

GLOBAL INDOOR HEALTH NETWORK

"WORKING TOGETHER FOR HEALTHY INDOOR ENVIRONMENTS"

<http://globalindoorhealthnetwork.com>

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International Healthy Buildings Conference

Most people spend up to 90 per cent of their time indoors, but poorly ventilated buildings that contribute to the spread of infectious diseases could make staying inside bad for your health.

Queensland University of Technology (QUT) will host the 10th International Healthy Buildings conference from July 8 to 12, 2012 at the Brisbane Convention & Exhibition Centre to examine the major issues facing building, environmental and health professionals.

"We can choose the water we drink, we can choose the food we eat, but we can't choose the air we breathe. We spend up to 90 per cent of our time indoors. This conference will look at how to make buildings healthier and more comfortable for people," she said.

For more details:

[Healthy Buildings: Improving the Air We Breathe](#)

Asbestos Policy 'Unethical and Shameful' Say Canadian Doctors

The Canadian Medical Association condemned the Conservative government for blocking asbestos from being listed as a hazardous substance around the world earlier this summer.

"I think this sends a strong message to the federal government that their unethical and shameful behaviour will not be tolerated by the physicians of Canada," Dr. Barry Turchen of Abbotsford, B.C. told the annual gathering of the national body representing about 75,000 doctors on Wednesday.

Canada opposed the inclusion of chrysotile asbestos in a United Nations treaty last June that would have forced exporters to warn importing countries of health hazards.

"This is an important health care issue and a product that causes significant illness and even death," outgoing CMA president Dr. Jeff Turnbull told reporters in St. John's on Wednesday. "Canada should not be in the business of exporting such a dangerous product."

"The time for the CMA is now to go beyond calling on the federal government and begging it to take action, as it clearly has no intention of doing so," Turchen told delegates to the general council in St. John's on Wednesday. **"Canada's physicians must now go further and express outright opposition to the government's stance. This is an amendment in solidarity with the international community, patients around the world and the global consensus on the danger of chrysotile asbestos."**

[Asbestos Policy 'Unethical and Shameful' Say Canadian Doctors](#)

See *Builder Denies Responsibility for Mold* on page 2

Builder Denies Responsibility for Mold

Neil White's home is only 7-years old. He bought it from the original owner in 2009.

Shortly after moving in, he says he and his family started getting sick.

"We all had (the sickness) for months on end," says White. "We were sick, sick, sick, especially the kids."

"The kids were so nasally and coughing all night."

White says he found the cause of the illness when he removed the insulation from his basement walls. Behind the drywall he found toxic mould growing.

After an air quality test indicated hazardous levels, White had an air purifying system and mould spore catchers installed in his home.

The preventative measures are helping clean the air but it doesn't solve his underlying problem.

Air is seeping in between the foundation and rim joist. The insulation was condensing on the foundation walls allowing mould to grow.

White filed a complaint with Alberta New Home Warranty.

In a report compiled by the Alberta New Home Warranty, the program is in agreement as to what happened, but nothing was done to fix the problem.

"It was hard enough finding out we had the problem, but the toughest part was finding out we can't get any help for it," says White.

A consultant, Martyn Athies said the problems were "created during original construction." Athies said, "I don't think anything subsequent to that, any finishing work after that, would create that kind of issue."

The repairs will be expensive and that's money White has no chance of recovering, unless he takes the builder to court, and wins.

[Builder Denies Responsibility for Toxic Mold](#)



Mold inside Neil White's Home in Canada

Condo Roof Leaks Lead to Toxic Mold

The recent case of [Doherty v. Admiral's Flagship Condominium Trust](#) deals with a unit owner getting sick due to toxic mold at the Admiral's Flagship Condominium in Chelsea. The toxic mold arose from persistent roof leaks at the condominium which caused untreated mold in Doherty's unit. Roof leaks are almost always a common area problem that the board of trustees must fix. According to the trial judge, the condo management did a shoddy job repairing the damage. Feeling sick and unable to live with the toxic mold, Doherty's doctor ordered her to vacate her unit. She filed a lawsuit for personal injuries.

The lower court dismissed Doherty's claim under the applicable a 3 year statute of limitations because she filed the case over 3 years after the water leaks occurred. The Appeals Court overturned that ruling, holding that under the "discovery rule" the statute of limitations for a toxic mold claim starts when the injured person becomes aware of the existence of toxic mold through investigation or some physical manifestation of being exposed to toxic mold, such as respiratory symptoms, asthma and the like. In Doherty's case, she first became aware of the toxic mold when the lab results came back in March 2006 which was within the 3 year limitations period.

According to the judges themselves, this decision is the first Massachusetts appellate case dealing with the statute of limitations for toxic mold, so it's important. The case will make it easier for toxic mold victims to sue wrongdoers in state court. The case also highlights the importance of addressing water leaks in condominiums quickly and professionally. If the condominium management had properly dealt with the roof leaks in the first place, perhaps Ms. Doherty would not have been exposed to toxic mold in the first place.

[Condo Roof Leaks Lead to Toxic Mold](#)

See *Post Katrina, Mold Worries* on page 3

Post Katrina, Mold Worries Subside but Hardly Disappear

Buildings with bathtub rings and musty smells are less prevalent than in the first year or two after Katrina, but mold remains a menace in New Orleans -- which contains 45,000 abandoned structures. Pollen-like spores from mold can be health hazards when they spread.

Federal Emergency Management Agency grants to the City of New Orleans, totaling over \$150 million for "emergency work" and "permanent work," have included mold treatment, according to the agency. Those funds are part of \$10.8 billion that FEMA has committed to rebuild Louisiana infrastructure since Katrina and Rita.

"Many of our grants don't use the term 'mold remediation,' but do provide specific remediation, which might include wet vacuuming, damp wiping or HEPA -- high-efficiency particulate air -- vacuuming of interior spaces," said Manuel Broussard, FEMA spokesman in New Orleans. Grants pay for removing contaminated material, and cleaning of air cooling, heating and plumbing equipment, he said.

At Orleans Parish School Board, Herman Taitt, Jr., chief operating officer, is the point man for mold. He said the system's last, major mold treatment was during the rehabilitation of Mahalia Jackson Elementary on Jackson Ave., where "mold grew after minor Katrina damage, followed by a lack of power in the area."

Taitt said if mold, wet plaster or a musty smell is reported, his staff can usually address the problem quickly as long as the area is 5 square feet or less. Any leaks are fixed and the hazardous patch is cleaned, bleached and dried. If the moldy area is bigger than five square feet, however, outside environmental engineers take a look at it.

When property owners ignore moisture and mold, they end up in the mess that nearly a decade ago closed Crescent City Towers in New Orleans, the state's third tallest structure.

[Post Katrina, Mold Worries Subside but Hardly Disappear](#)



New Orleans, Louisiana

Originally named after Philippe II Duc d'Orleans, who was the Regent of France

JMU Students Refuse to Move Into Apartments with Mold

Lots of college students are moving in this weekend, but a group of James Madison University students are refusing to move into their apartment because of poor conditions.

David Hollander was excited to live right across the street from JMU's campus on South Main Street in Harrisonburg.

"But then I come here and I see mold in my room, I see unsafe living conditions for my friends and roommates, and I see a slumlord," said Hollander.

The JMU students and their parents say they're shocked at the conditions of the apartment.

"There are too many things that scare me. Mold is a big issue and that's a recurring thing that can make him sick and I'm not sending my son to school to live in a place that's gonna make him sick," said Pam Ward, a mother of one of the tenants.

The landlord says the tenants entered the house before their move-in time and the cleaning wasn't finished.

But Hollander says there's still mold everywhere and the landlord only covered it up with paint.

[JMU Students Refuse to Move Into Apartments with Mold, Poor Conditions](#)

See *Member Profile: Dr. William Rea* on page 4

Member Profile: Dr. William Rea

William J. Rea, M.D. is a thoracic, cardiovascular and general surgeon with an added interest in the environmental aspects of health and disease. Founder of the Environmental Health Center - Dallas (EHC-D) in 1974, Dr. Rea is currently director of this highly specialized Dallas-based medical facility.

Born in Jefferson, Ohio and raised in Woodville, Ohio, Dr. Rea graduated from Otterbein College in Westerville, Ohio, and Ohio State University College of Medicine in Columbus, Ohio. He then completed a rotating internship at Parkland Memorial Hospital in Dallas, Texas. He held a general surgery residency from 1963-67 and a cardiovascular surgery fellowship and residency from 1967-69 with The University of Texas Southwestern Medical School system. He was also part of the team that treated Governor Connally when President Kennedy was assassinated.

Dr. Rea currently serves on the board and is president of the American Environmental Health Foundation, vice president of the American Board of Environmental Medicine and previously served on the board of the American Academy of Environmental Medicine. He has held many additional leadership positions with medical organizations and research committees. Dr. Rea is a fellow of the American College of Surgeons, the American Academy of Environmental Medicine, the American College of Allergists, the American College of Preventive Medicine, the American College of Nutrition, and the Royal Society of Medicine.

Dr. Rea has received numerous awards including the Jonathan Forman Gold Medal Award in 1987 for outstanding research in environmental medicine, the Herbert J. Rinkle Award in 1993 for outstanding teaching, and the 1998 Service Award, all by the American Academy of Environmental Medicine.

Dr. Rea has published more than 150 peer reviewed research papers related to the topic of thoracic and cardiovascular surgery as well as that of environmental medicine. He has also authored five medical textbooks and he published the popular "how to" book on building less polluted homes, "Optimum Environments for Optimum Health and Creativity."

Dr. Rea's website is <http://ehcd.com/>.



Dr. William Rea

Respiratory Hazard Assessment

When assessing the potential for respiratory hazard exposure in the workplace, OSHA says the key issues are when, what, and how much

Paragraph (d)(1)(iii) of the Respiratory Protection Standard (29 CFR 1910.134) requires you to identify and evaluate the respiratory hazards in your workplace. Specifically it says:

"The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH."

Your evaluation has to identify the physical state and chemical form of these airborne contaminants.

You must also make a "reasonable estimate" of the employee exposures that could occur as a result of those hazards, *including those likely to be encountered in reasonably foreseeable emergency situations.*

This was brought to my attention by Sandi Trend.

To read the entire article, click [here](#).

See *ETFO Honours Teacher for Activism* on page 5

ETFO Honours Teacher for Health and Safety Activism (Canada)

The Elementary Teachers' Federation of Ontario (ETFO) has honoured Lambton Kent teacher Laurel Liddicoat-Newton of the Lambton Kent teacher Local for her health and safety activism.

Liddicoat-Newton received the 2011 Health and Safety Activist Award which acknowledges the critical nature of health and safety issues in protecting the welfare of elementary public school teachers and education professionals in Ontario.

A teacher at Sarnia's Lansdowne Public School since 2004, Liddicoat-Newton watched her colleagues suffer from a variety of health issues for several years. As health and safety representative, she pushed for testing of the workplace. When unsupervised tests showed no issues, she repeatedly pushed the testers. They eventually found a massive amount of toxic mould growth in the school portables.

When health issues returned, Liddicoat-Newton again pressed for tests, this time going beyond the school board to the Ministry of Labour. After standing firm, ignoring discipline threats from her board, and taking the health issues of her teaching colleagues to the media, Liddicoat-Newton's concern was vindicated when all portables had to be removed completely due to a reoccurrence of massive mould problems.

Because of her efforts, all 55 sites of the LKDSB were thoroughly inspected by an independent tester for mould and water intrusion. Along with continuing to monitor the cleanup of each site, Liddicoat-Newton has served as co-chair of the Elementary Facilities Joint Occupational Health and Safety Committee for the LKDSB since 2009.

"The fortitude that Laurel showed in standing up for, and protecting the health and safety of, students and fellow teachers against all odds is truly remarkable," said ETFO president Sam Hammond. "Along with ETFO, thousands owe her their deep gratitude for placing their well-being before anything else."

[ETFO Honours Teacher for Health and Safety Activism](#)



*Ronald McDonald House Closed in
Chattanooga, Tennessee*

Ronald McDonald House Closed Due to Mold

The moldy problem at the Ronald McDonald house is not what director Jane Kaylor hoped for. She says it was first brought to her attention days ago, and after having health experts look at the problem, they decided to close the doors to residents.

It doesn't mean they'll be homeless, but they can't be inside as the rooms are treated with chemicals. "It is a process that you cannot be present for while they are doing it," Kaylor said.

That means 11 families will be put in temporary shelters until the mold problem is fixed, there's no telling how long that can take.

The second issue is finding the root of the mold. It was discovered on walls and window seal, but Kaylor isn't sure how it got there. "We have been here 20 years, and it has never happened before and we don't know exactly what caused it."

Her assumption is the mold was caused by the hot humid weather as of late, but the more pressing issue is finding shelter for the families inside.

The preliminary fix is to put everyone in hotels, but with a tight budget, the long-term solution could be costly. Kaylor said, "We have a small emergency fund and we don't know what it is going to cost and it will be."

[Ronald McDonald House Closed Due to Mold](#)

See *Independent Living* article on page 6

Integrating People with Chemical Sensitivities into Independent Living

The following article is from Mary Lamielle, Executive Director of the National Center for Environmental Health Strategies (NCEHS).

Darrell Jones is a program coordinator for the IL net at the Independent Living Research Utilization (ILRU). She works with a large multidisciplinary team in the development and delivery of training and technical assistance for centers for independent living and statewide independent living councils.

Today she has a job accommodation of working at home. Her employer takes great care to accommodate her and to include her. She's treated as a valued and essential part of the team. Nevertheless, Darrell has and still does feel the stigma of someone with chemical sensitivities.

Darrell was the founding executive director of the Rochester, New York Center for Independent Living. She has personal experience with multiple chemical sensitivities, fibromyalgia, and chronic fatigue syndrome. What is remarkable about Darrell's story is not the isolation, pain, and suffering which is so common for people disabled by chemical sensitivities. It's the irony that for thirty years Darrell has worked in the independent living movement, a movement focused on addressing the needs of those with disabilities, while her own disabilities were often denied or treated as psychological by co-workers.

Darrell has created a list of Ten Things Centers for Independent Living Can Do to Become More Accessible and Inclusive to People with chemical sensitivities. The following is a brief summary.

- Take the person at their word. If they tell you they react to the plastic in their telephone, or to the electro-magnetic field from their computer, accept that at face value.

Next Newsletter: Friday, September 9, 2011



Darrell Jones

Integrating People with Chemical Sensitivities into Independent Living (continued)

- Enact a fragrance free policy at your center which includes all fragrances. A number of centers around the country have done this and it has worked quite well.
- Enact a policy that the least toxic cleaning products will be used at your center.
- If they are too ill to come to your office, find ways of providing services that are safe for the individual; work with them over the phone, via e-mail or regular mail, or through Skype, if they request it.
- If your center provides housing location assistance as one of your services, when you survey landlords, include questions about recent renovations, use of toxic cleaning products, neighborhood features such as prevalent neighborhood fireplace smoke, or whatever else is relevant for your area.
- Provide the option of an employee working at home if their job can be done at a distance.

Please let me know if you would like to receive the complete article via email.

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