIOSH. 2004. Online Jul. 29, 2007.
- ⁷⁵ 04/10/2007 CDC/NIOSH. "National Occupational Research Agenda Sector Council Co-Chairs" NIOSH eNews. Excerpt. Online Jul. 29, 2007
- ⁷⁶ 2008 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2008 (Placed on Calendar in Senate. Online 07/29/07.)
- ⁷⁷ 2008 Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2008 (Engrossed as Agreed to or Passed by House)
- ⁷⁸ 04/2007 Overview of the April Fools Missive
- ⁷⁹ 04/02/2007 Email, AOEC Director Kathleen Kirkland
- ⁸⁰ 04/01/2007 April Fools Joke that was shared with Occupational physicians worldwide.
- ⁸¹ 2006 Under California Senate Bill 899 Insurance Profits Reach Record Highs
- ⁸² ACOEM Guidelines and SB988
- ⁸³ PowerPoint survey of AOEC members WVU Medical School Course Material
- ⁸⁴ Physicians Given Opportunity to Review
- ⁸⁵ 2006 to Present UC IRVINE Exponent PEHSU AOEC Document Excerpts, various
- ⁸⁶ NJH AOEC Physician Deposition
- ⁸⁷ 11/28/2006 Saxon, A. On Expert Witnessing Money to University

13. PEDIATRIC ENVIRONMENTAL HEALTH SPECIALTY UNITS

The government funding for the Pediatric Environmental Health Specialty Units (PEHSU) comes from CDC and is routed through the AOEC. The conflicts of interest in having those physicians who serve industry left in control of the government funding meant to be used to advance the understanding of environmental illness in children is not in the public's best interest, to say the least. The known history within occupational medicine of undue industry influence predicated on limiting financial risk for industry is simply too great to ignore.⁸⁸

As noted earlier, in addition to serving as President of ACOEM, Dr. Tee Guidotti is the Director of the GWU AOEC and its PEHSU. He serves as merely one example of those in control of what our government is funding and promoting as legitimate environmental science. Using a PowerPoint presentation intended to educate physicians of America regarding environmental illness and cynically entitled "Environmental Justice", Dr. Guidotti is actually teaching that "justice" regarding illnesses brought on by the environment is "complicated" by those who are experiencing long term health effects after excess exposure to toxicants and toxins. He has opined that:

“...environmental sensitivity...and other junk science has complicated this...”⁸⁹

In addition to all the other functions he serves, Dr. Guidotti also provides expert witness testimony in mold litigation. Disregarding the known neurotoxic effects from exposure to microbial toxins, recent documentation shows he has diagnosed "dementia" upon examining a teacher who has been excessively exposed to mold toxins in a water-damaged building.⁹⁰ Despite this diagnosis, the Washington Post reports that a jury found the injured teacher was rightfully due her worker's compensation from a mold exposure in her school environment.⁹¹

The misinformation being institutionally disseminated in this matter affects more than the environmentally injured who are seeking worker's compensation or who are involved in other litigation for their injuries. Because the information is proliferated through the AOEC clinics to their host teaching hospitals and universities, physicians nationwide are being misled. The vast majority of the environmentally ill find it very difficult to obtain competent medical care. Frustrated citizens often report visiting physician after physician only to be dismissed as uninformed or suffering psychiatric complaints, when it is more likely that the physician is uninformed and suffering industrial affects.⁹² Mothers have found themselves diagnosed as having Munchausen by Proxy Syndrome for taking their children from physician to physician in an effort to seek medical care that is currently not available to them. On more than one occasion, these mothers have found themselves faced with Child Protective Services attempting to take their children, merely for stating they think their children are sick from mold exposure. Families are literally being blown apart in order to please the aims of industry.^{93,94}

In October, 2007, the George Washington University PEHSU will be co-hosting - along with ATSDR and the EPA - the 5th Annual Conference on Children's Health and the Environment.⁹⁵ Among the slated topics will be possible environmental factors influencing autism, environmental terrorism and preparedness in school settings, environmental changes and their contribution to the obesity epidemic, forecasting child health issues due to climate change and a presentation and discussion of case studies in pediatric environmental health. Without doubt, the predetermined outcome of the upcoming government funded 5th Annual Conference on Children's Health and the Environment will be nothing more than the usual litany: "Proof of

causation is lacking. Evidence Based Medicine does not support the existence of these illnesses” and “More research is needed. More government funding is required”.⁹⁶

It is of grave concern that the leaders of occupational physicians, who work closely with insurers and employers to limit financial risk, are being given such a significant role in the understanding environmental illness in children. One of the most effective ways to limit financial risk for industry is to deny that a pollutant or chemical is the cause of an environmental illness. Another is to deny the illness itself. The very idea that a child could easily be referred through the CDC to a clinic where that child may be seen by a physician who stands prepared to not only deny their illness, but to testify against them and their parents in court for the sake of saving industry from financial risk is absolutely unconscionable.

⁸⁸ [06/02/2006 ACOEM Journal - Conflict of Interest](#)

⁸⁹ [2007 PEHSU – Environmental Junk Science](#)

⁹⁰ [10/06/2005 Guidotti diagnoses dementia](#)

⁹¹ [07/22/2007 Washington Post – Maryland Teacher](#)

⁹² [10/16/2005 Hysteria and the Rolling Uterus](#)

⁹³ [2003-2005 The Fisher Case](#)

⁹⁴ [10/31/2006 to Present The Howarth Case](#)

⁹⁵ [2007 – Announcement, GWU Children’s Health Conference](#)

⁹⁶ [2004 SB 506](#)

14. EVIDENCE BASED MEDICINE

Environmental illnesses brought on by microbial and chemical exposures are increasing in the United States at an alarming rate. Autism in children, Chronic Obstructive Pulmonary Disease, obesity, asthma, and a whole host of autoimmune diseases are becoming more prevalent by the day. The mold issue makes an excellent case study showing why much busywork is taking place, but little to nothing is actually being accomplished to properly educate the physicians of American about causes and treatment protocols for these environmentally induced illnesses. It is difficult to believe that Congress, being told repeatedly that it was building ‘partnership’ with industry in approaching public health policy, had any idea that the arrangement might be taken as permission for these private organizations to ‘partner’ taxpayer funding and corporate influence in order to take over public health policy altogether. The real root of the problem is that the CDC is actively and enthusiastically outsourcing environmental medicine to the most conflicted medical specialty in existence – occupational medicine.

The crux of the matter is not simply that we don't know *enough* - it is that industry, and the medical organizations that serve industry, deliberately stonewall medical knowledge in favor of risk management. They have obtained the informational and financial buy-in of both the CDC and OSHA, and in return have been given charge of advancing the understanding of environmentally induced illnesses. From sitting on panels which actually determine the national research agenda, to delivery of information to medical students, to actively attacking sick and injured citizens who ultimately end up seeking justice through the courts, these industrial interests have managed to gain an institutionalized stranglehold on both public health policy and the very public it was intended to serve.⁹⁷

The term for this present situation is ‘paralysis by analysis’. It is an intentional approach well known to Brian Hardin, one of the ACOEM Mold Statement’s authors. While still employed at NIOSH, Hardin had been interviewed on the topic himself as early as 1995. He stated:

*“Pursuit of more and better scientific data can be used very effectively by forces whose interests are served by avoiding action, by delaying action... ‘paralysis by analysis’”.*⁹⁸

This approach is also well documented in the history of Big Tobacco marketing. All science requiring an unrealistic burden of proof before causation of illness from cigarettes could be established was deemed to be “Sound Science”. Any innovative advancement that threatened to prove causation was shunned by Big Tobacco proponents as “Junk Science”.^{99,100} Today, the movement supported by occupational medicine and the proponents of industry is called ‘Evidence Based Medicine’. What this term really means is that a courtroom standard burden of proof must be established before an industry is found responsible for an environmental illness, and by extension, that the same burden must be met before a patient may obtain care. The ACOEM Mold Statement is an “Evidence Based Statement” that serves to illustrate who is actually determining what is, or is not, evidence.^{101,102,103}

⁹⁷ 1994 Burson-Marsteller. The EURO Marketing Plan comes to America

⁹⁸ 1995 Environmental Health Perspectives, Hardin “Paralysis by Analysis”

⁹⁹ Sound Science, Junk Science

¹⁰⁰ 06/2007 Kramer, Letter to Senator Clinton

¹⁰¹ 07/2001 Guidotti and Rose – “Science on the Witness Stand”

¹⁰² 2002 AOEC Review of “Science on the Witness Stand”

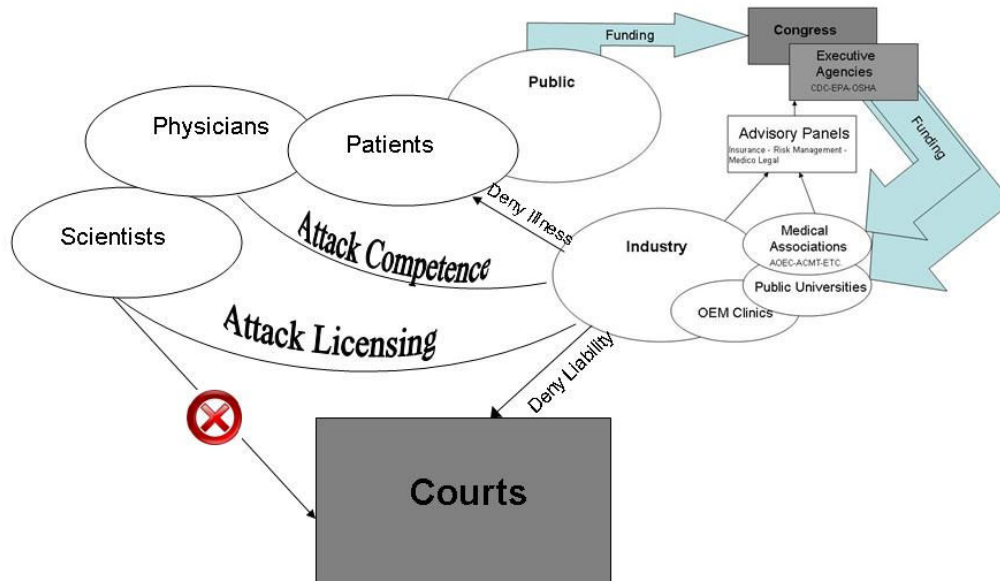
¹⁰³ 04/2007 AAMC Article by Guidotti

15. TACTICAL RISK MANAGEMENT – A NEW LINE OF ATTACK?

In recent years, several environmental physicians have paid the price personally for attempting to further the understanding of causation and treatments for environmental illnesses. As merely one example, Dr. Robert Sinaiko was forced to defend his medical license from attack by the California Medical Board for successfully treating neurocognitive disorders with antifungals.¹⁰⁴ The physician who served as the expert challenging Sinaiko's treatments was Dr. Abba Terr, a prolific mold expert defense witness and co-author of the AAAAI Mold Statement. The problem of harassing physicians is pervasive, not only in the realm of environmental medicine, but for all physicians who dare to challenge the path of Evidence Based Medicine. Chiropractors have been denied payment for their treatments of chronically ill and injured patients. Surgeons have been subjected to sham peer reviews and have lost hospital privileges for wanting to treat outside the realm of what insurers (aka Evidence Based Medicine) dictate is necessary.¹⁰⁵

For the mold treating physicians, the last half of 2005 appeared to be a particularly interesting year. A number of mold treating physicians who had been active in the field for years found themselves of being accused in the courts, in the media, and before state medical boards and state departments of health of basically practicing quackery.¹⁰⁶ They were relieved of university posts and journal editor positions.¹⁰⁷ These do not appear to be isolated incidents. They appear to be an orchestrated attack driven by a new tactic - shut down the physicians who are successfully treating mold patients, and you effectively shut down the proof that mold causes illness.¹⁰⁸

RISK MANAGEMENT'S THIRD LINE OF ATTACK - Professional Licenses



If they cannot test or treat, they cannot testify!

This leads to more questions: What was the “technical writing” contracted by the CDC from VeriTox expert defense witness and ACMT Paper author Dr. Daniel Sudakin in 2005?¹⁰⁹ Why would Sudakin deny the contract existed while on the witness stand in Oregon and in his ACMT disclosure statement?¹¹⁰ Dr. Sudakin has also served as an expert when physicians and laboratories have been challenged for their licenses.¹¹¹ Is it possible the CDC has actually been assisting in orchestrating this endeavor?¹¹² The matter of physicians being harassed for refusing to follow medicine based on erroneous evidence has become so out of control and fraught with conflicted interests that in early 2007, thousands of harassed physicians attended a Whistleblowers conference in Washington DC, looking for protection from the Federal government.^{113, 114} The unwitting financiers of this insidious situation are the US citizens and taxpayers, who are paying for it both in terms of human suffering and through the economic costs that continue to soar out of control.

¹⁰⁴ 09/30/2004 Sinaiko Trial, CA

¹⁰⁵ 11/15/2005 Medscape – Sham Peer Review

¹⁰⁶ 08/06/2007 Dr. Rea

¹⁰⁷ 11/18/2005 Editor Change, Name Change - Archives of Environmental Health

¹⁰⁸ 11/2002 Renata Zilch and Daniel Sudakin

¹⁰⁹ 02/2005 Sudakin contract with CDC

¹¹⁰ 08/10/2005 Sudakin Testimony in Fain Case

¹¹¹ 08/10/2006 Sudakin Testimony on Immunosciences Labs.

¹¹² 07/20/2007 FOIA Request, Sudakin Contract, CDC

¹¹³ 03/27/06 Medscape – Reader’s Response What is Sham Peer Review

¹¹⁴ 05/16/2007 Whistleblowers Week in Washington Article

16. CONCLUSION

We recognize there are many strong statements made in this paper that question the motivations and direction of those charged with the protection of Public Health and the advancement of the understanding of environmental illnesses, and individuals and organizations to which they have outsourced those responsibilities. There are over one hundred exhibits attached to this paper confirming these statements. We invite the reader to examine, question, and verify them. To verify the validity and truth of this paper even further, simply ask any member of the ACOEM, AAAAI, ACMT, AOEC, PEHSU, IUTOX, ICT, NAR or the US Chamber of Commerce, or any employee of the CDC, ATSDR, NIOSH, EPA, or OSHA to provide even one actual research paper - not a literature review or medical association position paper - which has concluded that it is not plausible for humans to exhibit symptoms indicative of poisoning or toxicity after exposure to microbial contaminants found in water damaged buildings.

We are citizens and taxpayers of the United States of America. We and our children are not commodities to be assessed against the financial risks to industry. Nor are we to be subjected to erroneous “evidence based science” whose sole purpose is to establish a false and unachievable courtroom standard burden of proof before we are able to obtain medical treatment for the ever-increasing environmental illnesses we are experiencing.

Government oversight of the private sector to which government duties have been outsourced and stronger oversight of the public health agencies implementing these private sector directions desperately need to be enacted. Control of government funding and research meant to further the understanding of environmental illnesses needs to be disengaged from the hands of the inherently conflicted practice of occupational medicine.