

MOLD MISINFORMATION

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THERE ARE ONLY THREE REASONS TO CLEAN UP MOLD

1. Health
2. Structural
3. Esthetic

Since the structural and esthetic reasons are far less dramatic (for the media) and less remunerative for claimants and they're lawyers, HEALTH has become the driving force behind the frenzy of mold assessment and remediation.

Now let's examine some of these health issues. I shall do so by responding to questions with scientifically known answers: questions which have been answered in the opposite by the mold promoters.

First, what is a "mold promoter?" First, A mold promoter is someone who has a vested interest in the expansion of mold phobia. Second, and critically important, the mold promoter must stand to benefit financially from the most frightening mold hype which he/she also promotes.

Now for the surprising points:

1. Mold spore levels, as measured by the NAB of the American Association of Asthma, Allergy and Immunology in 100 centers nationally show remarkable variability. In St. Louis, for example, summer levels are routinely 30,000 and sometimes 75,000 spores/m³.

2. Mold toxins at indoor environmental levels have never been shown scientifically to cause any illnesses; nor is it generally accepted that they do so.

3. The CDC paper purporting an alleged connection between newborns with bleeding lungs and the presence of *Stachybotrys*, has been rescinded because the science was poor. Moreover, despite the increasing discovery of *Stachybotrys* in homes, no such "outbreaks" have been repeated.

4. Indoor exposure to mold or mold toxin has never been proven to cause brain damage.

5. The toxins made by *Stachybotrys* are not neurotoxins; whereas the toxins made by fusarium can be

5. The term "Toxic Mold" makes no sense. Almost all molds make toxins. *Alternaria*, for example (coming from trees and considered benign) makes 80 mycotoxins some of which are quite toxic in animal studies.

6. Molds may or may not make mycotoxins depending on the exact growth conditions and all strains (even of *Stachybotrys chartarum*) do not make mycotoxins. Strain 72 does; strain 29 does not.

7. No one knows exactly how many homes have mold behind the walls, but the best current estimate is 70%

8. There is no such thing as "toxic fungal syndrome," "Fungal Bioaerosol building related illness" or "fungal syndrome"

9. Fungi produce allergies, primarily. These are standard upper respiratory allergies and occasional asthma. They may, rarely, produce hypersensitivity pneumonia, though I know of no case from a home and only very rare cases from buildings. They may rarely cause infection. I know of no such cases from homes or buildings (except hospitals where aspergillosis is a risk)). Infections from indoor exposure to such molds as *Aspergillus* can lead to infection in immunocompromised patients. Even then, the risk is low.

10 The best known mold infections occur from outdoor mold. Histoplasmosis in the Ohio Valley and Coccidiomycosis in the San Joaquin Valley are the prime examples.

11. There isn't a house in the world without some *Stachybotrys* in it.

12. Occupational exposures to many molds (including *Stachybotrys*) can be in the millions of spores per m³-saw mill operators, landscapers, mushroom farmers, horse farmers.

13. There are no chronic diseases characterized by symptoms alone which arise from mold exposure.

14. The mold at summer camp is much more extensive and theoretically hazardous than the mold in a home, school or workplace

15. People in the damp south spent their lifetimes with mold re air conditioning. There is no evidence of more chronic, non-specific diseases in those people.

16. Numbers which can be used to make rational decisions about reasonable exposures are available. The AAAAI has already developed standards.

17. Indoor levels of molds do not cause cancer.

18. Symptoms are an error-prone way of evaluating disease and an impossible way of drawing causal conclusions once fear, publicity and/or litigation are at work.

19. Most mold "epidemiological" studies have depending upon symptom reporting as a primary indicator of exposure.

20. It is circular logic to say: "I feel sick; there is mold; the mold made me sick."