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April 15, 2016

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Re: Dr. Frieden, the Public needs federal agencies to stop funding fraud (Veritox Theory¹) that it's proven Toxic Mold can't disable people. Please cease funding the American College of Medical Toxicology (ACMT)

Dear Dr. Frieden, Dr. Perry, Ms. Milton and Dr. Mapp, et.al,

Thank you for the CDC/DHHS, USDOJ and EPA reply letters dated March 7th March 16th, and April 4th 2016. CDC and EPA replies were informative of how nonprofit medical associations are chosen to be non-government-organizations (NGO) assisting to provide information to U.S. physicians and the public with the use of federal funds.

The disappointing but not surprising USDOJ reply stating "*we regret that we cannot be of further assistance*" indicates that "*too big to jail*" may still pervade our justice system. It is not an acceptable response. I will soon be refiling a request for USDOJ prosecution. Crimes have been committed⁵, falsified court documents have been concealed, and Americans with Disabilities Act violations have occurred⁶ by California Justice Judith McConnell's unrepentant, coram non judice, case-fixing in Veritox, Inc.'s retaliatory litigations for my exposing those involved in the marketing of the bogus Veritox Theory as of 2005. There is a concealed government party to the fixed-cases. To my knowledge it is not DHHS or EPA. This aspect is more about lack of government oversight of severe ethics problems in the California courts. (A known pervasive problem, not specific to only the Toxic Mold Issue)

¹ October 27, 2002 nonsequitor, Veritox Theory that has been mass marketed by multiple NGO "nonprofit" medical associations & industry PACs into policies, physician education & courts <https://katysexposure.files.wordpress.com/2015/10/15-10-29-exhibit-2.pdf>

² March 7, 2016 CDC/DHHS reply letter <http://freepdfhosting.com/37e03aab24.pdf>

³ March 16, 2016 USDOJ reply letter <http://freepdfhosting.com/03452cef57.pdf>

⁴ April 4, 2016 EPA reply letter <http://freepdfhosting.com/07d53a609e.pdf>

⁵ May 2005 to date: "*Environmental Advocate Sharon Kramer ~US DOJ Lying Experts~Cal Courts & Mold~ Not a pretty story!!*" <https://katysexposure.wordpress.com/environmental-advocate-sharon-kramer-us-doj-expertscal-courts-mold-not-a-pretty-story/>

⁶ See 42 U.S.C. § 12201-12213. "*III-3.6000 Retaliation or coercion. Individuals who exercise their rights under the ADA, or assist others in exercising their rights, are protected from retaliation.*"

With regard to lack of government oversight of the ethics problems within the Toxic Mold Issue itself, both the CDC and EPA replies appear to indicate that Dr. Frieden, Director of DHHS/CDC Agency for Toxic Substance Disease Registry (ATSDR) is the final decision maker to eliminate funding of discriminatory fraud by NGO partners of the CDC & EPA. Yet neither reply answered my January 12, 2016 posed-question⁷ if the agencies are going to cease funding the NGO medical association, American College of Medical Toxicology (ACMT) – which is still marketing the scientifically void Veritox Theory. This means the federal government is still funding proliferation of discrimination of people environmentally disabled by biocontaminants and microbial toxins (lay terminology “Toxic Mold”) that are found in water damaged buildings (WDB).

In November of 2015, I requested that NGO ACMT cease marketing the science fraud of their own accord, while pointing out they are federally funded to facilitate dissemination of accurate information to other NGO's and physicians.⁸ I have received no reply or indication of their intent to cease promoting the Veritox Theory. Thus there is dire need for Dr. Frieden's intervention to stop DHHS and EPA funding of an NGO which promotes discrimination of the environmentally disabled based on the debunked Veritox Theory, it continues to promote.

Additionally, no reply has been received from the Senators of U.S. Senate HELP. As evidenced in my January 12th request for their help – HELP played a key role in causing the mass discrimination to be able to continue. In 2007, the Senate committee specifically deleted investigating who has conflicts of interest when promulgating standards over Toxic Mold illnesses, from federal audit. The resultant gutted-audit at taxpayers' expense was originally comprehensive and ordered by the late Senator Edward Kennedy in 2006, at citizens' urgings.⁹

I am aware that my liaison at HELP, Dr. David Noll, was hired by the CDC shortly after the audit-gutting act in 2007. I am aware that at the same point in time, Veritox, Inc. principals were contractors of the USDOJ. They were hired as expert defense witnesses in moldy, military housing litigation. I am aware their testimony relied heavily of the scientifically void Veritox Theory (in ACOEM's Mold Statement) as a reason the federal government should not be found financially responsible for causation of disabling military families.¹⁰

Perhaps my January 12th request to EPA and DHHS to stop funding ACMT for the sake of public health had too much attached documentation. Perhaps I provided too much detail of the vast discrimination and devastation caused by ACMT's, other NGO nonprofits' and Political Action Committees' (PAC) proliferation of the scientifically void and discriminatory Veritox Theory for now fourteen years.

Perhaps my request was unclear, causing EPA and DHHS to be unable to ascertain what simple act must be taken to curtail an epic public-fleecing that is still occurring by those with access to federal funds. As such, the reasons for the need for federal intervention are explained again. This time succinctly in fifteen points with a “Yes” or “No” question that follows:

⁷ January 12, 2016 letter to McCarthy, Director EPA; Frieden, Director CDC; and Senators Sanders, Murray & Warren of HELP. CC'd to: U.S. Secretary Burwell, U.S. Attorney General Lynch, U.S. Deputy Attorney General Quinlan Yates, U.S. Southern District of California Attorney Duffy, Director of California Department of Public Health, & California Governor Brown
<https://katysexposure.files.wordpress.com/2016/01/16-01-12-final-to-cdc-epa.pdf>

⁸ Attachments to January 12, 2016 request – the November 2015 letter sent to ACMT Director Paul Wax, Presiding Justice California Fourth District Division One Court of Appeal (4th/1st) Justice Judith McConnell, President, Veritox, Inc. Mr. Bruce J. Kelman, American Board of Toxicology (ABT) Board of Directors, Robert Wood Johnson Foundation Board of Directors, White House Office of Science and Technology Policy (OSTP) Chief of Staff Dorgelo, Department of Health and Human Services (DHHS) Secretary Burwell, United States Attorney General Lynch <https://katysexposure.files.wordpress.com/2015/10/15-10-29-final-acmt-letter.pdf>

⁹ October 2006, Senator Kennedy's request for a GAO audit. <http://freepdfhosting.com/f18db049a6.pdf>

¹⁰ One example of many that I have in my possession – Veritox for the USDOJ <http://freepdfhosting.com/3696bb70f0.pdf>

1. Stated directly, the entire **Scam** that it is proven biocontaminants and microbial toxins (Toxic Mold) in water damaged buildings (WDB) can never reach a level to cause human disability (Chronic Inflammatory Responses (CIRS-WDB)) and death, is based on a scientifically void risk assessment theory (Veritox Theory) that was co-penned in 2002 by a CDC National Institute of Occupational Safety and Health (NIOSH) former deputy director. His name is Bryan D. Hardin and he has been a co-owner of Veritox, Inc. since the early 2000s.

2. Continuing on with the defrauding fourteen years later, ACMT -- who is still mass marketing Hardin's Veritox Theory -- is a federally funded NGO medical association. As your reply letters, ACMT's website and my initial request all confirm, ACMT is funded by DHHS and EPA. DHHS-ATSDR controls ACMT federal funding.

3. With regard to the NGO Pediatric Environmental Health Specialty Units (PEHSU), ACMT is federally funded to manage PEHSU programs and to oversee their web-presence. According to the EPA reply, this is along with the NGO American Academy of Pediatrics (AAP). As such, and as accurately stated in my original request, ACMT is "*federally funded by the EPA and CDC/ATSDR to disseminate scientific information to U.S. physicians which impact treatment (and mistreatment) of patients throughout the U.S.*"

4. On their website, ACMT proudly displays that it is federally funded to assist PEHSU in information dissemination. It also displays a publication authored by ACMT members that is titled "*Institute of Medicine Report on Damp Indoor Spaces and Health*"¹¹ hereafter referred to as the "*ACMT Mold Statement*".

5. The ACMT Mold Statement was co-authored in 2006 by expert defense witnesses in mold litigation. One of whom, Dr. Daniel Sudakin, was an associate of Veritox, Inc. at the time of authorship. It states:

"With respect to mycotoxins in indoor air, exposure modeling studies have concluded that even in moldy environments, the maximum inhalation dose of mycotoxins is generally orders of magnitude lower than demonstrated thresholds for adverse health effects. (3,7,8)"

6. In reality, and contrary to the concept ACMT has been marketing as legitimate science for now a decade, there is no "*exposure modeling study*" which "*concludes*" any "*demonstrated threshold*" before human illness occurs. Only Veritox's extrapolations (Veritox Theory) applied to data from an exposure modeling study professes to make this conclusion. There is no scientifically established minimum "*demonstrated threshold*" before humans may become ill/disabled from exposure to mycotoxins in a WDB, inhaled or otherwise. The misleading word-smithing by federally funded ACMT is founded on extrapolations (Veritox Theory) applied to data taken from one modeling study of mold suddenly blasted into rat tracheas (a study by Dr. Carol Rao of the CDC).¹² As such, the Veritox extrapolations "*concludes*" nothing about human "*adverse health effects*" from chronic exposure to mycotoxins in WDB. It is a nonsequitor, a scientific fraud, and a False Claim to promote that lack of causation of human disability and death from exposure to Toxic Mold in WDB can be concluded solely by extrapolations applied to data from a rat study. In other words, DHHS-funded-ACMT is selling "*garbage science*" penned by a former DHHS employee whose company is a USDOJ-hired expert defense witness in toxic torts -- where the "*garbage science*" DHHS is still funding has been used to avoid federal liability for causation of environmental disabilities and deaths. The intertwined conflicts of interest are astounding.

7. As accurately stated by Dr. Jonathan Borak in 2002, the above concept would have been appropriately deemed "*garbage*" fourteen years ago and never have been mass marketed in policies, courts, and physician education¹³ had the American College of Occupational and Environmental Medicine (ACOEM) Board of Directors not voted to make it their position statement (2002) "*Adverse Human Health Effects Associated with Mold in the Indoor Environment -- an Evidence Based Statement*"¹⁴ hereafter referred to as the "*ACOEM Mold Statement*." To quote Dr. Borak, Chair of ACOEM Scientific Advisory Board:

¹¹ ACMT Mold Statement http://www.acmt.net/cgi/page.cgi/zine_service.html?aid=12&zine=show

¹² See page 2 of fn 1

¹³ 2002 Email from ACOEM's Chair of the Scientific Advisory Board to BOD members referring to the Veritox Theory as "garbage science" & "litigation defense argument" <http://freepdfhosting.com/bb400631a3.pdf>

¹⁴ 2002 ACOEM Mold Statement, minor revision 2011, sunset Feb 2015 <http://freepdfhosting.com/061d898ddc.pdf>

"I do not want this to go to the BOD and then be rejected. That would be an important violation of Bryan [Hardin, retired Deputy Director of CDC NIOSH & owner of Veritox, Inc.] – I have assured him that if we do not use it he can freely make whatever other use he might want to make. If we 'officially' reject it, then we turn his efforts into garbage."

8. Unlike ACMT, ACOEM has since sunset their Mold Statement (2015) and has retracted it and its discriminatory "garbage" Veritox Theory from their websites.

9. Like ACMT, the American Academy of Allergy, Asthma and Immunology (AAAAI) also put out a Mold Position Statement in 2006 that was co-authored by toxic tort defense witnesses. Like ACMT, the allergists simply parroted the garbage of ACOEM, while adding to the discrimination of the Toxic Mold injured in allergists' and immunologists' offices across the country. Unlike ACMT, AAAAI sunset their parroting of ACOEM in 2011.¹⁵ With ACOEM and AAAAI now both having sunset their Mold Statements, the federally-funded-NGO ACMT is the last "nonprofit" medical association continuing to promote the garbage Veritox Theory as legitimate science and appropriate physician education. Last-man-standing ACMT needs to cease selling the fraudulent Veritox Theory because people are still being hurt by the willfully deceptive doubt-selling of causation of disability it provides to physicians, claims handlers, and courts.

10. Dr. Harriet Ammann is a Senior Toxicologist, State of Washington (retired) & co-author of the 2004 Institute of Medicine's "Damp Indoor Spaces and Health"¹⁶. In 2006, she was interviewed for the 2007 Wall Street Journal article "Court of Opinion, Amid Suits over Mold Experts Wear Two Hats, Authors of Science Paper Often Cited by Defense Also Help in Litigation".¹⁷ She accurately stated:

"They [Bruce Kelman and Bryan Hardin co-owners of Veritox, Inc.] took hypothetical exposure and hypothetical toxicity and jumped to the conclusion there is nothing there." James Craner MD, MPH, FACOEM was quoted as saying "a lot people with legitimate environmental health problems are losing their homes and their jobs because of legal decisions based on this so-called 'evidence-based' statement."

11. As accurately stated by the Federal Government Accountability Office (GAO) in 2008 at the conclusion of their two year gutted-audit, designed to hold no one accountable for the Veritox Theory, "Indoor Mold: Better Coordination of Research on Health Effects and More Consistent Guidance Would Improve Federal Efforts"¹⁸

*"The reviews we examined were largely consistent in their interpretations of the evidence for the role of mycotoxins in relation to adverse health effects. The Institute of Medicine reported in 2004 that (1) exposure to mycotoxins can occur via inhalation, contact with the skin, and ingestion of contaminated food and (2) research on *Stachybotrys chartarum* (a species of indoor mold that can produce mycotoxins) suggests that effects in humans may be biologically plausible." (Emphasis!) Pg. 16 Para 2*

12. As accurately stated in 2015 by reference when discrediting his own highly profitable, nonsequitor of garbage science Veritox Theory; Bruce J. Kelman who is President of Veritox Inc. and co-author of the Theory with Bryan D. Hardin, cited the following source for his Environmental Health Perspective's publication "A Standard of Knowledge for the Professional Practice of Toxicology"¹⁹: Cited reference: "National Research Council's (NRC) Committee on Science, Technology, Law, Policy and Global Affairs' third edition of Reference Manual on Scientific Evidence"²⁰

¹⁵ 2006 AAAAI Mold Statement (see bottom of each page re: sunseting) <http://freepdfhosting.com/3b65b8d89c.pdf>

¹⁶ 2004 IOM Damp Spaces and Health Report <http://www.nap.edu/openbook.php?isbn=0309091934>

¹⁷ 2007 Wall Street Journal <https://katysexposure.files.wordpress.com/2009/09/wsjonlinejan92007.pdf>

¹⁸ GAO report <http://www.gao.gov/assets/290/282305.pdf>

¹⁹ 2015 Hulla, J, Kinter, JB, Kelman BJ "A Standard of Knowledge for the Professional Practice of Toxicology" EHP; DOI:10.1289/ehp.1408643 <http://ehp.niehs.nih.gov/1408643/>

²⁰ "3rd Edition of Reference Manual on Scientific Evidence" <http://www.nap.edu/read/13163/chapter/1>

(Page 658) "...the court stated: 'Humans are not rats, and it is far from clear how readily one may generalize from one mammalian species to another. But in light of the epidemiological evidence that was not the main problem. Rather it was the absence of data at low levels.'" (Page 662) "Note that many subjective symptoms are poorly modeled in animal studies. Thus, complaints that a chemical has caused nonspecific symptoms, such as nausea, headache, and weakness, for which there are no objective manifestations in humans, are difficult to test in laboratory animals."

13. Going back in time to the year 2003. While taking the Veritox Theory clearly into the realm of intentionally marketing scientific fraud for profit thirteen years ago -- while causing mass discrimination of the Toxic Mold disabled on behalf of financial stakeholders of WDB (Veritox litigation clients); Mr. Kelman and Mr. Hardin accepted no less than \$25,000.00²¹ to author the U.S. Chamber of Commerce's Mold Statement. It is titled "A Scientific View of the Health Effects of Mold"²² and makes the False Claim that their Theory proves:

"Thus, the notion that toxic mold is an insidious, secret killer as so many media reports and trial lawyers would claim, is junk science unsupported by actual scientific study." Bruce J. Kelman & Brian D. Hardin, Veritox, Inc., published July 17, 2003

14. And coming back to the future. At the bottom of each page of this letter there is a short-link provided to the blog, Katy's Exposure. Please go to the link and watch the embedded half hour presentation I gave in November 2015 at the "State of the Art Mold Conference"²³ in Phoenix, Arizona. It explains the devastation still being caused for those experiencing CIRS-WDB, by NGO "nonprofit" medical associations being allowed to promote the Veritox Theory as legitimate physician education with the use of federal funds. I discuss impoverished families and the elderly living in substandard housing who are being treated like liars and scammers by U.S. physicians, et.al. for stating they are sick beyond asthma and allergy from WDBs. I discuss a child's suicide caused by the horrific discrimination. (I also explain the criminal acts under the color of law in the California courts by Veritox president Kelman, his attorney Keith Scheuer, and multiple jurists -- and the relentless harassment I have experienced which has aided and abetted the public defrauding over the Toxic Mold Issue to continue to this day.) The short link is: <http://wp.me/pIYPz-4cV>

15. For a greater understanding of the importance of last-man-standing-ACMT being made to sunset their Mold Statement and retract it from their website, please read the enclosed 2015 WorkCompCentral article titled "ACOEM Takes Down Position Paper commonly Used to Defend Against Mold Claims"²⁴; and/or contact Dr. Michael Hodgson, Medical Director of U.S. Occupational Safety and Health Administration, Department of Labor (OSHA). Dr. Hodgson has been instrumental in causing ACOEM to sunset their Mold Statement and to retract all reference to it and the bogus Veritox Theory it is founded upon, from their websites.

CONCLUSION

It was with reckless disregard for public health and safety, and a poorly thought-out plan in the early 2000's to try to shut down mold litigations and liability for claims of causation of environmental disability from WDB, by concoction and promotion of a fraudulent risk assessment theory -- the Veritox Theory. Traveling further down the rabbit hatch under the concept that no crime is complete without the cover-up, it was an even less thought-out plan to sue me for the words "altered his under oath statements"; then frame me for libel for those words,

²¹2003 contract between Manhattan Institute and Veritox (formerly GlobalTox, Inc)

<http://freepdfhosting.com/da1f816865.pdf>

2003 canceled checks from Manhattan Institute to Veritox equal to the hours that Kelman and Hardin billed for their work. <http://freepdfhosting.com/8e5c4c5a36.pdf>

²²2003 U.S Chamber Mold Statement in most relevant parts <http://freepdfhosting.com/a8baea5e37.pdf> & in its entirety www.uschamber.com/sites/default/files/legacy/reports/ilr_mold.pdf

²³2015 State of the Art Mold Conference

<http://www.survivingmold.com/news/2015/11/state-of-the-art-in-mold-conference-phoenix-az-nov-12-15-2015-has-gone-mobile/>

²⁴2015 WorkCompCentral article re: sunseting of ACOEM Mold Statement <http://wp.me/pIYPz-3Sx>

falsify court documents, continue to use the void documents, financially ruin me and try to silence me of how the Veritox Theory scam was (still is) being marketed. All covered up by use of retaliatory criminal acts under the color of law in the California courts. I will not be shutting up until justice is served for me and the U.S. public.

In these times of attempting to standardize medical practices in the U.S. for the sake of efficient and effective public health measures, it is difficult enough for honest U.S. physicians to navigate and treat patients based on ever-changing current accepted practices. They do not need DHHS & EPA continuing to fund bogus science interjected into the complicated equation by a long-term conflicted NGO partner.

Unless EPA and DHHS/CDC/ATSDR are saying that the U.S. government is A-OK with funding known discrimination of the environmentally disabled by giving federal tax dollars to ACMT who is still marketing the discriminatory Veritox Theory fraud; then it seems it would be Choosing Wisely to cease federally funding ACMT for any type of involvement of disseminating information to U.S. physicians – particularly pediatricians.

As such, a simple “Yes” or “No” answer is required in reply to my letters: **Will the federal agencies you represent continue funding ACMT to disseminate information to U.S. physicians while they are still promoting the scientifically void Veritox Theory on their website?**

Yes ____ No ____.

If the answer is “Yes” then the additional questions which require answers are: “Why?” and “What does DHHS & EPA intend to do to mitigate the damage to the public from government funded discrimination of the environmentally disabled based on known scientific fraud?” (Just making laws that WDBs must be cleaned up doesn’t solve the problem of poor medical care for the CIRS-WDB-disabled by misinformed U.S. physicians.)

Thank you for your prompt attention to this matter. I look forward to your reply (or seeing the results of your actions on the ACMT website²⁵). It is my hope that you will act, Dr. Frieden, to protect the American public from discrimination in medical practices by U.S. physicians who use (sometimes conflicted) NGO medical associations and their web-presence to obtain information. Please make ACMT sunset their bogus Mold Statement and retract it from their website before giving them any more federal funds used to portray that they are here for the benefit of America’s children.²⁶

Sincerely,



Mrs. Sharon Noonan Kramer

Enclosure: 1

CC: Leslie R. Dye, MD, FACMT, President, ACMT²⁷

Robert Harrison, MD, President, Association of Occupational and Environmental Clinics (AOEC)²⁸

Benard P. Dreyer, MD, FAAP, President, American Academy of Pediatrics (AAP)

Dr. Michael Hodgson, Medical Director, OSHA

²⁵ Current website list of ACMT Position Statements, including “*Institute of Medicine Report on Damp Indoor Spaces and Health*” http://www.acmt.net/resources_position.html

²⁶ “*The Pediatric Environmental Health Specialty Units (PEHSUs) are a source of medical information and advice on environmental conditions that influence reproductive and children’s health. PEHSU are academically based, typically at university medical centers, and are located across the United States, Canada and Mexico. These PEHSU form a network that is capable of responding to requests for information throughout North America and offering advice on prevention, diagnosis, management, and treatment of environmentally-related health effects in children. Because children’s environmental health covers a wide variety of issues, the PEHSU network has experts in pediatrics, allergy/immunology, neurodevelopment, toxicology, occupational and environmental medicine, nursing, and other specialized areas....The PEHSU website is supported by the American College of Medical Toxicology (ACMT) and funded (in part) by the cooperative agreement FAIN: U61TS000238 from the Agency for Toxic Substances and Disease Registry (ATSDR). Acknowledgement: The U.S. Environmental Protection Agency (EPA) supports the PEHSU by providing partial funding to ATSDR under Inter-Agency Agreement number DW-75-95877701.*” http://www.pehsu.net/About_PEHSU.html

²⁷ ACMT Board of Directors <http://www.acmt.net/directors.html>

²⁸ ATSDR re: AOEC (located at the same sites as most PEHSUs) <http://www.atsdr.cdc.gov/MHMI/mhmi-v3-a2.pdf>

ACOEM Takes Down Position Paper Commonly Used to Defend Against Mold Claims

by Ben Miller (Reporter)

WorkCompCentral Monday, March 9, 2015

The American College of Occupational and Environmental Medicine appears to have retired a controversial position statement on mold that critics say has been used to deny workers' compensation claims for more than a decade.

The position paper, titled Adverse Human Health Effects Associated with Molds in the Indoor Environment, essentially stated that mold is not likely to cause many of the illnesses that employees mark down as job-related on workers' compensation forms, according to mold activist Sharon Kramer.

The paper no longer appears on the organization's website. A search for previous versions of ACOEM's policies and positions page using WayBack Machine – a website that takes snapshots of web pages and preserves them so users can compare changes later on – shows the paper appearing no later than Dec. 29.

ACOEM representatives did not respond to multiple requests for comment. But Kramer told WorkCompCentral in an interview last week that Michael Hodgson, medical director for the U.S. Occupational Safety and Health Administration, received a statement from ACOEM's publications director [Marianne Dreger] last year that the organization would sunset the position paper in early 2015.

Kramer said the sunsetting that appears to have occurred takes away any weight the paper might hold as a defense against workers' compensation claims where the claimant is seeking benefits for mold-related illness.

“It's sort of damning for anybody who tries to use that in court because they basically said, ‘Eh, this [is] no longer our understanding,’” Kramer said.

Kramer said the position statement was first published in 2002, then revised in 2011. Neither paper, she said, acknowledged mounting evidence supporting that mold can cause respiratory problems and inflammatory responses in the body.

“It was a litigation defense argument right from the get-go,” she said.

Ritchie Shoemaker, a mold researcher who has testified in more than 200 court cases related to mold illness, said the ACOEM paper was ubiquitous in litigation for many years.

“After 2003, there were no cases that I participated in where defense did not quote ACOEM,” he said.

Mold inhalation causes reactions of varying degrees, depending on the individual, Shoemaker said, and can present itself in an array of symptoms – confusion, memory problems, numbness and tingling, tremors, respiratory problems and even joint problems that look like rheumatoid arthritis at first glance.

“It’s fascinating to see the diversity of inflammatory responses that we have,” Shoemaker said. That position has been supported in literature from the World Health Organization as well as the National Institute of Occupational Safety and Health.

Shoemaker said there are several ways to show that a patient has been exposed to the inhalation of mycotoxins, which mold produces. Blood samples, brain imaging and soon genetic tests can all be used to show a “fingerprint” that only mycotoxin inhalation produces, he said.

He said he has submitted a journal article for publication on genetic testing. That paper shows that a person’s messenger ribonucleic acid can be analyzed to see which genes have been activated and which have been suppressed by mold inhalation.

“If all we look at is just a genomic sample, we can take it as a blind without knowing anything about the patient and tell you with 93% accuracy whether we’re dealing with a mold patient,” he said. Further evaluation can bring the accuracy of diagnosing a person as suffering from mold inhalation up to 99%, he said.

Other workers’ compensation treatment guidelines don’t have much to say about mold. The medical treatment guidelines available on the Washington state Department of Labor and Industries website make no specific mention of mold. Colorado’s guidelines, which were among the first for workers’ compensation adopted in the country, also make no mention of mold.

“We can’t cover everything and what we focus on are really the nine highest frequency and highest cost conditions in Colorado, and (mold) is actually not on the list,” said Daniel Sung, manager of medical policy for Colorado’s Division of Workers’ Compensation.

In mold cases, he said, Colorado stakeholders will have to instead look for the best evidence-based medicine they can find.

The online portal for the Official Disability Guidelines offers no entry in its “UR Advisor” tool and points users to MedLineConnect, a government-run website which simply states that

“inhaling or touching mold or mold spores may cause allergic reactions or asthma attacks in sensitive people.”

Shoemaker said that even though the ACOEM paper appears to have been sunset, he expects it to continue cropping up in court because ACOEM was the last organization to hold the position that mold inhalation wasn't likely to cause medical problems.

“They don't have anything else,” Shoemaker said. “The British were throwing rocks at Washington as he crossed the Delaware River because the Hessians were too drunk to fire their muskets.”

<https://ww3.workcompcentral.com/.../365fb293e6c28f3644229d743...>

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The Veritox Theory (if this looks to you like “*garbage science*” filled with scientifically irrelevant bells and whistles to support the concept that a flawed linear-dose-no-threshold mode (LNT) proves lack of causation of human illness -- that would be because that is exactly what it is!)

<http://freepdfhosting.com/74478c4cad.pdf>

Adverse Human Health Effects Associated with Molds in the Indoor Environment
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In single-dose in vivo studies, *S. chartarum* spores have been administered intranasally to mice or intratracheally to rats. **76,77** High doses (30×10^6 spores/kg and higher) produced pulmonary inflammation and hemorrhage in both species. A range of doses were administered in the rat studies and multiple, sensitive indices of effect were monitored, demonstrating a graded dose response with 3×10^6 spores/kg being a clear no-effect dose. Airborne *S. chartarum* spore concentrations that would deliver a comparable dose of spores can be estimated by assuming that all inhaled spores are retained and using standard default values for human subpopulations of particular interest – very small infants,† school-age children,†† and adults.††† The no-effect dose in rats (3×10^6 spores/kg) corresponds to continuous 24-hour exposure to 2.1×10^6 spores/m³ for infants, 6.6×10^6 spores/m³ for a school-age child, or 15.3×10^6 spores/m³ for an adult. If the no-effect 3×10^6 spores/kg intratracheal bolus dose in rats is regarded as a 1-minute administration (3×10^6 spores/kg/min), achieving the same dose rate in humans (using the same default assumptions as previously) would require airborne concentrations of 3.0×10^9 spores/m³ for an infant, 9.5×10^9 spores/m³ for a child, or 22.0×10^9 spores/m³ for an adult.

In a repeat-dose study, mice were given intranasal treatments twice weekly for three weeks with “highly toxic” *S. chartarum* spores at doses of 4.6×10^6 or 4.6×10^4 spores/kg (cumulative doses over three weeks of 2.8×10^7 or 2.8×10^5 spores/kg).⁷⁹ The higher dose caused severe inflammation with hemorrhage, while less severe inflammation, but no hemorrhage was seen at the lower dose of 4.6×10^4 spores/kg.

Using the same assumptions as previously (and again ignoring dose rate implications), airborne *S. chartarum* spore concentrations that would deliver the nonhemorrhagic cumulative three-week dose of 2.8×10^5 spores/kg can be estimated as 9.4×10^3 spores/m³ for infants, 29.3×10^3 spores/m³ for a school-age child, and 68.0×10^3 spores/m³ for adults (assuming exposure for 24 hours per day, 7 days per week, and 100% retention of spores).

The preceding calculations suggest lower bound estimates of airborne *S. chartarum* spore concentrations corresponding to essentially no-effect acute and subchronic exposures. Those concentrations are not infeasible, but they are improbable and inconsistent with reported spore concentrations. For example, in data from 9,619 indoor air samples from 1,717 buildings, when *S. chartarum* was detected in indoor air (6% of the buildings surveyed) the median airborne concentration was 12 CFU/m³ (95% CI 12 to 118 CFU/m³).⁸⁰

Despite its well-known ability to produce mycotoxins under appropriate growth conditions, years of intensive study have failed to establish exposure to *S. chartarum* in home, school, or office environments as a cause of adverse human health effects. Levels of exposure in the indoor environment, **dose-response data in animals, and dose-rate considerations suggest that delivery by the inhalation route of a toxic dose of mycotoxins in the indoor environment is highly unlikely at best, even for the hypothetically most vulnerable subpopulations.**

References cited in alleged support of the Veritox Theory. Dr. Carol Rao's mechanistic work, to which Bruce Kelman and Brian Hardin applied their extrapolations:

76. Rao CY, Brain JD, Burge HA. Reduction of pulmonary toxicity of *Stachybotrys chartarum* spores by methanol extraction of mycotoxins. *Appl Environ Microbiol.* 2000;66:2817-21.

(76.) *"We provide evidence that there is a dose-related association between an acute exposure to toxin-containing *S. chartarum* spores and measurable pulmonary responses. The consequences of low-level chronic exposure remain to be investigated, as does the relevance of the rodent data to human exposure."*

77. Rao CY, Burge HA, Brain JD. The time course of responses to intratracheally instilled toxic *Stachybotrys chartarum* spores in rats. *Mycopathologia.* 2000;149:27-34.

(77.) *"We have demonstrated that a single, acute pulmonary exposure to a large quantity of *Stachybotrys chartarum* spores by intratracheal instillation causes severe injury detectable by bronchoalveolar lavage. The primary effect appears to be cytotoxicity and inflammation with hemorrhage. There is a measurable effect as early as 6 h after instillation, which may be attributable to mycotoxins in the fungal spores. The time course of responses supports early release of some toxins, with the most severe effects occurring between 6 and 24 h following exposure. By 72 h, recovery has begun, although macrophage concentrations remained elevated"*