

IAQ ALERT: NAVIGATING THE MAZE OF MOLD MANIA

Indoor air quality issues are becoming more significant and frequent for contractors, building owners, architects, landlords, and homeowners. Mold is the latest suspect. Many theories have been floated on why mold is just now becoming so prominent with respect to indoor air quality since mold has been around for millions of years. The theories include changes in construction methods and materials caused by the oil embargo of the 1970s, recent hurricanes in Florida and Texas, as well as tropical storm Allison. These factors were probably amplified by what is now known as the 1994 CDC Report. The Center for Disease Control initially linked the deaths of infants in a housing complex in Cleveland, Ohio, to exposure to *Stachybotrys Chartarum*, a species of mold. The 1994 CDC report suggested an association between *Stachybotrys* and the lung condition observed in the infants. A media feeding frenzy resulted which was seized upon by many “indoor air specialists” and lawyers. In 2000, an internal board and an external board reviewed the methodology of the investigation in Cleveland after a similar investigation in Cincinnati, Ohio, yielded the opposite results. The review by the CDC revealed the original Cleveland investigation was the result of “observer bias.” More tests were conducted in the suspect homes than in the control group. Despite the correction of the report, six years of momentum had developed. Regardless of what caused the current situation, it is here and it must be addressed. The health risk emphasis may subside, but it will not disappear.

Recently, the Texas Medical Association Council on Scientific Affairs completed a study of all published medical and scientific literature and consulted experts and specialists. They determined the public concern about “black mold,” “killer mold,” or “toxic mold” is **NOT** supported by medical science. This report can be obtained and/or reviewed at [www.texmed.org/has/CSA Black Mold.doc](http://www.texmed.org/has/CSA%20Black%20Mold.doc).

The TMACSA study does not mean remediation of water damage in homes and other buildings is unnecessary. Aside from the legal import of the study, the practical implication for the construction industry is all mold should be remediated in the same manner and no extra expense or procedures are justified. The so-called “toxic” molds present no greater health hazard to ordinary people than 10,000 common types of mold which have been around longer than mankind itself. Laboratory sampling to determine the type of mold is generally unnecessary. For the purposes of remediation, there is no distinction between types of mold—if mold is visible, remediation is warranted. In fact, the EPA’s primary method of assessment is visual observation. Common sense dictates one should look behind walls if there are musty odors or other evidence of water damage that would likely wet the area behind walls or in the wall cavity. However, just a general concern about mold or even a general concern about health is insufficient cause to start tearing a building apart. Opening walls will probably contaminate adjacent areas. If there is a general concern about health, then the occupant should go to a doctor first before opening walls or removing floors. No building is free of mold and virtually any building more than two years old in the Gulf Coast area will have mold in it.

There is no single test to determine if occupants should vacate a building contaminated with mold or whether it is safe to re-occupy a building. The question of health problems due to mold is very much one of individual sensitivity. Obviously, hospitals, nursing homes, etc., should be analyzed

differently than a storage warehouse or parking garage. The decision to vacate should be made by an individual based on consultation with a competent, ethical physician. The most important thing to address is whether the moisture problem which caused the mold has been fixed. It is generally accepted that removing the moisture within 24 to 48 hours will prevent mold growth. Make sure the area within the walls is dry as well, not just the outside surface. Do not allow the company doing the investigation to perform the remediation. There is no need to provide a monetary incentive for a full-scale abatement. Next, has the affected area been investigated and remediated according to the appropriate guidelines? Due to the limitations mentioned throughout this article, the current consensus is to follow appropriate procedures rather than emphasize results. No one on earth can legitimately define "how clean is clean." Consequently, make sure the proper procedures are followed. Some of the most common guidelines which are followed by reasonably competent remediators are those by the U.S. EPA, the American Industrial Hygiene Association, and/or the Texas Department of Health. You can review the EPA guidelines at www.epa.gov. Contact the American Industrial Hygiene Association at <http://www.aiha.org>.

There are currently numerous legislative initiatives attempting to address the qualification and training of remediation contractors. In the interim, good judgment suggests sampling and testing should not be done before an inspection by a qualified professional, such as an industrial hygienist. Certified Industrial Hygienists have a code of ethics which would prevent one whose expertise is in the chemical industry from conducting a mold survey without additional research or training. Someone who is knowledgeable about how a building is built, how a building works, and how buildings fail would also be a reasonable candidate for the initial inspection. Remember, visual observation is still the EPA's primary method of assessment. The larger the building, the more complicated the issue.