Global Indoor Health Network (GIHN)

"Working Together for Healthy Indoor Environments"

PO Box 777308
Henderson, NV 89077-7308

globalindoorhealthnetwork.com

Discussion of Naysayers and Deniers

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Overview

To fully comprehend this issue, you need to understand why there has been such a strong and pervasive misinformation campaign by the naysayers and deniers to prevent medical professionals, the courts and the public from being accurately informed about the health effects of mold and related indoor contaminants? The short answer to the question is: Money.

The history of the mold issue has been documented by others, so we will not be presenting the entire history of this issue. Instead, this paper focuses on a discussion of the naysayers and deniers and includes a list of key players and some of their articles, presentations and papers. This is an update of the information about naysayers that was provided in our previous position statement. We believe this discussion will help the reader to further understand why the naysayers and deniers have worked so hard to prevent the truth from becoming known.

First, let's start with a definition of these two terms, as follows:

Naysayer: A person who denies, refuses or opposes something.[1]

Denier: A person who denies something, especially someone who refuses to admit the truth of a concept or proposition that is supported by the majority of scientific or historical evidence.[2]

For the purpose of this paper, we will use the term "naysayer" to represent the naysayers and deniers who work to deny the health effects of mold and related indoor contaminants in water-damaged buildings (WDB).

Naysayer: *A person who denies, refuses or opposes something.*

Denier: *A person who denies something, especially someone who refuses to admit the truth of a concept or proposition that is supported by the majority of scientific or historical evidence.*

A list of names of naysayers and a list of their published papers are provided in Appendix A and B at the end of this paper. Appendix B is presented in alphabetical order by the names of the lead authors for each item.

In other papers by the Global Indoor Health Network, we discuss a number of environmental toxins, most of which have already been accepted as capable of causing significant disease. Studying their individual histories of usage and the discovery of their harmful effects confirms that we, as people and as physicians, are usually slow to accept that these substances are capable of harming us and our children.

Our primary focus in this paper regarding the discussion of naysayers and deniers relates to the health effects of molds and the related contaminants in water-damaged buildings. These contaminants cause harm in water-damaged homes, schools and buildings around the world. However, because of the disinformation war being waged by the naysayers suggesting that human disease from these toxins cannot exist, people are being harmed, are unable to get proper

treatment and are being confused and misled by the inaccurate information being promoted by Big Business, government agencies and the naysayers.

Naysayers and Deniers

For more than 25 years, this controversy has played out in the courts and in medical arenas with Big Business and their naysayers ignoring the science and claiming that molds and the related contaminants in water-damaged buildings (WDB) do not cause illness. This paper will help you understand how and why Big Business created this controversy, the key players on their side of the equation, and why it continues to exist.

The most obvious clue to understanding how the naysayers have been able to perpetuate the myth that mold and related contaminants in water-damaged buildings are not harmful is to look at the list of references they include in each of their papers. In their writings, naysayers repeatedly ignore, overlook and disregard hundreds of published research papers on this topic and all human data published in peer-reviewed journals by treating physicians of mold illness patients.

This strategy to prevent the public from the learning the truth about the health effects of mold has been used previously by Big Business. This became abundantly clear during the U.S. government's investigation regarding the cover-up by the tobacco industry. In the government's final report about the tobacco cover-up, they said:

> *From at least 1954 to the present, Defendants engaged in parallel efforts to destroy and conceal documents and information in furtherance of the Enterprise's goals of (1) preventing the public from learning the truth about smoking's adverse impact on health; (2) preventing the public from learning the truth about the addictiveness of nicotine; (3) avoiding or, at a minimum, limiting liability for smoking and health related claims in litigation; and (4) avoiding statutory and regulatory limitations on the cigarette industry, including limitations on advertising. These activities occurred despite the promises of Defendants that (a) they did not conceal, suppress or destroy evidence, and that (b) they shared with the American people all pertinent information regarding the true health effects of smoking, including research findings related to smoking and health.*[3]

Just as the tobacco cover-up played out for more than 50 years, there is also a long history relating to the mold issue.

This same strategy to conceal documents and information, in order to prevent the public from learning the truth and to avoid liability, has been used by the naysayers involved in the mold issue for more than 25 years. As stated in the 2010 paper published by the Policyholders of America (POA), paraphrased as follows:

> *Inclusion bias has been raised by researchers, clinicians, and litigators with regards to publications put forth by the IOM (ACOEM, AAAAI and other naysayers). By intentionally deleting (or ignoring) materials that would not support the (naysayer) consensus opinion, the casual reader of that opinion would likely be unaware that such contradicting (i.e., accurate and up to date) data existed.*[4]

Because of this "game" (i.e., the Big Lie strategy) of including only select research papers published by their naysayer friends and ignoring, concealing or disregarding research that tells the truth about the health effects of mold, allopathic physicians, the media and the general public remain confused, misinformed and in the dark.

This history includes some notable lawsuits that resulted in multi-million-dollar settlements that caused by Big Business to pay attention and to set their "Big Lie" strategy in motion. The list includes the following cases and statistics that were discussed in the 2003 naysayer paper by the U.S. Chamber of Commerce titled "The Growing Hazard of Mold Litigation."[5]

- A highly publicized case involved a new courthouse in Martin County, Florida. It was completed in 1989 but abandoned in 1992 after complaints of illness by workers and visitors.
- Another big lawsuit at that time was filed in connection with mold problems in a new courthouse in Polk County, Florida. The courthouse was described as "a ten story, 500,000 square foot petri dish"
- In 1991, a new judicial center was opened in DuPage County, Illinois. The building was closed a year later due to claims of illness from more than 450 employees which resulted in a multi-million-dollar settlement.
- In 1999, an $8 billion landlord-tenant lawsuit was filed in New York by residents of a federally subsidized East Side housing development who had become ill due to a mold infestation in the building.
- At that same time, the infamous Ballard case had started, and it was getting national attention in the media. When the jury awarded the Ballard family $32 million in January 2001, Big Business took notice. The insurance industry started adding riders to their policies to exclude coverage for damage caused by mold.
- The insurance industry reported it paid $1.2 billion in mold claims in 2001 (in Texas alone).

These events led to a flurry of naysayer opinions and papers, and they continued to solidify their position from that point forward. See the table later in this paper for a list of many of the naysayers' papers that have been published.

Even today, the naysayers continue to push their false assumptions and inaccurate, out-of-date campaign of misinformation. One such false assumption is that ingestion[6] is the primary mechanism by which human mold illness can occur. Another incorrect concept is that there must be a very large amount of mycotoxin or mold spores in the air to harm humans.[7] Yet another misconception is that disease related to mold must be from an acute exposure and that this would cause greater harm to the human host than repeated, chronic exposure to lower levels of toxin(s).[8] There is no published human or animal evidence to prove that any of these suppositions are necessary for the mold-related illness argument to be accurate. Further, none of these mechanisms are even proposed by the pro-mold illness research community.

Fortunately, the tide is turning and the naysayers are being defeated. The naysayers' campaign of misinformation is losing ground as the facts and research are spreading worldwide. The war is not over, but the truth is shining through the gray clouds of doubt cast by the naysayers.

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ACOEM (American College of Occupational and Environmental Medicine)

The mold position statements (naysayer papers) published by the ACOEM (American College of Occupational and Environmental Medicine) in 2002[7] and 2011[9] have been used frequently in the courts to deny the claims of individuals and families who have been harmed by mold and related indoor contaminants in water-damaged buildings. The ACOEM 2011 paper showed very little change from the 2002 version, and the 2011 version did not reference any research paper after 2002.

A description of the ACOEM papers and the authors of those papers are provided, as follows:

> ACOEM (2002): Adverse Human Health Effects Associated with Molds in the Indoor Environment. The ACOEM 2002 position statement was prepared by (naysayers) "Bryan D. Hardin, PhD, Bruce J. Kelman, PhD, DABT, and Andrew Saxon, MD, under the auspices of the ACOEM Council on Scientific Affairs. It was peer-reviewed by the Council and its committees, and was approved by the ACOEM Board of Directors on October 27, 2002."
>
> ACOEM (2011): Adverse Human Health Effects Associated with Molds in the Indoor Environment (very little change from the 2002 version; no new research papers added since 2002). The ACOEM 2011 position statement was "prepared under the auspices of the Council of

> Scientific Advisors and approved by the ACOEM Board of Directors on February 14, 2011. This revised statement updates the previous (2002) position statement which was prepared by Bryan D. Hardin, PhD; Bruce J. Kelman, PhD, DABT; and Andrew Saxon, MD; under the auspices of the ACOEM Council on Scientific Affairs."

As noted above, the ACOEM 2011 paper did not reference any research paper after 2002.

In the world of medicine, the ACOEM 2011 paper was seriously outdated on the day it was published, making the paper's stand on mold-related illness completely irrelevant.

It's important to note that the ACOEM removed their 2011 paper from their website in early 2015.

Contrast the ACOEM papers with the hundreds of research papers that have been published on this topic over the past 30+ years. A good example that includes an extensive literature review is the paper published by the Policyholders of America (POA) in 2010 (prior to the ACOEM 2011 paper) titled "Research Committee Report on the Diagnosis and Treatment of Chronic Inflammatory Response Syndrome Caused by Exposure to the Interior Environment of Water-Damaged Buildings."

The POA paper contains over 550 unique citations including Institutional Review Board (IRB) approved prospective human experiments in peer-reviewed journals, animal, toxicological and mycological studies, building industry papers and reports regarding more than 50,000 patients worldwide.[4]

In addition, the 2010 POA paper documents the previously published literature of more than 50,000 patients (a staggering number) displaying aspects of this disease. Shockingly, some individuals and organizations continue to author reports claiming there is no human data, no credible evidence and no way can this disease exist.

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Big Business has been shown repeatedly to use this tactic regarding the dangers of their products, and the histories of such substances as radium, asbestos and coal are evidence of the same. Workers in these industries, and other industries, were exposed to dangerous materials for decades while those making the profits knew the potential harmful health effects. Perhaps the tobacco industry is the most glaring and current example of corporate hubris, claiming, for five

decades, that there was no evidence linking smoking to cancer and producing its own studies revealing that cigarette smoking was "safe." Hence, the era of junk science was not born, but was merely revealed.

As stated in the U.S. Government's final report about the history of the tobacco cover-up:

> *As set forth in these Final Proposed Findings of Fact, substantial evidence establishes that Defendants have engaged in and executed – and continue to engage in and execute – a massive 50-year scheme to defraud the public, including consumers of cigarettes, in violation of RICO. Moreover, Defendants' past and ongoing conduct indicates a reasonable likelihood of future violations.*[3]

In regard to the mold issue, it's the "Big Lie" all over again—say something long enough and loud enough and many will believe the lie.

The Big Lie Strategy

The "Big Lie" is a misinformation and propaganda tactic designed to deceive very large groups of people. The idea is to create a mistruth so large and grandiose that no one would attempt to disprove it, even if it were ridiculous. The lie needs to be repeated over and over and spoken authoritatively until people believe it.

This Big Lie strategy has been used many times throughout history. For example, the Big Lie was used in China in 1989 and ongoing since then to convince the populace that the government did not use tanks to mow down hundreds of citizens in Tiananmen Square to squelch pro-democracy protests (even though the carnage was televised live worldwide).

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As noted above, one of the most well-known examples of the Big Lie strategy can be seen when reviewing the history of the tobacco industry. Big Tobacco used the Big Lie for more than fifty years stating there were no scientific studies demonstrating that cigarette smoking caused lung cancer—even though they knew better and had studies that proved otherwise.

How does the Big Lie relate to mold? It has been proven that water, added to many modern building materials, leads to amplification of mold and bacterial growth. It has been shown beyond a shadow of doubt that some species of molds and bacteria found in WDB are capable of making toxins. Some of these toxins have been clearly demonstrated in thousands of patients to cause human health effects beyond mere runny noses and sore throats. Many of these patients have been treated successfully with documented symptom resolution or marked reduction and abnormal lab tests returning to normal.

Many treating practitioners are sufferers too. They learned firsthand about the impact that exposure to mycotoxins, endotoxins, etc. can wreak on the human body. Because of a long-established, even cherished, tradition of delayed acceptance of new concepts in allopathic medicine, these physician/patients had to search for fellow practitioners who possessed understanding. The Big Lie is a double slap in the face for these victims - first denying that their own personal illness exists, and then claiming the disease they treat successfully in others, as well as the data generated, are all figments of their collective medical imaginations.

It is very easy to connect these dots, just read the research, and follow the science. However, it is also easy to be deceived by the naysayers with their insufficient and outdated reports that claim that exposure to mold and related contaminants in water-damaged buildings cannot possibly cause serious human health effects and that there are no data in the literature that support the claims of serious human health effects.

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The Big Lie regarding mold is no vague conspiracy theory. It is prudent to remind the reader that "Big Business" has not always kept the health concerns of its employees first. The Radium Girls, the asbestos scandal, and the history of the coal mines in the U.S. and elsewhere are just three instances in which owners, management and even some industry-employed physicians were well aware of occupational health dangers, for decades, while the workers were given the Big Lie.

The very fact that the U.S. has unions, labor laws, a federally-mandated 40-hour work week and organizations such as the Occupational Safety and Health Administration (OSHA) are the result of some employers repeatedly being willing to make dollars at the health risk of those in need of a paycheck.

Sometimes, researchers and doctors have conflicts of interest. Some receive their pay from employers who desired a clean bill of health even though there were numerous health problems in the workplace. Rather than speak up, some remain quiet, or worse, agree to spread the mistruths.

When it was revealed that Big Tobacco had hired their own experts for decades to conduct thousands of internal experiments showing that tobacco was safe, it proved to everyone that research findings could be bought.

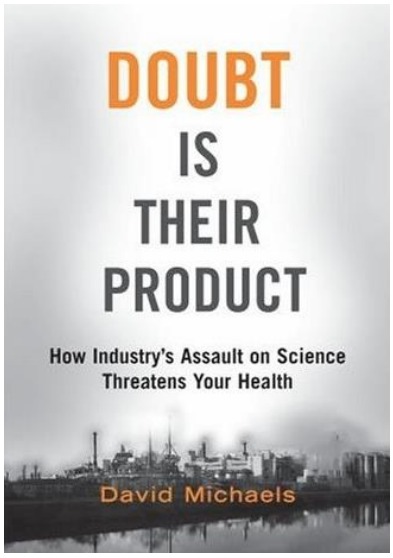
Similarly, the naysayers attempt to disprove irrelevant models while concurrently ignoring the last 30+ years of published reports.

A chilling 2010 report by White and Bero[10] documented six research manipulation strategies consistently used by five industries (tobacco, pharmaceutical, lead, vinyl chloride and silicosis-generating) to spawn and distribute "supportive research" and suppress "unfavorable

research" regarding their respective products and manufacturing practices. That approach is the very essence of "junk science."

Doubt is Their Product
(a slogan derived from the tobacco industry)

Many additional examples of industry's use of the "Big Lie" strategy are highlighted in David Michaels' book "Doubt is Their Product."[11]



Ironically, the name for the book came from the following statement written by one of the tobacco industry executives: "*Doubt is our product* since it is the best means of competing with the 'body of fact' that exists in the minds of the general public. It is also the means of establishing a controversy." Michaels provides an excellent summary:

> The practices perfected (by the tobacco industry) are alive and well and ubiquitous today. We see this growing trend that disingenuously demands proof over precaution in the realm of public health. In field after field, year after year, conclusions that might support regulation are always disputed. Animal data are deemed not relevant, human data not representative, and exposure data not reliable. Whatever the story—global warming, sugar and obesity, secondhand smoke—scientists in what I call the ''product defense industry'' prepare for the release of unfavorable studies even before the studies are published. Public relations experts feed these for-hire scientists contrarian sound bites that play well with reporters who are mired in the trap of believing there must be two sides to every story. Maybe there are two sides—and maybe one has been bought and paid for.[11]

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Maybe there are two sides—and maybe one has been bought and paid for.

From page 46 of the book:

> As the product defense work has gotten more and more specialized, the makeup of the business has changed; generic public relations operations like Hill and Knowlton have been eclipsed by product defense firms, specialty boutiques run by scientists. Having cut their teeth manufacturing uncertainty for Big Tobacco, scientists at ChemRisk, the Weinberg Group, Exponent, Inc., and other consulting firms now battle the regulatory agencies on behalf of the manufacturers of benzene, beryllium, chromium, MTBE (methyl tertiary-butyl ether), perchlorates, phthalates, and virtually every other toxic chemical in the news today.
>
> Their business model is straightforward. They profit by helping corporations minimize public health and environmental protection and fight claims of injury and illness. In field after field, year after year, this same handful of individuals and companies comes up again and again.
>
> The range of their work is impressive. They have on their payrolls (or can bring in on a moment's notice) toxicologists, epidemiologists, biostatisticians, risk assessors, and any other professionally trained, media-savvy experts deemed necessary. They and the larger, wealthier industries for which they work go through the motions we expect of the scientific enterprise, salting the literature with their questionable reports and studies. Nevertheless, it is all a charade. The work has one overriding motivation: advocacy for the sponsor's position in civil court, the court of public opinion, and the regulatory arena. Often tailored to address issues that arise in litigation, they are more like legal pleadings than scientific papers. In the regulatory arena, the studies are useful not because they are good work that the regulatory agencies have to take seriously but because they clog the machinery and slow down the process.[11]

In regard to the product defense work: ***It is all a charade.*** *The work has one overriding motivation: advocacy for the sponsor's position in civil court, the court of public opinion, and the regulatory arena. Often tailored to address issues that arise in litigation, they are more like legal pleadings than scientific papers.*

From page 47 of the book:

> Should the public lose all interest in its health, these product defense firms would be out of luck. Exponent, Inc., one of the premier firms in the product defense business, acknowledges as much in this filing with the Securities and Exchange Commission:
>
> > *Public concern over health, safety and preservation of the environment has resulted in the enactment of a broad range of environmental and/or other laws and regulations by local, state and federal lawmakers and agencies. These laws and the implementing regulations affect nearly every*

> *industry, as well as the agencies of federal, state and local governments charged with their enforcement. To the extent changes in such laws, regulations and enforcement or other factors significantly reduce the exposures of manufacturers, owners, service providers and others to liability, the demand for our services may be significantly reduced.*[11]

Exponent, Inc. began its existence as an engineering firm, calling itself Failure Analysis Associates and specializing in assisting the auto industry in defending itself in lawsuits involving crashes. ''Failure analysis'' is a standard methodology for investigating the breakdown of a system or machine, but the firm must have realized that ''Failure'' in its name might not work well outside the engineering world and switched to the more palatable Exponent, Inc., when it went public in 1998.

Exponent's scientists are prolific writers of scientific reports and papers. While some may exist, I have yet to see an Exponent study that does not support the conclusion needed by the corporation or trade association that is paying the bill.[11]

From page 49 of the book:

When a study by consulting epidemiologists discovered a high rate of prostate cancer cases at a Syngenta plant that produced the pesticide atrazine, Exponent's scientists produced a study that found no relationship between the chemical and the disease.

After numerous studies that linked pesticide exposure and Parkinson's disease appeared in prestigious scientific journals, Exponent's scientists produced a literature review for CropLife America, the trade association of pesticide producers, whose conclusion maintained that ''the animal and epidemiologic data reviewed do not provide sufficient evidence to support a causal association between pesticide exposure and Parkinson's disease.''

Exponent specializes in literature reviews that draw negative conclusions. The company's scientists have produced several reviews of the asbestos literature for use in litigation, all of which conclude that certain types of asbestos and certain types of asbestos exposure are far less dangerous than previously believed.[11]

From page 181 of the book:

In regard to asbestos harming auto mechanics because of the asbestos in automobile brake pads:

Scientists at Exponent, Inc. and ChemRisk have flooded the scientific literature with analyses that conclude that auto mechanics who repair asbestos brake shoes are not exposed to much asbestos and when they are, the asbestos has been transformed into non-toxic material. These studies do not come cheaply; between 2001 and April 2006 these two firms alone billed approximately $23 million to General Motors, Ford, and Chrysler for their work.[11]

The Big Lie Strategy in the Mold Issue

"Big Business" is involved in the mold issue too. Billions, if not hundreds of billions, of dollars are at stake, and as such, anyone reading any article claiming that chronic exposure to water-damaged buildings (WDB) cannot cause illness should take great care and consider the potential conflicts of interest the authors of such a paper might have. The reader need only review his/her homeowner insurance policy and note the rider, found in most, which excludes the insurer's liability for mold damage to the insured dwelling to see the reality of the situation. These exclusions did not exist 25 years ago.

The insurance policy riders prove that the insurance companies have known about mold for some time, yet they have not been active in educating the public, or physicians, about the dangers of moldy structures. Instead, they have quietly passed the expense of remediation from themselves to homeowners while allowing this public health debacle to silently escalate.

Landlords' and tenants' organizations discuss mold-related illness on their websites. The same is true in the building and legal industries. State and federal lawmakers are also contemplating what to do with moldy buildings as are their counterparts in other countries. Mold legislation has been passed in some states.

"Big Business" knows about mold and the sickness it can cause. They are using the "Big Lie" strategy to conceal the truth and to avoid liability for harm caused to individuals, families, employees and others.

Because of this strategy of concealment and denial, allopathic physicians are far behind in their understanding and awareness of this important health issue which means that injured families and employees do not receive the appropriate medical care or treatment.

In recent news events, another area where this Big Lie strategy is being used is in the ongoing debate regarding climate change. This topic is too large to discuss in our paper, but it is another good example of using the Big Lie techniques to support the position desired by certain entities.

The Role of Government Agencies

Most government agencies still follow and promote the inadequate reports issued by the naysayer organizations. However, a few government agencies have published reports that begin to reveal the truth about this issue, but Big Business and the naysayers have worked very hard to ignore, conceal and disregard those reports. The following information provides an overview of the involvement of several government agencies.

In the late 1970s, because of the energy crisis, the U.S. federal government issued subsidies and mandates to encourage energy-efficient buildings. This caused homes and buildings to become "too tight" which significantly reduced the indoor air quality.

Slowly, they began to realize the air quality problems they had created. From 1987-1991, indoor air quality became a hot topic and government agencies issued several reports on the topic. A discussion of these government agency reports is provided on the next few pages.

During that same time period (in 1989 and 1990), "indoor air legislation was introduced in the Congress that called for more direct focus on indoor air by establishing a national program to reduce the human health threat caused by such pollution. Although the Senate passed its indoor air bill, the Congress did not enact any of the proposed legislation. Similar legislative proposals were introduced in both houses of the Congress in 1991. These legislative proposals go beyond research and require more emphasis on source control and mitigation of indoor air pollution."[12]

There were several high-profile "sick building" events that also occurred at that time, including the following:

- In 1991, employees of the U.S. Environmental Protection Agency (EPA) filed a multi-million-dollar lawsuit claiming their building was making them ill.[13]
- Also in 1991, there was an outbreak of Legionnaires' disease in the Social Security Administration office in California, causing the death of 10 people.[14]
- There was another outbreak of Legionnaires' disease that same year in an Internal Revenue Service (IRS) building in Utah.[15]
- State and local governments also started seeing problems with sick buildings. Again, in 1991, the New Jersey Pollution Control Agency also made headlines for their sick building.[16]

These activities were a wake-up call for Big Business because these reports estimated the potential costs of poor indoor air quality in the billions of dollars.

In 1992, Dwight Lee, one of the naysayers included on our list, wrote a report titled "The Next Environmental Battleground: Indoor Air."[17] Lee provided his view of the costs that had been incurred by businesses due to the regulation of outdoor air pollution and strongly advised against government regulations on indoor air pollution.

Lee said government regulations on indoor air quality would be "devastating to the real estate industry and to workers in many industries—workers who would suffer from income reductions, lost job opportunities and even higher mortality rates."[17]

In his conclusion, Lee said ordinary house plants could be used to remove toxins from the air and the private sector could solve the problem through improved ventilation. It should be noted that Lee had also worked as an expert witness for the tobacco industry.

If you review the history of this issue, it is clear that the public narrative about indoor air pollution began to change at that time.

World Health Organization (WHO)

The World Health Organization (WHO) has gone further with their acknowledgement of the health effects of these exposures than all U.S. government agencies. In the 2009 report by the WHO titled "Guidelines for Indoor Air Quality: Dampness and Mould," they acknowledge the immunological and neurotoxic effects with the following statements:

> Indoor air pollution – such as from dampness and mould, chemicals and other biological agents – is a major cause of morbidity and mortality worldwide. (World Health Organization, 2009)[18]

> Exposure to microbial contaminants is clinically associated with respiratory symptoms, allergies, asthma and immunological reactions. (World Health Organization, 2009)[18]

> Mechanisms of injury include exposure to β-glucans, toxins, spores, cell fragments and chemicals followed by immune stimulation, suppression and autoimmunity as well as neurotoxic effects. (World Health Organization, 2009)[18]

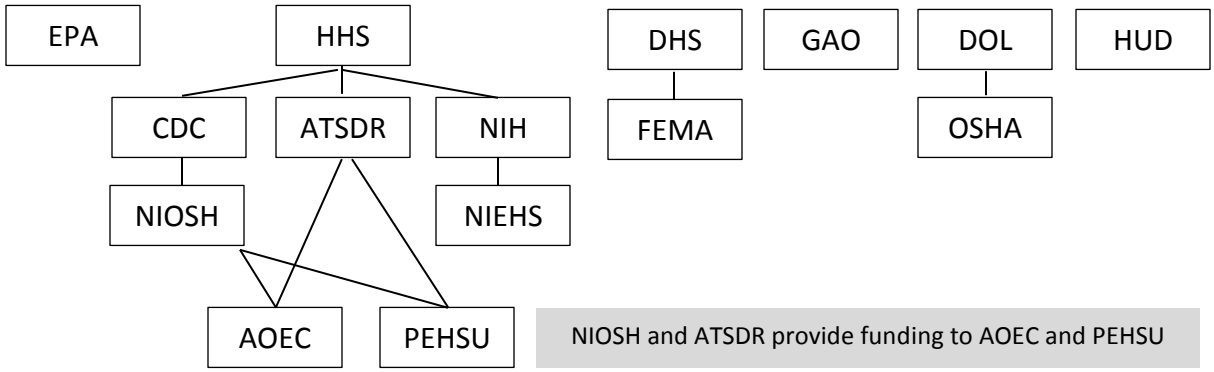
Indoor air pollution – such as from dampness and mould, chemicals and other biological agents – is a major cause of morbidity and mortality worldwide.

Because this report finally acknowledged the immunological and neurotoxic effects of these exposures, it was a good step in the right direction. However, there is much more they could do to advance this cause and to ensure that accurate messages are conveyed to the public and to medical organizations around the world.

Of note, the WHO 2009 report omitted numerous research papers that were available at that time. To see a list of some of the key papers that were omitted, go to our website.

U.S. Government Agencies and Affiliated Organizations

This next section will discuss some of the U.S. government agencies and their involvement in this issue. In order to help the reader understand the relationships between the different agencies, we will first present a diagram and a list of acronyms and names.



EPA Environmental Protection Agency

HHS Health and Human Services

- CDC (Centers for Disease Control and Prevention)
  - AOEC (Association of Occupational and Environmental Clinics)
  - PEHSU (Pediatric Environmental Health Specialty Units)

- ATSDR (Agency for Toxic Substances and Disease Registry)

- NIH (National Institutes of Health)
  - NIEHS (National Institute of Environmental Health Science)

DHS Department of Homeland Security

- FEMA (Federal Emergency Management Agency)

GAO Government Accountability Office

DOL Department of Labor

- OSHA (Occupational Safety and Health Administration

HUD Housing and Urban Development

Again, this list is not meant to be all inclusive. It just represents a sample of some of the key government agencies involved with this issue.

U.S. Environmental Protection Agency (EPA)

In the late 1980s, the U.S. Environmental Protection Agency (EPA) took a stronger stance in regard to indoor air pollution and issued other papers on this topic, including an extensive report to Congress in 1989. Here is one statement from that report:

> Health effects from indoor air pollution cover the range of acute and chronic effects, and include eye, nose, and throat irritation, respiratory effects, neurotoxicity, kidney and liver effects, heart functions, allergic and infectious diseases, developmental effects, mutagenicity, and carcinogenicity.[19]

Then, in their 2008 report titled "Mold Remediation in Schools and Commercial Buildings," they acknowledge that mold can cause allergic reaction, asthma, hypersensitivity pneumonitis and other immunologic effects. However, they go on to say that "evidence for other health effects in humans is less substantial and is primarily based on case reports or occupational studies."[20]

It's clear to see there was a significant weakening of their position from 1989 to 2008.

U.S. Centers for Disease Control and Prevention (CDC)

The CDC has not acknowledged the science regarding the health effects of mold in water-damaged buildings. One of the early signs of their naysayer view was in a paper presented to Congress in 2002 titled "State of the Science on Molds and Human Health," where they downplayed the health effects of mold. They said mold can cause respiratory effects, infections in immunocompromised patients in the hospital, and certain molds can cause cancer through ingestion of contaminated foods. However, they ignored many other research papers that had already been published, and they also said:

> We do not know whether molds cause other adverse health effects, such as pulmonary hemorrhage, memory loss, or lethargy. We also do not know if the occurrence of mold-related illnesses is increasing. Other than surveillance for hospital-acquired infections, there is no system to track the public's exposure to and the possible health effects of mold.[21]

This last sentence highlights the reason why the statistics in this field are limited.

In another interesting connection, the IOM 2004 report, which is discussed in this paper, was commissioned by the CDC.

In 2012, ten years after Redd's report to Congress, the CDC was still focused only on the respiratory effects caused by these contaminants in water-damaged buildings. The National Institute of Occupational Safety and Health (NIOSH-- a division of the CDC), issued a paper in 2012 with a very limited view that says mold only causes respiratory problems (see NIOSH in the table later in this paper).[22]

The CDC continues to deny the health effects of mold in water-damaged buildings, ignoring the large volume of research papers on this topic, and says that more research is needed.

Pediatric Environmental Health Specialty Units (PEHSU)

In addition to the CDC's connections with IOM and NIOSH, the CDC is also connected to the AOEC (Association of Occupational and Environmental Clinics) and the PEHSU (Pediatric Environmental Health Specialty Units).

These organizations are supposed to provide education to physicians about the health effects of environmental exposures, but they only teach the naysayer version regarding the health effects of mold and other contaminants in water-damaged buildings.

The AOEC and PEHSU are funded by NIOSH (a division of the CDC) and ATSDR (Agency for Toxic Substances and Disease Registry—an agency within HHS, the U.S. Department of Health and Human Services). The AOEC was created in 1987 and has partnerships with ATSDR, NIOSH and EPA.

PEHSUs were started in 1998. They have a national partnership with the EPA, and the PEHSU website is supported by the ACMT and the ATSDR. The EPA also provides funding to PEHSU through the ATSDR.

Association of Occupational and Environmental Clinics (AOEC)

The AOEC sponsored a workshop on December 11-12, 2003, at the Johns Hopkins Bloomberg School of Public Health, to discuss "Management of Mold-Exposed Individuals." Other sponsors included the Society for Occupational and Environmental Health (SOEH), the National Institute for Environmental Health Sciences (NIEHS), the National Institute for Occupational Safety and Health (NIOSH), and the Johns Hopkins Bloomberg School of Public Health.[23]

They participants agreed that allergic disorders and asthma could be ascribed to these types of exposures, and they recognized that certain pulmonary disorders had been reported in cases of heavy contamination (although they said it is relatively uncommon).[23]

They concluded the meeting with the typical answer that "additional research is needed." They also named two deliverables, but there is no evidence that those two documents have been written.[22] It is noteworthy that the report of this meeting listed only 42 references and most of those were written by the naysayers who have been discussed in this paper.

Agency for Toxic Substances and Disease Registry (ATSDR)

The ATSDR is an agency within HHS--the U.S. Department of Health and Human Services.

On November 28, 2014, the ATSDR issued a report titled "ATSDR Case Studies in Environmental Medicine (CSEM), Environmental Triggers of Asthma."[24] The report acknowledges that mold is one of the primary indoor air pollutants associated with asthma exacerbation.

They refer to the IOM 2004 report, but they also admit that further work has been done that indicates mold can lead to the development of asthma.

National Institute of Environmental Health Science (NIEHS)

The NIEHS is a division of the National Institutes of Health. NIH is part of the U.S. Department of Health and Human Service (HHS).

On the NIEHS website, they say that "inhalation is considered the primary way that people are exposed to mold," but "molds are generally not harmful to health humans."[19] So, they admit that inhalation is the primary route of these exposures, but then they say that molds are generally not harmful.[24]

They also state: "After contact with certain molds, individuals with chronic respiratory disease may have difficulty breathing, and people who are immunocompromised may be at increased risk for lung infection. A study conducted by NIEHS-funded scientists shows that mold exposure during the first year of life may increase the risk of childhood asthma."[25]

Like other government agencies, they admit the respiratory effects and say that immuno-compromised people may be at risk. NIEHS went one step further and concluded that mold exposure during the first year of life may increase the risk of childhood asthma. However, they still do not admit the other health effects, and their position does not reflect the full scope of scientific literature.

Although several government agencies and naysayers continue to hold on to their false belief that mold is only harmful to at-risk individuals such as infants, the elderly and immuno-compromised people, treating physicians have seen first-hand that mold can harm immuno-compromised and immuno-competent individuals.

Federal Emergency Management Association (FEMA)

FEMA is an agency under the U.S. Department of Homeland Security (DHS). In their November 1, 2007, reported titled "Mold & Mildew: Cleaning Up Your Flood-Damaged Home," FEMA acknowledged that "all molds, in the right conditions and high enough concentration, are capable of adversely affecting human health."[26]

They list several health problems that can be caused by mold exposure including respiratory, sinus, irritation of eyes, nose, throat and skin, aches and pains, and nervous system problems (i.e., headaches, memory loss and mood changes).

Although FEMA acknowledged more of the health effects of mold exposure, they still incorrectly recommend using bleach (as do several of the government agencies). As pointed out in some of our other papers, bleach should not be used. Biocides, including chlorine bleach, are toxic to humans and animals. Using bleach on toxic molds increases their toxicity by increasing their mutagenticity and their lipid solubility which allows these poisons to enter the skin and accumulate in lipid rich tissue such as fat deposits and the brain.

They had some good information in their 2007 report, but they now have only limited information on their website under the following heading: Dealing with Mold and Mildew in Your Flood-Damaged Home (last updated May 19, 2016). It is just 2 sentences and a list of six potential causes of water damage. Then, they refer the reader to the EPA and CDC websites for more information on cleanup, remediation and health hazards.[27]

U.S. Government Accountability Office (GAO)

The U.S. Government Accountability Office issued a report on indoor air pollution and mold in 1991[11] and then reissued that report with some minor changes in 2008.[28]

The 1991 report stated:

> In the 1970s, increased emphasis on energy conservation measures, such as using more energy-efficient building materials and reducing the air exchange rates of ventilation systems, resulted in increases in indoor air pollution in offices and homes.[12]

The 2008 report focused primarily on the need for "better coordination of research activities among government agencies." However, they did admit that inhalation is generally the most common route of exposure for mold in indoor environments, but they downplayed the impact of inhalation by saying that "the roles of these routes of exposures in causing illness are unclear."

The GAO also said that health effects from these exposures can arise due to allergic, infectious and toxic mechanisms. The report stated:

> Mold may affect human health through a number of routes and mechanisms. While inhalation is generally the most common route of exposure for mold in indoor environments, exposure can also occur through ingestion (for example, hand-to-mouth contact) and contact with the skin. The roles of these routes of exposure in causing illness are unclear. Once exposure occurs, health effects may arise through several potential mechanisms, including allergic (or immune-mediated), infectious, and toxic.[28]

On page 8 of the GAO report, they offer three criteria which, if all are met, credibly establish causation in the matter of this illness. These are:

1) epidemiologic associations,
2) experimental exposure in animals or humans that leads to the symptoms and signs of the disease in question, and
3) reduction in exposure that leads to reduction in the symptoms and signs of disease.[28]

In the case of this illness, these criteria have clearly been met, as follows: 1) There are a plethora of studies demonstrating epidemiologic associations between exposure to the interior of WDB (with the associated toxins) and the various symptoms and lab/imaging/neurobehavioral testing found in patients suffering from this illness. Literally tens of thousands of human patients[4] are also documented in the literature. 2) Many prospective animal studies have been performed which reveal that exposure to various mycotoxins, endotoxins and VOCs have harmful health effects.

Unfortunately, the GAO spent too much time talking about the IOM 2000 and IOM 2004 reports and very little time talking about all of the other research available. In fact, Appendix II lists only 22 research papers (which includes the two papers by IOM).

The GAO 1991 report also mentioned the federal legislation that was proposed at that time, as follows:

> In 1989 and 1990 indoor air legislation was introduced in the Congress that called for more direct focus on indoor air by establishing a national program to reduce the human health threat caused by such pollution. Although the Senate passed its indoor air bill, the Congress did not enact any of the proposed legislation. Similar legislative proposals were introduced in both houses of the Congress in 1991. These legislative proposals go beyond research and require more emphasis on source control and mitigation of indoor air pollution.

More than 10 years later, in 2002 and 2005, proposed legislation about the health effects of indoor mold was again presented to Congress. It has now been more than 25 years since that original legislation was presented, and we are still waiting for Congress to take action.

Occupational Safety and Health Administration (OSHA)

On November 8, 2013, OSHA updated their paper titled "A Brief Guide to Mold in the Workplace."[29] They admit that mold causes allergic reactions, skin infections, asthma attacks and systemic infections in persons with impaired immunity.

The paper also says:

> Molds can also cause asthma attacks in some individuals who are allergic to mold. In addition, exposure to mold can irritate the eyes, skin, nose and throat in certain individuals. Symptoms other than allergic and irritant types are not commonly reported as a result of inhaling mold in the indoor environment.[29]

However, they refuse to go any further and merely state that "scientific research on the relationship between mold exposures and health effects is ongoing," and "potential health effects from mycotoxins are the subject of ongoing scientific research and are beyond the scope of this document."[29]

Housing and Urban Development (HUD)

HUD's position on mold is very similar to the other federal government agencies.

On their website, they claim that mold only causes allergic reactions or triggers asthma attacks.[30]

They still recommend using bleach, and they even claim you can use disinfectant to kill any mold missed by cleaning.[30,31]

Commonwealth of Massachusetts

The 1989 report by a Special Legislative Commission in Massachusetts[32] is also noteworthy because of the parties involved in the process and because it confirmed the growing concerns about indoor air pollution.

This Special Legislative Commission brought together numerous elected officials, individuals from several government and private entities, and representatives from industry, including:

- Several U.S. Congressmen and Senators
- U.S. Environmental Protection Agency (EPA)
- American Lung Association
- Harvard School of Public Health
- Massachusetts:
  - Department of Public Health

        - Department of Environmental Quality Engineering
        - Department of Labor and Industries
        - State Board of Building Regulations
        - Association of Health Boards
        - Health Officers Association
    - Bingham, Dana and Gould (representative of the building materials industry)
    - AIRXCHANGE, Inc. (representative of the heating and ventilation industry)
    - Life Energy Associates (expertise in indoor air pollution mitigation)

As noted in the 244-page report, "sick building syndrome has been known since World War I, but the first published research paper on the topic did not happen until 1948 in England."[32]

Here are excerpts from the Massachusetts report:

> The Commission's efforts confirm the seriousness of the indoor air pollution health threat, which worsened with the energy conservation efforts of the 1970s. More insulation and tighter construction led to lower ventilation rates and build-up of contaminants.[32]
>
> Many 'sick' buildings have been identified where occupants suffer severe or recurring discomforts such as headaches, dizziness, fatigue, eye irritation, and respiratory problems. Other conditions attributable to indoor air contaminants include: cancer; bronchitis; pneumonia; heart, circulatory and respiratory problems; impaired vision; skin rash; chemical sensitivity; birth defects; and mental, nervous and immunological disorders.[32]
>
> The indoor air we breathe often contains pollutants which may have health effects ranging from annoying to deadly. Major pollutant types found in indoor environments include tobacco smoke, radon gas, formaldehyde, asbestos, volatile organic compounds, pesticides, combustion products and biological contaminants.[32]

The report also acknowledged that health effects of biological contaminants can be due to allergenic, infectious or toxicogenic properties.

The information in this section helps illustrate the interconnectedness of these government agencies and highlights the similarities in their messages and weakening of their position over the past two decades.

You can find additional information about government agencies and the statistics of this issue in our paper titled "Global Burden of Indoor Air Contaminants."

To read more about the involvement of these and other government agencies, please check our website. We have papers and reports by numerous local, state and federal and international government agencies posted on our website.

Why Don't Allopathic Physicians Acknowledge this Illness

The answer: They are being misled and misinformed by the naysayers/deniers and government agencies, and they are not receiving accurate information and education about this illness.

Why Don't Allopathic Physicians Acknowledge this Illness?
They are being misled and misinformed by the naysayers/deniers and government agencies, and they are not receiving accurate information and education about this illness.

Astute physicians and healers have been aware of the existence of environmental toxins for over a thousand years. The list of substances, both naturally occurring and manmade, which may cause harm to the human organism, is continually growing. Curiously, while heart disease, cancers and rare exotic illnesses frequently grab headlines, illness due to environmental sources, though incredibly common, often receive little or no media coverage. How many times is heart disease, cancer and other illness the result of environmental exposures?

Typically, little education is offered to allopathic physicians in their medical training on this subject. Hence, there is poor understanding of, and by many even contempt for, the concept that our environment is capable of slowly poisoning its inhabitants.

Occasionally, an environmental illness becomes national news overnight. Legionnaire's Disease, caused by the *Legionella* bacteria, became a media superstar in the summer of 1976 as hundreds of people became ill at the American Legion convention in Philadelphia, Pennsylvania. This is the exception for most environmental poisons, however. More typically, a few individuals discover the toxic potential of a substance, such as asbestos, publish, and yet it may take 3-4 decades for public and Western medical acceptance of the danger.

This delay in widespread awareness of novel science is not new and was certainly around in the times of Copernicus, Galileo and others, whose theories and proofs were opposed by powerful controlling bodies. In time, however, the truths of their works prevailed.

Costs and Benefits of Admitting the Truth

The cost of admitting the truth

"Big Business" has been aware of the mold issue for several decades. So, why are they denying the truth about the health effects of mold and related contaminants in water-damaged buildings? Once again, the simple answer is: Money.

At stake, who will pay for the cost of remediating, repairing, rebuilding or replacing water-damaged buildings?

Since the U.S. EPA estimates that up to one-half of all U.S. buildings are water-damaged, the bill to correct all these spaces is enormous. State and Federal governments do not want to pay this price, nor do school districts or other employers. Insurance companies have quietly exempted themselves via the addition of mold riders in their policies. They started adding these riders in the late 1990s when mold claims and lawsuits became big news stories.

Also at stake: 1) who pays for the medical care for injured workers, teachers and students and 2) who pays for the lost livelihoods of injured employees who are now disabled from environmental exposures in their work place?

Around the world, people are getting sick in the buildings where they live, attend school and work. Because allopathic physicians are not receiving accurate information and education about this illness, families and employees are not receiving appropriate medical care or treatment.

By keeping the issue hushed, "Big Business" is ignoring and avoiding their responsibility for remediating, repairing, rebuilding or replacing these water-damaged homes, schools and businesses. It is becoming increasingly difficult for the naysayers to hide the truth as countries around the world struggle to deal with the looming financial cost of their aging infrastructure. In the meantime, they are pushing the costs onto the "little guy" (e.g., the individual homeowners) and future generations.

The potential financial gains if the truth is known

If you look at the other side of the equation, billions of dollars could be saved if we implemented specific steps aimed at improving indoor air quality.

According to a 2000 report by Fisk, et al "the estimated potential annual economic savings plus productivity gains, in 1996 dollars, are approximately $40 to $200 billion" if we would implement specific scenarios to improve indoor environmental quality in U.S. office buildings.[33]

Imagine how big those savings would be if we also made these changes in schools, homes and other structures around the world.

Other cost estimates of health care, lost earnings, disability and lives lost due to indoor air pollution have been made—adding up to trillions of dollars. Details are provided in our paper titled "Global Burden of Indoor Air Contaminants."

Since widespread understanding in the lay and allopathic medical communities has yet to be achieved, these decisions are being made one by one in the courts. Hence, the emergence of junk science and the Big Lie to obfuscate the obvious—our environments can possess substances dangerous to human health—and some companies are making large profits by not addressing the dangers, insurance companies have revised their policies to exclude coverage for mold, some construction firms improve their bottom line by using poor construction techniques, and some schools are poisoning our children.

A Summary of This Issue and How It Is Harming Patients

The following statement is from a 2017 research paper in Finland. It provides a good summary of this situation and how it is harming patients and keeping them from getting proper medical care:

> Mold-related illness should not be viewed as a so-called medically unexplained syndrome, as has been claimed. In our opinion, providing these patients with cognitive or behavioral therapy is medically unethical—it represents a denial that mold-exposed individuals are suffering from a somatic illness. Moreover, cognitive/behavioral therapy is not effective. We can assume that providing the mold-exposed patient with only psychotherapy in combination with high dosages of corticosteroids while he/she continues to live or work in a hazardous environment is inappropriate "medication"; in fact, it will aggravate their risks of suffering severe morbidity and even dying.[34]
>
> On the basis of the present data, we think that it is irresponsible to claim that indoor molds cause only transient irritation symptoms and pose only a 1.5-fold risk for the development of asthma. Even though more and more knowledge is available on the mechanisms underpinning the health hazards associated with moldy environments, mold-related disease is still called a "non-disease," or "somatoform disorder," with some physicians trying to label it as a "fashionable" disorder, or stating that its sufferers are exhibiting hysteria. Mold-related illness is a somatic disorder; the symptoms are physical, not psychosocial problems, although this has been claimed for almost 20 years. In most cases, later it can become a psychosocial problem as patients suffer mental distress from their failure to convince physicians that they are ill.[34]
>
> Our data show that occupying an infested building for even 2–3 years (either a home or a school) can seriously impair the well-being of potentially healthy individuals, even to the extent of loss of life. Therefore, any attempt by governmental/medical authorities to deny the serious effects of toxic molds on human health should be combatted.[34]

Indoor air contaminants cause significant damage to health globally. It is staggering to comprehend the enormous impact on our global society as literally millions of individuals and families are harmed by contaminants inside our homes, schools and workplaces. The financial costs are equally staggering with estimates in the hundreds of billions of dollars.

Changes over the years in building philosophy, construction materials, pesticides, usage patterns, etc., along with new awareness and improved testing capabilities, have brought us to the understanding that some buildings are sick and can make their occupants sick. Shoddy construction practices and environmental disasters also contribute. Americans spend, on average, 22 hours a day indoors. As such, it is a disconcerting thought that the structures we live in, work at and where we educate our children might lead to significant and even deadly health problems.

As a society, we trust and even cherish many of these edifices. Yet some harbor hidden and harmful dangers.

Imagine how different things could be if the truth came to light and all vested parties worked together to improve indoor air quality in our homes, schools and businesses.

- Medical costs would drop significantly.
- Doctors would have accurate, reliable information and be able to provide proper medical diagnosis and treatment.
- We could reverse the huge increase in asthma rates and reduce the billions of dollars being spent on asthma-related illnesses.
- Builders and construction firms would have the information they need to create safe and healthy homes, schools and workplaces.
- Teachers and students could teach and learn in schools with healthy indoor air, increasing their productivity, improving their education and attendance, and increasing their chances for success in school and in the future.
- Employees could work in buildings with healthy indoor air, increasing worker productivity and decreasing sick days and workers' compensation claims.
- Disability claims would drop significantly, reducing the cost and administrative burden of the rapidly increasing number of social security and private employer disability cases.
- Poor indoor air quality situations would be handled correctly, enabling business owners and landlords to properly remediate and remove contaminants, and prevent homeowners, tenants and employees from losing their homes and jobs, as well as their lifetimes of achievements.

In other words, we would create a healthier, more productive society worldwide.

Imagine how different things could be if the truth came to light and all vested parties worked together to improve indoor air quality in our homes, schools and businesses.

◆

The campaign of misinformation by the naysayers and deniers is losing ground as the facts and research are spreading worldwide. The war is not over, but the truth is shining through the gray clouds of doubt cast by the naysayers.

Appendix A

List of Naysayers/Deniers

Some of the NAYSAYER/DENIER **organizations** who have participated in spreading this campaign of disinformation (about the health effects of mold and related indoor contaminants) are listed here:

- AAAAI (American Academy of Allergy, Asthma and Immunology)
- ACOEM (American College of Occupational and Environmental Medicine)
- AACT (American Academy of Clinical Toxicology)
- ACMT (American College of Medical Toxicology)
- AIHA (American Industrial Hygiene Association)
- AOEC (Association of Occupational and Environmental Clinics)
- ATSDR (Agency for Toxic Substances and Disease Registry)
- CDC (U.S. Centers for Disease Control and Prevention
- EPA (U.S. Environmental Protection Agency)
- Exponent (defense experts for big business)
- FEMA (Federal Emergency Management Agency)
- HHS (U.S. Department of Health and Human Services)
- IOM (Institute of Medicine)
- Insurance Companies
- NIEHS (National Institute of Environmental Health Science)
- NIOSH (National Institute of Occupational Safety and Health)
- OSHA (Occupational Safety and Health Administration)
- PEHSU (Pediatric Environmental Health Specialty Units)
- U.S. Chamber of Commerce
- Veritox (defense experts for big business, includes Bruce Kelman, Bryan Hardin, Coreen Robbins, Lonie Swenson). Veritox was previously named GlobalTox.

This list is not intended to be all inclusive. There are many other naysayers/deniers including numerous government agencies, media outlets and medical organizations.

The NAYSAYERS/DENIERS also include the following defense experts, defense attorneys and others listed in the tables on the next page.

List of Individual Naysayers/Deniers

Arora, Ajit S.	LaBar, Gregg
Assouline-Dayan, Yehudith	Larson, Jeremy R.
Bardana, Emil J.	Lee, Dwight R.
Barrett, Stephen J.	Lees-Haley, Paul
Bender, Bruce	Leong, Albin
Borchers, Andrea T.	Light, Ed N.
Burge, Harriet A.	Millar, J. Donald
Bush, Robert K.	Miller, J. David
Chang, Christopher	O'Reilly, James T.
Chapman, Jean A.	Page, Elena
Charlesworth, Ernest N.	Payne, James D.
Cheung, Hung K.	Pettigrew, H. David
Clark, Geneva L.	Phillips, Michael
Fisher, Daniel	Phillips, Scott
Franklin, Donald E.	Portnoy, Jay M.
Frazer, Jennifer Tucker	Powell, Robert
Gershwin, M. Eric	Rand, Thomas G.
Ghannoum, M.A.	Richardson, Kelly G.
Golden, David	Rizzo, Matthew
Gots, Ronald E.	Robbins, Coreen A.
Guidotti, Tee L.	Rudert, Amanda
Hagan, Philip	Saxon, Andrew
Harbison, Raymond D.	Schoenburg, Patrick S.
Hardin, Bryan D.	Selmi, Carlo F.
Hays, Steve M.	Sepkowitz, Kent
Hedge, Alan	Shoenfeld, Yehuda
Hein, Robert P.	Sudakin, Daniel L.
Hutchinson, Cliff	Swenson, Lonie J.
Jacobs, Robert L.	Sylvera, Darryl
Jarvis, Bruce B.	Terr, Abba I.
Jones, David V.	Teuber, Suzanne S.
Kelman, Bruce J.	Tranel, Daniel L.
Khalili, Barzin	Trout, Douglas
Khan, Farah	Truex, Bruce A.
King, Blair	Vance, Paula
King, Norman	Verhoeff, Armoud P.
Kirkland, Kimberly H.	Wedner, H. James
Kuhn, D.M.	Weiner, Howard M.
Kung'u, Jackson	Williams, C.W.
Kurt, Thomas L.	Wood, Robert A.
	Zalma, Barry

And many other defense experts and defense attorneys.

Appendix B

List of Papers, Articles and Presentations by Naysayers/Deniers

The following table provides a list of many of the papers and articles written by individuals and organizations who are participating in the campaign of misinformation regarding the health effects of mold and the related contaminants in water-damaged buildings. You will notice that many of the prolific authors of naysayer papers are listed multiple times.

Example: Ronald E. Gots

As one example, Ronald E. Gots' name is listed next to 25 items on this list. However, his Curriculum Vitae (CV) in 2012 lists more than 200 "selected" presentations, publications, articles and research papers. A majority of those items relates to mold or other environmental exposures and toxic tort litigation.[35]

It is important to note that his CV says it includes only a "selected" list of his professional activities. In several glaring omissions, his CV does not mention any of the multiple presentations and papers that he presented during the International Center for Toxicology and Medicine (ICTM) conference in Washington, D.C., May 13-14, 2002. (See the table below for a list of those items.) In fact, it doesn't even mention the conference, even though the conference was sponsored and presented by his company (ICTM). According to his CV, Gots was a Principal with ICTM from 1997 to 2002 and was the Chief Executive Officer of ICTM from 2002-Present.

According to his CV, Gots has no formal education in the field of toxicology. He started his education in 1961 with an A.B. degree in chemistry. The A.B. in chemistry "requires fewer and sometimes less rigorous courses in chemistry." In 1968, he earned an M.D. at the University of Pennsylvania. Then, in 1973, he received a Ph.D. in pharmacology. There is no mention of any education relating to toxicology.

In 2000, the NBC news show Dateline aired an investigative piece about State Farm's use of second opinions known as "paper reviews." These paper reviews are reports that are written by people hired by the insurance company. Dateline discovered that many times these reports are written by people who have no medical credentials. These hired "reviewers" write a report about the injured person, but they never actually see or examine the person. Ronald Gots was interviewed for this documentary, and he and his employer, Medical Claims Review Service, were named as participants in this process. When Gots was interviewed, he first said that doctors review the reports. Then, when he was told that a worker said that non-medical underlings actually did the work, Gots retreated and said nurses did them.[36]

This is a good example of why it is important to thoroughly investigate all experts hired by the insurance companies or other defendants.

The following list is not intended to be all inclusive, but it will give you an idea of the pervasiveness of these naysayers and their long-term pattern of denial. There are many additional naysayer papers and articles on this topic.

Author(s)	Title of paper or article	Date
AAAAI 2006 (American Academy of Allergy, Asthma and Immunology)	See the listing under Bush, Robert K.	2006
AACT (American Academy of Clinical Toxicology) and ACMT (American College of Medical Toxicology)	Ten Things Physicians and Patients Should Question (article for ChoosingWisely.org, September 26, 2013, 1-5 and March 26-2015, 6-10)	2013 and 2015
ACMT (American College of Medical Toxicology)	See the listing under Sudakin, Daniel L.	2006
ACOEM 2002 (American College of Occupational and Environmental Medicine)	See the listing under Hardin, Bryan D.	October 27, 2002
ACOEM 2011 (American College of Occupational and Environmental Medicine)	See the listing under Hardin, Bryan D.	February 14, 2011
AIHA (American Institute of Industrial Hygienists)	Volatile Organic Compounds (VOC): Criteria for New Construction – White Paper Sponsored by the AIHA Construction and Toxicology Committees, and Green Building Working Group (acknowledgments given to several naysayers including Coreen A. Robbins)	March 15, 2017
AOEC (Association of Occupational and Environmental Clinics)	The AOEC sponsored a workshop on December 11-12, 2003, at the Johns Hopkins Bloomberg School of Public Health, to discuss "Management of Mold-Exposed Individuals."	December 11-12, 2003
Assouline-Dayan, Yehudith Leong, Albin Shoenfeld, Yehuda Gershwin, M. Eric	Studies of Sick Building Syndrome. IV. Mycotoxicosis (Journal of Asthma, 2002, 39(3), 191-201)	2002
ATSDR (Agency for Toxic Substances and Disease Registry)	ATSDR Case Studies in Environmental Triggers of Asthma (Original date: November 28, 2014) The ATSDR is an agency within HHS--the U.S. Department of Health and Human Services.	2014
Bardana, Emil J. Jr. Montanaro, A. O'Hollaren, M.T.	Building-Related Illness: A Review of Available Scientific Data (Clinical Reviews in Allergy, Vol. 6, 1988, Issue 1, pp. 61-89)	1988

Bardana, Emil J. Jr. Chapman, Jean A. Charlesworth, Ernest N. Jacobs, Robert L. Terr, Abba I.	Crossing Over to the Dark Side of the Mold Issue: A Dissenting View (Ann Allergy Asthma Immunol. 2003 Aug; 91(2):212-3; author reply 213-5)	2003
Bardana, Emil J.	Indoor Air Quality and Health. Does Fungal Contamination Play a Significant Role? (Immunol Allergy Clin North Am. 2003 May; 23(2):291-309)	2003
Bardana, Emil J.	Indoor Air Allergens and Irritants: With Emphasis on Molds in the Assessment of Indoor Quality Complaints (presentation) Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	2002
Bardana, Emil J.	Sick Building Syndrome: A Wolf in Sheep's Clothing (Annals of Allergy, Asthma, & Immunology, Vol. 79, Number 3, September 1997)	1997
Barrett, Stephen J. Gots, Ronald E.	Chemical Sensitivity: The Truth about Environmental Illness (April 1, 1998)--book	1998
Barrett, Stephen J.	Some Notes on the Overdiagnosis of "Toxic Mold" Disease (article posted on Quackwatch.org on September 23, 2006)	2006
Borchers, Andrea T. Chang, Christopher Gershwin, M. Eric	Mold and Human Health: A Reality Check (Clinical Reviews in Allergy & Immunology, June 2017, Volume 52, Issue 3, pp. 305–322)	2017
Burge, Harriet A.	The Fungi: How They Grow and Their Effects on Human Health A primer on how fungi are formed, how they spread in buildings, and how individuals react through allergy symptoms, irritation, and toxicoses due to exposure (HPAC Interactive Engineering; Indoor Air Quality-IAQ-and Noise, July 1997)	1997
Burge, Harriet A.	Fungi: Toxic Killers or Unavoidable Nuisances?	2001

	(Annals of Allergy, Asthma, & Immunology, 2001, 87, 52-56)	
Burge, Harriet A.	Health Effects of Biological Contaminants (Indoor Air and Human Health, Chapter 10, CRC Press, 1996; 171-178)--book	1996
Bush, Robert K. Portnoy, Jay M. Saxon, Andrew Terr, Abba I. Wood, Robert A.	The Medical Effects of Mold Exposure American Academy of Allergy, Asthma & Immunology (AAAAI) position statement on mold (2006)	2006
CDC (U. S. Centers for Disease Control and Prevention)	State of the Science on Molds and Human Health (CDC paper presented by Stephen C. Redd to the U.S. Congress on July 18, 2002) The IOM 2004 report was commissioned by the CDC. NIOSH, a division of the CDC, issued a paper in 2012 that says mold only causes respiratory problems (see NIOSH below). AOEC and PEHSU are funded by NIOSH and ATSDR (Agency for Toxic Substances and Disease Registry—an agency for the U.S. Department of Health and Human Services).	2002
Chang, Christopher M. Gershwin, M. Eric	Indoor Air Quality and Human Health: Truth vs Mass Hysteria (Clin Rev Allergy Immunol, 2004 Dec; 27(3): 219-239)	2004
Chang, Christopher M. Gershwin, M. Eric	Mold Hysteria: Origin of the Hoax (Clinical & Developmental Immunology, June 2005, 12(2): 151-158)	2005
Chapman, Jean A. Terr, Abba I. Jacobs, Robert L. Charlesworth, Ernest N. Bardana, Emil J.	Toxic Mold: Phantom Risk vs Science (Ann Allergy Asthma Immunol. 2003 Sep; 91(3):222-32)	2003
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	potential causes of water damage. Then they refer the public to the EPA and CDC websites for more information on cleanup, remediation and health hazards. FEMA is an agency under the U.S. Department of Homeland Security (DHS).	
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Golden, David	Three Years Later, Industry Puts Toxic Mold into Perspective (Insurance Journal, February 9, 2004)	2004
Gots, Ronald E.	Correcting Mold Misinformation (notes from his presentation) Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	2002
Gots, Ronald E.	Differential Diagnosis versus Causation (dritoday blog, January 21, 2010)—article by Gots	2010
Gots, Ronald E	Differential Diagnosis versus Causation Assessment: Why they are separate methodologies and how they relate to Daubert (2004, users.physics.harvard.edu)	2004
Gots, Ronald E. Clark, Geneva L. Franklin, Donald E.	Differential Diagnosis vs Causal Assessment: Relevance to Daubert	No date
Gots, Ronald E. Pirages, Suellen W. Gots, Barbara A. Nealley, Mark	Essential Steps in Managing School Indoor Air Crises (2002)—article by Gots, et al	2002

Gots, Ronald E.	From Symptoms to Liability: The Distinct Roles of Differential Diagnosis and Causation Assessment (article in For the Defense, July 2005, pages 24-30)	2005
Gots, Ronald E.	Give Your Building an Air Check (Primacentral.org, August 2001)—article by Gots	2001
Gots, Ronald E.	Indoor Air and Health: Clear Cut, Equivocal and Unlikely (Chapter 4 of Keeping Buildings Healthy: How to Monitor and Prevent Indoor Environmental Problems, John Wiley & Sons Inc., 2002)	2002
Gots, Ronald E. Layton N.J. Pirages, Suellen W.	Indoor Health: Background Levels of Fungi (AIHA Journal, 2003 July-Aug; 64(4):427-38)	2003
Gots, Ronald E.	Indoor Health Problems: A Sound Process for Resolution (December 3, 2001)—article by Gots	2001
Gots, Ronald E.	Investigating Health Complaints (Chapter 3 of Keeping Buildings Healthy: How to Monitor and Prevent Indoor Environmental Problems, John Wiley & Sons Inc., 2002)	2002
Gots, Ronald E.	Mold and Health Tips: How Medical Statements by Mold Testers Can Get You in Trouble (2002)—article by Gots	2002
Gots, Ronald E.	Mold and Mold Toxins: The Newest Toxic Tort (Journal of Controversial Medical Claims, Vol. 8, No. 1, February 2001)—article by Gots	2001
Gots, Ronald E. Pirages, SuellenW.	Mold as Toxins (Columns, Mold 1:6-7, 5859. 2002)	2002
Gots, Ronald E. Pirages, SuellenW.	Mold as Toxin (Perspectives, Mold. March 2002)	2002
Gots, Ronald E.	Mold Claims (tips for attorneys in mold cases)—document written by Gots	No date
Gots, Ronald E.	Mold Claims: Recognizing What is Real and Dealing with the Current Excessive Fears and Claims (October 1, 2002)—article by Gots	2002
Gots, Ronald E.	Mold Medicine versus Mold Hype (presentation) Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care,	2002

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Gots, Ronald E.	Mold Misinformation (2002)	2002
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Gots, Ronald E. Pirages, Suellen W.	OSHA Proposed Rule for Indoor Air Quality Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	2002
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Harbison, Raymond D. Hillman, James V.	Evaluation of Mold-Induced Adverse Health Effects (article for Harris Martin's Columns, January 2004; Vol. 3, No. 3, pp. 6-7, 59-61)	2004
Harbison, Raymond D. Stedeford, Todd Banasik, Marek Muro-Cacho, Carlos A.	Toxicology and Risk Assessment of Mycotoxins (Journal of Land Use, Mycotoxins: Mechanisms, Spring 2004, Vol. 19:2, pp. 451-463)	2004

Hardin, Bryan D. Saxon, Andrew Robbins, Coreen Kelman, Bruce J.	A Scientific View of the Health Effects of Mold (July 17, 2003) This paper was commissioned by the U.S. Chamber Institute for Legal Reform and the Center for Legal Policy at The Manhattan Institute (see below under U.S. Chamber of Commerce)	2003
Hardin, Bryan D. Kelman, Bruce J. Saxon, Andrew	Adverse Human Health Effects Associated with Molds in the Indoor Environment Known as the ACOEM 2002 position statement on mold. Written by Hardin, Kelman and Saxon "under the auspices of the ACOEM Council on Scientific Affairs. It was peer-reviewed by the Council and its committees, and was approved by the ACOEM Board of Directors on October 27, 2002."	October 27, 2002
Hardin, Bryan D. Kelman, Bruce J. Saxon, Andrew	Adverse Human Health Effects Associated with Molds in the Indoor Environment Known as the ACOEM 2011 position statement on mold. They quietly removed it from their website in early 2015. The ACOEM 2011 position statement was "prepared under the auspices of the Council of Scientific Advisors and approved by the ACOEM Board of Directors on February 14, 2011. This revised statement updates the previous (2002) position statement which was prepared by Bryan D. Hardin, PhD; Bruce J. Kelman, PhD, DABT; and Andrew Saxon, MD; under the auspices of the ACOEM Council on Scientific Affairs."	February 14, 2011
Hardin, Bryan D.	Recently Published Evaluations of the Association of Mycotoxins and Health Effects in Indoor Environments (presentation) American Industrial Hygiene Association (AIHA) Conference & Exposition, June 2-7, 2007, Philadelphia, Pennsylvania	2007
Hardin, Bryan D. Robbins, Coreen A. Fallah, Payam Kelman, Bruce J.	The Concentration of No Toxicologic Concern (CoNTC) and Airborne Mycotoxins (Journal of Toxicology and Environmental Health, Part A, 72: 585-598, 2009)	2009
Hays, Steve M.	The Science and Art of Environmental Mold	2002

	Investigations (presentation) Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	
HHS (U.S. Department of Health and Human Services, CDC (U.S. Centers for Disease Control and Prevention) and NIOSH (National Institute of Occupational Safety and Health)	Evaluation of Indoor Environmental Quality and Health Concerns in a Juvenile Court Building (HHE Report No. 2015-0183-3255, June 2016) Joint report by HHS, CDC and NIOSH. Even though employees were having multiple health problems, the investigators claim they found no problems in the building except some areas with poor ventilation and some offices with high levels of carbon dioxide.	June 2016
Hutchinson, Cliff Powell, Robert	A New Plague – Mold Litigation: How Junk Science and Hysteria Built an Industry (July 17, 2003) Written by attorneys Cliff Hutchinson and Robert Powell This paper was commissioned by the U.S. Chamber Institute for Legal Reform and the Center for Legal Policy at The Manhattan Institute (see below under U.S. Chamber of Commerce)	2003
Institute of Medicine (IOM)	Damp Indoor Spaces and Health (Committee on Damp Indoor Spaces and Health, The National Academies Press, 2004, 370 pages) Known as the IOM 2004 paper. The IOM 2004 paper (and the WHO 2009 paper) omitted several key research papers from their list of references. To see a list of some of the papers that were omitted, go to our website. Prior to this 2004 report, the IOM published two papers on the topic of asthma and indoor air exposures, as follows: Indoor Allergens: Assessing and Controlling Adverse Health Effects (The National Academies Press, 1993, 321 pages, edited by Andrew M. Pope, Roy	2004

	Patterson and Harriet Burge) Clearing the Air: Asthma and Indoor Air Exposures (The National Academies Press, 2000, 457 pages, the committee included Richard B. Johnston, Jr., Harriet A. Burge and 10 others) These two papers laid some of the groundwork leading into their 2004 paper.	
Kelman, Bruce J. Robbins, Coreen A Swenson, Lonie J.	Evaluation of Potential Health Effects from Inhalation Exposure to Mycotoxins in Indoor Office and Residential Environments (Toxicological Sciences, 2002, 66:267)	2002
Kelman, Bruce J. Robbins, Coreen A. Swenson, Lonie J. Hardin, Bryan D.	Risk from Inhaled Mycotoxins in Indoor Office and Residential Environments (International Journal of Toxicology, 23(1):3-10, January 2004)	2004
Khalili, Barzin Montanaro, MT Bardana, Emil J.	Inhalational Mold Toxicity: Fact or Fiction? A Clinical Review of 50 Cases (Ann Allergy Asthma Immunol. 2005 Sep; 95(3):239-46)	2005
Khan, Farah	Why Is the Internet So Obsessed with Toxic Mold? (article by Dr. Farah Khan, October 5, 2016) http://www.thedailybeast.com/articles/2016/10/15/why-is-the-internet-so-obsessed-with-toxic-mold.html	2016
King, Blair	The Truth About 'Toxic Molds' (article for Huffington Post, posted 11/04/2015 and updated 11/04/2016) http://www.huffingtonpost.ca/blair-king/toxic-mold-truth_b_8469358.html	2016
King, Norman Auger, Pierre	Indoor Air Quality, Fungi and Health. How do we stand? (Can Fam Physician, 2002; 48: 298-302)	2002
Kirkland, Kimberly H.	Health Hazards from Exposure to Mycotoxic Fungi in Indoor Environments (The Synergist, April 2001)	2001
Kuhn, D.M. Ghannoum, M.A.	Indoor Mold, Toxigenic Fungi, and Stachybotrys chartarum: Infectious Disease Perspective (Clinical Microbiology Reviews, Jan. 2003, Vol. 16. No. 1, p. 144-172)	2003

Kung'u, Jackson	Mold Exposure at Home and the Workplace (article by Dr. Jackson Kung'u) https://www.moldbacteria.com/mold/mold-allergy-symptoms-at-home-and-workplace.html	2017
LaBar, Gregg	Putting Indoor Air Quality in its Place (Occupational Hazards, October 1992)—opinions of naysayers Ronald Gots and Edward Sowinski	1992
Lee, Dwight R.	The Next Environmental Battleground: Indoor Air (National Center for Policy Analysis, NCPA Policy Report No. 174, ISBN 0-943802-78-4, November 1992)	1992
Lees-Haley, Paul R.	Attorneys Influence Expert Evidence in Forensic Psychological and Neuropsychological Cases (Sage Journals, Assessment, 4, 321-324 published December 1, 1997)	December 1, 1997
Lees-Haley, Paul R. Brown R.S.	Biases in Perception and Reporting Following a Perceived Toxic Exposure (Percept Mot Skills, 1992 Oct; 75(2): 531-44)	October 1992
Lees-Haley, Paul R.	Commentary on Neuropsychological Performance of Patients Following Mold Exposure (includes a Thank You to Dr. Dan Sudakin, Dr. Ron Gots, Dr. Bruce Kelman and Dr. Don Millar)	2004
Lees-Haley, Paul R.	Malingering Mental Disorder on the SCL-90R: Toxic Exposure and Cancerphobia (Psychological Reports, 1989, 65, 1203-1208)	1989a
Lees-Haley, Paul R.	Malingering Traumatic Mental Disorders on the Beck Depression Inventory: Cancerphobia and Toxic Exposure (Psychological Reports, 1989, 65, 623-626)	1989b
Lees-Haley, Paul R.	Mold Neurotoxicity: Validity, Reliability and Baloney (Posted on Quackwatch.com at https://www.quackwatch.org/01QuackeryRelatedTopics/toxicmold.html Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and	December 23, 2002

	the Department of Pharmacology at Georgetown University	
Lees-Haley, Paul R.	Neuropsychological Complaint Base Rates of 170 Personal Injury Claimants (Archives of Clinical Neuropsychology, Vol. 8, pp. 203-209, 1993)	1993
Lees-Haley, Paul R. Williams, C.W. English, L.T.	Response Bias in Self-Reported History of Plaintiffs Compared with Nonlitigating Patients (Psychological Reports, 1996, 79, 811-818)	1996
Lees-Haley, Paul R.	Toxic Mold and Mycotoxins in Neurotoxicity Cases (Journal of Controversial Medical Claims, Vol. 11, No. 2, May 2004)	2004
Light, Ed N.	Mold Remediation: How Complex Should it Be? Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	2002
Light, Ed N.	Mold Remediation: How Complex Should it Be? --presentation Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	2002
Metropolitan Corporate Counsel publication (about Ronald E. Gots)	An Expert Who Has Been There—Dr. Ronald E. Gots (Metropolitan Corporate Counsel, April 1, 2005)--article about Ronald E. Gots	2005
Millar, J. Donald	Mold and Human Illness: One Epidemiologist's View (presentation) Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care, Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and	2002

	the Department of Pharmacology at Georgetown University	
Miller, J. David Rand, Thomas G. Jarvis, Bruce B.	Stachybotrys chartarum: Cause of Human Disease or Media Darling? (Medical Mycology, 2003; 41: 271-291)	2003
National Association of Home Builders (NAHB)	Scientific Literature Review of Mold: A Report on the Health Effects of Indoor Mold (September 2003) Review panel members: Scott D. Phillips, Wendell Rahorst, William F. Schoenwetter, Wayne R. Thomann	September 2003
NIEHS (National Institute of Environmental Health Sciences)	NIEHS is a division of the NIH (National Institutes of Health), which is a part of the U.S. Health and Human Services agency. On the NIEHS website, they say that "inhalation is considered the primary way that people are exposed to mold," but "molds are generally not harmful to health humans." So, they admit that inhalation is the primary route of these exposures, but then they say that molds are generally not harmful.	Web page last reviewed by NIEHS on April 7, 2017
NIOSH (National Institute of Occupational Safety and Health)	NIOSH Alert, Preventing Occupational Respiratory Disease from Exposures Caused by Dampness in Office Buildings, Schools, and Other Nonindustrial Buildings (November 2012, Publication No. 2013-102) In this report from NIOSH, they still address only the respiratory effects of mold. NIOSH is a division of the U.S. Centers for Disease Control and Prevention (CDC).	2012
O'Reilly, James T. Hagan, Philip Gots, Ronald Hedge, Alan	Keeping Buildings Healthy: How to Monitor and Prevent Indoor Environmental Problems (John Wiley & Sons Inc., 2002, this book has two chapters written by Ronald Gots, see above under his name)	2002
OSHA (Occupational Safety and Health Administration)	A Brief Guide to Mold in the Workplace (updated on November 8, 2013)	2013
Page, Elena H. Trout, Douglas B.	The Role of Mycotoxins in Building-Related Illness (2002 presentation) Conference on Mold Medicine & Mold Science: Its Practical Applications for Patient Care,	2002

	Remediation & Claims, May 13-14, 2002, Georgetown University Convention Center, Washington, D.C., Sponsored by International Center for Toxicology and Medicine (ICTM) and the Department of Pharmacology at Georgetown University	
Page, Elena H. Trout, Douglas B.	The Role of Stachybotrys Mycotoxins in Building-Related Illness (AIHAJ 62:644-648, September/October 2001)	2001
Payne, James D.	Texas Mold: The Litigation Gusher that Didn't Hit, Yet (2003)	2003
Pettigrew, H. David Selmi, Carlo F. Teuber, Suzanne S. Gershwin, M. Eric	Mold and Human Health: Separating the Wheat from the Chaff (Clinic Rev Allerg Immunol, 2010, 38:148-155)	2010
Richardson, Kelly G.	Debunking Some Toxic Mold Myths (September 16, 2016) http://www.ocregister.com/articles/mold-729193-health-many.html	2016
Richardson, Kelly G.	The Truth About Toxic Mold (Part 1) 2016 https://rhopc.com/234-hoa-homefront-the-truth-about-toxic-mold-part-1/	2016
Richardson, Kelly G.	The Truth Behind 13 Pervasive Myths on Mold (September 26, 2016) http://www.pe.com/2016/09/26/the-truth-behind-13-pervasive-myths-on-mold/	2016
Richardson, Kelly G.	What They Aren't Telling You About Mold (Part 2) 2016 http://www.ocregister.com/articles/mold-398732-ocprint-emergency-consultants.html	2016
Robbins, Coreen A. Swenson, Lonie J. Nealley, Mark L. Gots, Ronald E. Kelman, Bruce J.	Health Effects of Mycotoxins in Indoor Air: A Critical Review (Applied Occupational and Environmental Hygiene, 2000, 15, 773-784)	2000
Rudert, Amanda Portnoy, Jay	Mold Allergy: Is It Real and What Do We Do About It? (Expert Review of Clinical Immunology, published online 17 May 2017, pages 1-13) "Concerns about long-term exposure to fungi	2017

	have led some patients, attorneys and fungus advocates to promote fears about a condition that has been termed toxic mold syndrome. This syndrome is associated with vague symptoms and is believed to be due to exposure to mycotoxins, though this connection has not been proven."	
Schoenburg, Patrick S.	Analyzing Mold Claims from Medical and Scientific Perspectives: What Owners, Managers, Builders, and Their Attorneys Need to Know (Real Property Law, Reporter, January 2006, Volume 29, Number 1, pages 209-211	2006
Sepkowitz, Kent	Hurricane Sandy Won't Bring a Mold Epidemic – The paranoia about mold being left behind by the floods is unwarranted (article on thedailybeast.com, November 4, 2012) http://www.thedailybeast.com/hurricane-sandy-wont-bring-a-mold-epidemic	2012
Sudakin, Daniel L. Kurt, Thomas	American College of Medical Toxicology (ACMT) 2006 ACMT Mold Position Statement The ACMT concurs with the 2004 Institute of Medicine (IOM) paper titled "Damp Indoor Spaces and Health." Primary authors: Daniel Sudakin and Tom Kurt	2006
Sudakin, Daniel L.	Stachybotrys chartarum: Current Knowledge of its Role in Disease (Medscape General Medicine, February 29, 2000, 1-7)	2000
Sudakin, Daniel L.	Toxigenic Fungi in a Water-Damaged Building: An Intervention Study (American Journal of Industrial Medicine, 1998, 34, 183-190)	1998
Terr, Abba I.	Are Indoor Molds Causing a New Disease? (Journal of Allergy and Clinical Immunology, Volume 113, Issue 2, February 2004, Pages 221–226)	2004
Terr, Abba I.	Stachybotrys: Relevance to Human Disease (Annals of Allergy, Asthma, & Immunology, 2001, 87, 57-63)	2001
Truex, Bruce A.	Mold Caused Neuropsychological Injuries: Fact or Fiction? (article by Bruce Truex with Secrest Wardle law firm, 2004, Vol. IV, No. 1)	2004
U.S. Chamber of Commerce,	The Growing Hazard of Mold Litigation (July 17,	2003

Institute for Legal Reform and the Center for Legal Policy at The Manhattan Institute	2003) "The U.S. Chamber Institute for Legal Reform was founded in 1998 as a 501(c)(6) tax-exempt, separately incorporated affiliate of the U.S. Chamber of Commerce." "The U.S. Chamber Institute for Legal Reform, partnering with the Center for Legal Policy of the Manhattan Institute, commissioned two papers that take a close look at mold litigation and the science of mold. The first, by Cliff Hutchinson and Robert Powell, two experienced litigators with Hughes and Luce in Dallas and Austin, provides a legal perspective on mold claims. The second, written by a team of scientists led by Dr. Bryan Hardin, former Deputy Director of NIOSH and former Assistant Surgeon General in the Public Health Service, addresses the scientific evidence." These two papers are listed individually above (under Hutchinson and Hardin) and their titles are: A New Plague – Mold Litigation: How Junk Science and Hysteria Built an Industry (by attorneys Cliff Hutchinson and Robert Powell) and A Scientific View of the Health Effects of Mold (written by Bryan D. Hardin, Andrew Saxon, Coreen Robbins and Bruce J. Kelman) Note: The U.S. Chamber of Commerce is not a government agency. It is merely a lobbying group for business.	
Vance, Paula Schaeffer, Fran Terry, Pam Trevino, Ernest Weissfeld, Alice S.	Mold Causes and Effects "in a Material World" (Clinical Microbiology Newsletter, Volume 38, Issue 14, 15 July 2016, pages 111-116) There is "no such thing as toxic mold."	July 2016
Verhoeff, Arnoud P. Burge, Harriet A.	Health Risk Assessment of Fungi in Home Environments (Ann Allergy Asthma Immunol 1997; 78:544-54) Supported by a grant from Zeneca Pharmaceuticals	1997
Weiner, Howard M. Gots, Ronald E.	Medical Causation and Expert Testimony: Allergists at this Intersection of Medicine and	2012

Hein, Robert P.	Law (Curr Allergy Asthma Rep. 2012; 12:590–598)	
Williams, C.W. Lees-Haley, Paul R.	Perceived Toxic Exposure: A Review of Four Cognitive Influences on Perception of Illness (Journal of Social Behavior and Personality, 1993, 8, 489-506)	1993
Wood, Robert A.	Mold Growing in Flooded Basements or Other Damp Spots Can Cause Allergic Reactions (article in the Washington Post, January 14, 2013) https://www.washingtonpost.com/national/health-science/mold-growing-in-flooded-basements-or-other-damp-spots-can-cause-allergic-reactions/2013/01/12/d3fd7218-43a9-11e2-8e70-e1993528222d_story.html?utm_term=.285cdb036b10	2013
Zalma, Barry	Insidious Mold Fraud (The White Paper, Vol. 17, No. 5, September/October 2003)	2003
Zalma, Barry	Mold and the Ballard/Allison Case (Spring 2003, Property Insurance Law Committee Newsletter, ABA, Tort and Insurance Practice Section)	2003
Zalma, Barry	Mold is Not Gold (VUpoint Newsletter, Vol. 8, No. 4, Issue # 178, February 23, 2007 and Claims Magazine, March 2007)	2007

This table illustrates the pervasive reach and interconnected web of their campaign of misinformation. If you are looking for copies of these items, please contact us through our website.

It is amazing how our allopathic physicians, medical organizations, courts, judges and government agencies have turned their backs on the people who are ill and suffering just because of this handful of naysayer papers written by these bought-and-paid-for defense experts. Yet, they ignore the hundreds of research papers that discuss the health effects of exposure to mold and mycotoxins.

We hope this information will help you understand why (and how) these naysayers and deniers have worked so hard to hide the truth. Make sure you thoroughly investigate all attorneys and experts hired by the insurance companies or other defendants. There is much information that can be uncovered. After all, they are investigating you and your attorneys and experts, so you need to level the playing field.

Go to the next page to read more details about some of the naysayers listed above.

Here are some additional details about a few of the naysayers/deniers included above:

Bryan D. Hardin was an author of the 2002 and 2011 ACOEM mold papers. As stated above, the 2011 ACOEM mold paper cited no research papers after 2002. In 2007, Hardin gave a presentation during the AIHA conference where he has a list of Opinions of "Authoritative Bodies."[37] His list includes only four papers—2002 ACOEM, 2004 IOM, 2006 AAAAI and 2006 ACMT—and mentions no other research papers. Bruce J. Kelman and Andrew Saxon were also authors on the 2002 and 2011 ACOEM papers.

Raymond Harbison wrote two research papers on mold/mycotoxins in 2004, but neither paper is listed on the current version of his CV posted on his employer's website (University of South Florida).[38, 39] In fact, the word "mycotoxins" does not even appear on his CV.[40]

In one of Harbison's depositions in a mold case, he said he had published a paper titled "Acute Neurotoxic Effects of the Fungal Metabolite Ochratoxin-A," published in NeuroToxicology (2006, Vol. 27, No. 1), but that paper is also not included on his CV.[41]H. James Wedner testified in a mold case. He told the jury that the only way you get mycotoxins into the body is "you eat them." He specifically mentioned soy sauce and said, "Compared to what you might breathe sitting around doing nothing, you probably get a liter of mycotoxin when you go eat in your Chinese restaurant."[42]

David V. Jones, a defense attorney often used by State Farm Insurance Company, was caught disclosing a "non-consensually intercepted and recorded telephone conversation." He was given the nickname of "wiretapper." He pled no contest to the charge, but he has failed to disclose it on his pro hac vice affidavit (in other cases).[43] In May 2017, he left his own law firm in San Antonio, Texas, and joined the Akerman law firm[44]—described as a middle-market Mergers & Acquisition firm within the financial services and real estate industries.

Kelly G. Richardson, an attorney in California, started writing articles in 2016 that perpetuate the myth that mold is not harmful. He refers to the 2004 IOM report as his primary source of information. He does not mention any of the scientific, published, research reports before or after 2004. (See Appendix B, above, for details about these articles.)

As we stated at the beginning of this paper, the naysayers' campaign of misinformation is losing ground as the facts and research are spreading worldwide. The war is not over, but the truth is shining through the gray clouds of doubt cast by the naysayers.

We are winning this battle with truth, persistence and determination. And with doctors, researchers and other experts who are sharing their knowledge and experience and advancing the science. And with a large number of individuals and families who are standing up to these naysayers and making their voices heard. Eventually, the truth will prevail, just as it did in regard to the health effects of tobacco and many other toxic substances.

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Global Indoor Health Network

The Global Indoor Health Network (GIHN) is a 501(c)(3) nonprofit organization dedicated to providing education and awareness of the health effects of mold and other indoor contaminants. We are uniting experts and laypersons from the world, with members throughout the United States and in eleven other countries. GIHN's vision is a global community of individuals and organizations working together to ensure that comprehensive information and guidance concerning medical treatment, investigative techniques and solutions are available to address the effects of contaminants in the indoor environment of homes, schools and businesses.

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