

III.

HARM BY POSITION STATEMENTS WORDSMITHED TOWARD AGENDA PROMOTIONS

When LNT models are misapplied toward promoting the false concept that an environmental injury is a proven figment of a person's imagination and this is then portrayed by position statement to be the scientific understanding of thousands of learned physicians; the damages caused by the resultant mass-unawareness of a hazard and mass-discrimination of the environmentally-injured can be colossal.

People sickened by exposures to biotoxins and inflammagens often found in WDB need medical attention for their physiologically-caused Idiopathic Environmental Intolerances (EI) (also known as Multiple Chemical Sensitivity (MCS)[19] or Toxicant induced Loss of Tolerance (TILT)).[20] They need help for their WDB induced Chronic Fatigue Syndrome (CFS), Fibromyalgia, and Myalgic Encephalomyelitis (ME) (also known as Chronic Inflammatory Response Syndrome from WDB Exposures (CIRS-WDB)).[21] They and environmentally-trained physicians repeatedly report newly-acquired intolerances to WDB re-exposure, to mold re-exposure, to chemicals, and to various forms of air pollution, foods and liquids (EI) after the initial not-normal exposure. They also repeatedly report newly-acquired symptoms such as brain fog, difficulty concentrating, extreme fatigue, phantom pain, and chronic inflammation of various and multiple organs of the body, CIRS-WDB. [22] [23]

Neither the environmentally-disabled nor society as a whole, need federally funded "nonprofit" medical trade associations such as ACMT [24] adding insult to injury by promoting the discriminatory false concept that the environmentally disabled are hypochondriacs and liars. Furthermore, it is not just "naysayer" medical associations (filled with toxic tort defense witnesses) which are problematic when spinning science to conceal causation of environmental illnesses and disabilities. WDB injuries make for a multi-billion dollar issue, commonly referred to as the "Toxic Mold Issue". Wordsmithing is pervasive to influence medical and insurer practices, building maintenance practices, and outcomes of toxic torts.[25] [26]

Overstating the magnitude of the problem can be an equally effective means to cause mainstream physician and other decision-maker skepticism of WDB-induced disability as is promoting that the illnesses are figments. A prime example of this problematic area of the Toxic Mold Issue is the nonprofit organization, Global Indoor Health Network (GIHN).[27]

Formed as a nonprofit in 2010, GIHN is run by a former insurance company small-department manager and has about one hundred members, some of whom are alternative medicine physicians.[28] It claims to advocate for the WDB-injured and writes of the harm caused by "naysaying" medical associations and others who have promoted the Veritox Theory in policies, practices, physician education, and courts.[29]

Yet, GIHN promotes an equally harmful false concept. It promotes that it is a proven fact that 50% of the world's illnesses are caused by poor indoor air quality (IAQ). If poor IAQ was proven to cause 50% of the world's illnesses that would make the number one cause of the Global

Burden of Disease (GBD), but it is not.[30] Like ACMT wordsmithing references to sell the Veritox Theory for naysaying the existence of WDB debilitating illness, a quick read of GIHN's references exposes wordsmithing to market the equally ridiculous concept that it is proven poor IAQ is the leading cause of illness worldwide.[31] [32] [33] [34]

The harm centers on reliance of GIHN as a credible source for the WDB-injured to share with their mainstream physicians that poor IAQ is proven as the number one cause of the world's illnesses. Where the mainstream doctor has been indoctrinated to believe the WDB injury is imaginary via the mass-marketed Veritox Theory, it is understandable why doctors would tend to prescribe for psychological impairment and hysteria rather than to accurately recognize the symptoms are physiological in origin.

No matter which way spun, "nonprofits" which have been spinning science are deterring appropriate medical attention from mainstream U.S. physicians for CIRS-WDB and EI. Misdiagnoses as psychological illness by mainstream doctors, drives those who can afford it into the arms of "mold doctors" who are few in the U.S., and/or to the use of the plethora of products being marketed as natural remedies. By and large insurers will not reimburse for alternative treatments, travel to obtain treatments, or natural supplements. This leaves the poorest of the sick nowhere to turn for help for their CIRS-WDB and EI.

America's children and elderly in low-income housing are the most vulnerable sub-population-victims of the spinning and lying.[35] When WDB-illnesses are not recognized as environmentally-induced, the false concept that WDBs pose no real public health threat is then used as an insidious excuse to not properly and timely remediate public housing. Occupants who complain are then labeled as liars and hysterics for saying they are gravely ill, while left to occupy WDB hazardous environments as their health declines.

The 2014 report by the National Institute of Health (NIH) entitled "*Final Report, Pathways to Prevention Workshop: Advancing the Research on Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome*" describes the dire adverse impact on the public when physicians are misdirected by trusted organizations.[36]

To quote from the NIH Report:

*"Both society and the medical profession have contributed to ME/CFS patients feeling disrespected and rejected. They are often treated with skepticism, uncertainty, and apprehension and labeled as deconditioned or having a primary psychological disorder. ME/CFS patients often make extraordinary efforts at extreme personal and physical costs to find a physician who will correctly diagnose and treat their symptoms while others are treated inappropriately causing additional harm. Overall, the debilitating effects of ME/CFS can result in financial instability due to the consequences of the illness (e.g., the loss of employment, home)...**economic burden estimated to be between \$2 billion and \$7 billion in the United States... results in major disability for a large proportion of the people affected.**"*

[19] 1998, U.S. Congressman Bernard Sanders speaking before the House. "MCS is a chronic condition marked by heightened sensitivity to multiple different chemicals and other irritants at or below previously tolerated levels of exposure....MCS is often accompanied by impaired balance, memory and concentration."

<http://someoneskid.angelfire.com/boycottsbu2000/RepSandersChemicalSensitivity.html>

[20] 2001 Miller CS *The compelling anomaly of chemical intolerance*. Ann N Y Acad Sci. 2001 Mar;933:1-23.

<http://www.ncbi.nlm.nih.gov/pubmed/12000012>

[21] 2014 Shoemaker RC, House D, Ryan JC, *Structural brain abnormalities in patients with inflammatory illness acquired following exposure to water-damaged buildings: A volumetric MRI study using NeuroQuant®*

Neurotoxicology and Teratology 45 (2014) 18–26 <http://www.ncbi.nlm.nih.gov/pubmed/24946038>

[22] 2014 Dr. Mary Ackerley "The Brain on Fire The role of toxic mold in triggering psychiatric symptoms"

<http://freepdfhosting.com/5e77f45ec4.pdf>

[23] 2015 Mold Asbestos Connecticut "37 Health symptoms caused by mold" <http://www.asbestosmoldct.com/37-health-conditions-caused-by-mold/>

[24] ACMT receives funding from the U.S. Department of Health and Human Services (HHS) Agency for Toxic Substance and Disease Registry (ATSDR) <http://www.atsdr.cdc.gov/emes/partners.html> &

<http://www.guidestar.org/FinDocuments/2013/870/460/2013-870460513-0add6264-90.pdf> [Page 9]

[25] 2006 Stone DC, Boone KB, Back-Madruga C, Lesser IM. *Has the rolling uterus finally gathered moss?*

Somatization and malingering of cognitive deficit in six cases of "toxic mold" exposure. Clin Neuropsychol. 2006 Dec;20(4):766-85. <http://www.ncbi.nlm.nih.gov/pubmed/16980261>

[26] Source Watch & WSJ re: mold defense witness Paul Lees-Haley <http://freepdfhosting.com/754f688a2f.pdf>

[27] Global Indoor Health Network (GIHN) <http://www.globalindoorhealthnetwork.com/>

[28] About GIHN BOD <http://freepdfhosting.com/347b627ad4.pdf>

[29] GIHN Naysayer Page <http://www.globalindoorhealthnetwork.com/naysayers>

[30] 2015 WHO GBD 2004 poor IAQ estimated at 2.7% revised to approximately 6% in 2015. (NOT 50%!!!!)

http://www.who.int/indoorair/health_impacts/burden_global/en/ & <http://www.healthdata.org/GBD>

[31] 2012 GIHN Position Statement in early 2012 "Indoor air pollutants cause 50% of illnesses globally."

<http://freepdfhosting.com/c806962c9f.pdf>

[32] 2011 GIHN Reference #1 direct quote: "indoor pollution has been among the top five environmental risks to public health" <http://freepdfhosting.com/15ce1c3d3d.pdf>

[33] 2012 Eblast from GIHN BOD president directly lying "in solidarity" to GIHN members about the wordsmithing of references to promote the 50% nonsense <http://freepdfhosting.com/a3d841e705.pdf>

American College of Medical Toxicology, Choose Wisely To Sunset Your Mold Statement

[34] 2012 GIHN Position Statement revised in late 2012, artful-dodge for lying about the 50% nonsense *"In a 1989 report by The Commonwealth of Massachusetts, Special Legislative Commission on Indoor Air Pollution: 'Indoor air pollution is a growing problem in the United States and accounts for up to 50% of all illnesses.'"*

<http://freepdfhosting.com/9a43a4b7a9.pdf> (Still a ridiculous statement not founded upon any research)

[35] 2014 NRDC *"Rampant Mold & Moisture Problems in NYC Public Housing"* <http://www.nrdc.org/ej/mold-and-moisture-in-public-housing.asp>

[36] 2014 NIH *"Final Report, Pathways to Prevention Workshop: Advancing the Research on ME/CFS"*
<https://prevention.nih.gov/docs/programs/mecfs/ODP-P2P-MECFS-FinalReport.pdf>