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Dr. Robert Redfield, Director
CDC/ATSDR
1700 Clifton Rd NE
Atlanta, GA 30329

Copies to: Alex Azar II, Secretary of DHHS; U.S. Senators Lamar Alexander & Patty Murray, Chair & Ranking Member Senate HELP; U.S. Senators Dianne Feinstein & Kamala Harris (CA); CA Attorney General Xavier Becerra; and the Board of Directors of the Association of Occupational and Environmental Clinics (AOEC)

Re: Twelve recent deaths from the adenovirus while inhabiting “moldy” environments¹ in two states. Please educate U.S. physicians of the potentially lethal synergistic-risk for vulnerable populations.

Dear Dr. Redfield,

Various news outlets are reporting that experts, including from the CDC, are promoting the concept that there is no connection between mold and the adenovirus.^{2 3} With all due respect, this is a half-truth and half-truths are the same as lies. This particular lie can cause more deaths in the future if U.S. physicians continue to be misinformed by experts’ half-truths.

It is true that mold is not known to be a cause of the adenovirus. However, it is untrue that there is no known probable causal connection between excessive mold exposure and deaths from respiratory infections, particularly among vulnerable sub-populations.^{4 5}

¹ 10/09/15 As defined by the State of CA Health & Safety Code 17920(j) “Mold” means microscopic organisms or fungi that can grow in damp conditions in the interior of a building.”

² 11/26/18 Health.com “**Dad Blames Dorm Mold for Daughter's Death from Adenovirus—Here's What an Expert Says**” quoting Albert Rizzo, MD, chief medical officer at the American Lung Association, “Dr. Rizzo says there is no direct relationship between adenovirus and mold....” https://www.health.com/cold-flu-sinus/mold-health-dangers?fbclid=IwAR28cY_gEiBI7qhJxrhvjNBWWZgfbJyoDMzTDw-5j6o_ZBI56R3jZaWEpLU

³ 11/21/18 Washington Post “**No ‘consistent connection’ between mold problem and adenovirus infections, U-Md. Says**” quoting the CDC as “Similarly, the U.S. Centers for Disease Control and Prevention said no link exists between mold and adenovirus.” https://www.washingtonpost.com/education/2018/11/21/no-consistent-connection-between-mold-problem-adenovirus-infections-u-md-says/?utm_term=.b4de2664f170

⁴ 2005 CDC “**Population-Specific Recommendations for Protection from Exposure to Mold in Flooded Buildings by Specific Activity and Risk Factor**” “Affected individuals should consult with their physicians before entering the affected area... Includes immunosuppressant drug therapy, such as cancer chemotherapy, corticosteroid, or other immunosuppressive drug therapy; and diseases impairing host defense...” https://www.cdc.gov/disasters/mold/report/pdf/2005_moldtable5.pdf

⁵ 2006 CDC “**Mold Prevention Strategies and Possible Health Effects in the Aftermath of Hurricanes and Major Floods**” “In general, persons who are immunosuppressed are at increased risk for infection from mold. Immunosuppression can result from immunosuppressive medication, from medical conditions and diseases that cause immunosuppression..” <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5508a1.htm>

It is public knowledge that many have become ill with the adenovirus, but only twelve youths have reportedly died from it in the recent months. It is public knowledge that *all twelve had underlying conditions* which weakened their immune systems and that *all twelve were inhabiting moldy environments* at the time that their newly acquired viral infections turned deadly.^{6,7,8,9}

If U.S. physicians are not informed of the plausible synergistic cause of death (weak immune system + respiratory virus + mold) they are going to continue to treat their most vulnerable patients for the adenovirus and other respiratory infections while incautiously leaving their patients living and working in mold. More fatalities could occur.

As such, U.S. physicians being misinformed by experts' half-truths is the most plausible cause of viral illnesses such as the adenovirus ultimately causing demise of patients, who are not being warned by their doctors to stop living and/or working in mold.

The CDC has multiple avenues to relay needed health advisories to U.S. physicians and to the public. One way is by use of the CDC Health Marketing Department.¹⁰

⁶ 11/16/18 NBC News "**Death toll rises to 11 children in adenovirus outbreak at New Jersey rehabilitation center**" *"The child had been a resident at Wanaque Center for Nursing and Rehabilitation in Haskell, one of 34 children who became ill between Sept. 26 and Nov. 12 after being 'associated' with an adenovirus outbreak, state health officials said. The adenovirus can cause a range of symptoms and illnesses, including cold-like symptoms, pneumonia and sore throat. It can be severe for people with certain respiratory diseases or weakened immune systems, according to the Centers for Disease Control and Prevention."* <https://www.nbcnews.com/health/health-news/death-toll-rises-11-children-adenovirus-outbreak-new-jersey-rehabilitation-n937171>

⁷ 10/28/18 New York Post "**Worker offers glimpse into 'filthy' medical facility where kids died of adenovirus**" *"The employee at the Wanaque Center for Nursing and Rehabilitation — who requested anonymity because of concerns about retaliation from higher-ups — described dirty rooms, old and rusty equipment, mold, and poor upkeep to NJ.com."* <https://nypost.com/2018/10/26/worker-says-medical-facility-where-kids-died-of-adenovirus-was-filthy/>

⁸ 11/27/18 CBS News "**Parents of Maryland student who died say health center didn't test for adenovirus**" *"The CDC has not indicated that there's any link between mold and adenovirus. The university says on its website that 'it appears that there is no consistent connection between mold exposure and the incidents of adenovirus infection affecting UMD students.' Olivia [deceased U of Md student] was diagnosed with Crohn's disease before coming to college and took medication, which her father says weakened her immune system. Within weeks of starting school, he says Olivia began expressing concerns about mold in her dorm room in Elkton Hall."* <https://www.cbsnews.com/news/adenovirus-death-university-maryland-student-olivia-paregol-parents-speak-out-mold-health-center/>

⁹ 11/27/18 Baltimore Sun "**Maryland students, parents complain university hasn't done enough to combat mold, adenovirus**" *After mold sickened students and forced the evacuation of a dorm early in the semester, a surge of adenovirus struck the campus, infecting at least nine students and killing one. Students and parents say they're frustrated and frightened. Health problems began early in the semester for students like Kristian Moller, an 18-year-old freshman, who began coughing about three weeks after moving into Easton Hall. By mid-November, he was hospitalized at Calvert Health Medical Center with pneumonia."* <https://www.baltimoresun.com/news/maryland/education/higher-ed/bs-md-adenovirus-mold-follow-20181127-story.html>

¹⁰ CDC "**Health Marketing is a multidisciplinary area of public health practice.**" *"Drawing from fields such as marketing, communication, and public health promotion, health marketing provides a framework.. that can be used to guide work in public health research, **interventions, and communication campaigns.**"* <https://www.cdc.gov/healthcommunication/toolstemplates/whatishm.html>

Another way is by use of non-government organizations (NGO). CDC/ATSDR claims to have a “*perfect partnership*” with the Pediatric Environmental Health Specialty Units. (PEHSU)¹¹. NGO PEHSUs are located within the medical clinics of the NGO Association of Occupational and Environmental Clinics (AOEC). AOECs and PEHSUs are located at medical schools throughout the United States. CDC could easily direct an e-blast advisory via PEHSU/AOEC to their physician members, including university-affiliated clinic physicians.

One of the recent deaths was a freshman living in a moldy dorm at the University of Maryland. She was reportedly taking immune system suppressive steroids for her underlying Crohn’s disease. She newly-acquired the adenovirus. News reports state that she was at Johns Hopkins at the time of her death. The University of Maryland School of Medicine and Johns Hopkins University School of Medicine both host AOECs.¹²

The CDC has known of the increased risk of mold exposure for sub-populations (such as those including this young girl and the eleven additional deceased) for no less than thirteen years. (See fn 4 & 5) As such, there is no justification that in the future, physicians affiliated with these universities and clinics would not being properly educated to the potential lethal effects from excessive mold exposure for immune-weakened sub-populations.

Inconsistent messaging and half-truths when mold is a potential contributing factor to causation of illnesses and deaths is a long-standing, ongoing federal inter-agency problem.¹³ The underlying problem stems from conflicted interests among government agencies, some of their NGO policy-writing partners, and mutual financial interests in denying liability for causation of mold-induced disabilities and deaths. Toxic tort defense attorneys at government agencies, including the federal government, rely on NGO policy-setting experts to serve as their expert defense witnesses in mold litigations.

Several of the policies that have been set by NGO partners have been designed to match defense testimonies that are purposed to stave off liability for causation of disabilities and deaths. Some of these same NGO experts, who serve for government attorneys, also serve for private sector defense attorneys. This occurs primarily when they are hired by toxic tort defense attorneys who are retained by insurers of water damaged buildings.¹⁴

¹¹ 10/05/16 CDC blog “**A Perfect Partnership: Pediatric Environmental Health Specialty Units**” “*How do you bridge the gap between the growing concern over environmentally related pediatric health problems and the fact that many physicians feel inadequately educated to address such concerns? Between what parents would like to know about environmental effects on their children’s health and the need for a trusted source of objective, science-based information? With a pediatric environmental health specialty unit (PEHSU)*” <https://blogs.cdc.gov/yourhealthyourenvironment/2016/10/05/a-perfect-partnership-pediatric-environmental-health-specialty-units-2/>

¹² Locations of PEHSUs & AOECs <http://www.aoec.org/>

¹³10/15/08 Federal GAO “**Indoor Mold: Better Coordination of Research on Health Effects and More Consistent Guidance Would Improve Federal Efforts**” “*As a result, the public may not be sufficiently advised of indoor mold’s potential health risks.*” <https://www.gao.gov/products/GAO-08-980>

¹⁴ 1/10/07 Wall Street Journal “**Amid Suits Over Mold Experts Wear Two Hats, Authors of Science Papers Also Cited by the Defense in Mold Litigation**” “*The paper [by Bruce Kelman, ex-CDC employee Bryan Hardin, and Andrew Saxon of UCLA] has become a key defense tool wielded by builders, landlords and insurers in litigation. It has also been used to assuage fears of parents following discovery of mold in schools. One point that rarely emerges in these cases: The paper was written by people who regularly are paid experts for the defense side in mold litigation...The dual roles show how conflicts of interest can color debate on emerging health issues and influence litigation related to it.*” <https://www.wondermakers.com/Portals/0/docs/02.%20Amid%20Suits%20Over%20Mold%20Experts%20Wear%20Two%20Hats%2002.07.pdf>

University-affiliated-physicians, who have authored flawed policies for NGOs, generate personal income as expert defense witnesses in mold litigations. For years, universities themselves have been generating income from the flawed expert defense witness opinions in mold litigations, legitimized by flawed policies penned by their physician employees.^{15, 16, 17}

Like the government agencies and private sector insurers, some universities have avoided liability for their negligent acts causing mold-related disabilities and deaths via university-income-generating naysaying expert opinions being written into policies and used in courts.¹⁸

It is a dishonest-double-dipper of simultaneously saving financial liability when generating income from half-truths and lies purposed to be used in courts. The double-dipper is recklessly leaving U.S treating-physicians in the dark of how to appropriately treat their immune-system-challenged patients when they are exposed to mold.

The paragraph is directed to CA Senators Feinstein and Harris, along with CA Attorney General Becerra: Agnotology is the study of culturally induced ignorance or doubt, particularly by the manipulation of scientific data. The agnotology of the mold issue has been proven and publicly exposed over and over again. The health hazards caused by the financially beneficial data manipulations in institutions of higher education and compromised NGOs will not be completely eradicated from U.S. public health policies, physician educational materials, claims handling practices, and mold cases nationwide -- without your interventions to stop the continuing honest services frauds in the State of California. (See fn.14,16-18, 20-22)

¹⁵ 3/17/15 Environmental Health Perspectives **“A Standard of Knowledge for the Professional Practice of Toxicology”** by Janis Hulla U.S. Army Corps of Engineers; Lewis Kitner AstraZeneca Pharmaceuticals; and Bruce Kelman Veritox, Inc. *“The ABT [American Board of Toxicology] Board of Directors recently elected to update its professional Standard of Knowledge. In developing the updated Standard, the Board members empowered a committee of currently practicing toxicologists to design and implement a process to return information useful in defining the **skills and knowledge taught in academic institutions** and acquired through the professional practices of toxicology.”*
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529009/>

¹⁶ 2/15/06 **USDOJ hired Bruce Kelman of Veritox, Inc. as an expert defense witness in a military housing mold litigation.** (see his expert report @ <http://freepdfhosting.com/3696bb70f0.pdf>) The USDOJ has hired Veritox principles as expert defense witnesses in toxic torts for over fifteen years and have paid them over \$1M.
https://www.fedspending.org/fpds/fpds.php?city=Redmond&state=WA&company_name=Veritox&sortp=r&detail=-1&dtype=T&reptype=r&database=fpds&fiscal_year=&submit=GO

¹⁷ 11/05/18 Business Insider **“U.S. senators, citing Reuters report, demand fixes in military housing”** *“Two U.S. senators [Feinstein & Harris] on Monday called on the Department of Defense and one of its largest landlords to fix housing hazards documented by Reuters at military bases nationwide, including a Marine compound in southern California [Camp Pendleton, San Diego].”*
<https://www.businessinsider.com/r-us-senators-citing-reuters-report-demand-fixes-in-military-housing-2018-11>

¹⁸ (See fn 14, WSJ article) *“Two other medical societies have also published statements on mold written, in part, by legal defense experts... **The paper's third author was Andrew Saxon, then chief of clinical immunology and allergy at the medical school of the University of California, Los Angeles. He, too, has served as a defense expert in numerous mold suits. Dr. Saxon says he is paid \$510 an hour for his help. If called to testify in court, his rate rises to \$720 an hour, according to a deposition he gave. Until he retired from UCLA in September, money he earned as a legal-defense expert was paid to the university, and he says UCLA then gave him a little less than half of it. Dr. Saxon estimates he generates \$250,000 to \$500,000 a year from expert defense work, which includes non-mold cases.**”*

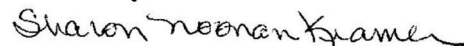
From studying the agnotology of the mold issue and lobbying for changes in health marketing for over fourteen years, I know that financially driven conflicted interest is the primary bottleneck which is deterring appropriate U.S. physician education by the federal government and several of its NGO partners. The agnotology strongly appears to have contributed to the recent deaths by causing lack of U.S. physician awareness of risk.^{19 20 21}

Given that all twelve of the recent atypical deaths from adenovirus have the common denominators of underlying chronic conditions and inhabiting moldy environments at the time of their deaths; and given that moldy environments and immunocompromising-vector-borne diseases are on the rise due to temperature changes, increased floods, hurricanes, and fire-fighting measures; please promptly practice the precautionary principle to protect the public's health, safety and lives in the future.

Please get the whole truth (based on CDC current accepted science fn.4 & 5) to U.S. physicians of the risks posed by mold, plausibly contributing to deaths among the immune-weakened; and the need for physicians to advise their vulnerable-population-patients to avoid inhabiting or working in environments with excessive mold in the future.

Thank you for your prompt attention to this matter.

Sincerely,



Sharon Noonan Kramer

Advocate for Integrity in Health Marketing²²

¹⁹ 1/12/16 **Request to CDC & EPA to cease marketing a litigation defense argument** (via NGO partners) as public health advisories over mold induced illnesses. *"People are experiencing chronic fatigue, multi-system/multi-symptom inflammations, and newly acquired environmental intolerances after exposure to Mold. They can get no help from US physicians, who have had it crammed down their throats by CDC funded "nonprofits" that it is proven the disabled are liars, mentally ill, and/or scammers. The cost to society as a whole is in the billions."* <https://katysexposure.files.wordpress.com/2016/01/16-01-12-final-to-cdc-epa.pdf>

²⁰ 5/15/10 **Request to the Regents of the University of California** by physicians, researchers, industrial hygienists and advocates **to cease enabling the UC name to be improperly used by the defense in U.S. mold litigations and in companion flawed policies.** <http://freepdfhosting.com/e88548fd20.pdf> **I am aware that as of November 2018, Dr. Andrew Saxon still promotes that he is affiliated with the UC when testifying for the defense in U.S. mold trials, purposed to lend credentialed credibility to his words.**

²¹ 2/5/07 Report to Federal GAO **"CDC The Outsourcing of Environmental Medicine"** by JoEllen Perez and Sharon Kramer *"The Centers for Disease Control and Prevention is giving millions of dollars to private medical associations to research and educate physicians about environmental illnesses. Who, if anyone, is providing government oversight?"* <http://freepdfhosting.com/f64eef246e.pdf>

²² 10/4/18 **"The Toxic Judgment"** I have a BBA in marketing from Ole Miss, 1977. In 2005, I publicly exposed how junk science was being mass-marketed into public health policies and physician educational materials for the purpose of staving off liability for causation of disabilities and deaths in U.S. mold litigations. For ten years, the CA courts have been framing me for libel with a void judgment that fraudulently does not state by decree that **a jury found I was not guilty of libeling Veritox, Inc.** In June 2018 the courts backdated a fraudulent entry into the electronic case file to facilitate the renewal of the void judgment. This is intended to keep the fraud that I exposed (subject of this letter) going by criminal means for another ten years. This is how I know that the CDC, other federal & state agencies along with federal & state legislators and courts need to do a far better job of protecting the public's health and safety from the deeply-rooted agnotology in the mold i\$\$ue. *"The Toxic Judgment"* is a three-hour video which explains and provides direct evidence of the ongoing problem in detail. <https://www.youtube.com/watch?v=T-469SzJgE>