Any restoration contractor who thinks mold remediation is old news is seriously misguided. Numerous states are considering or have passed regulations related to mold disclosure and the registration or licensing of mold consultants and contractors. The real excitement, however, is happening on the medical and research side of the industry, where studies are bringing much-needed clarity to issues of mold-related diseases. This education is leading to broader investigations of water-damaged buildings and better diagnoses of sick occupants. It also is producing innovative treatments to relieve suffering and the anxiety that comes from having unexplained health problems.

In light of these advancements, it is truly puzzling to me how the American College of Occupational and Environmental Medicine (ACOEM) could revisit its 2002 position paper on mold, Adverse Human Health Effects Associated with Molds in the Indoor Environment, and offer dated medical information to its colleagues. Worse, the information appears to be slanted in the direction of “mold minimizers” by the selective use of data rather than a fair review of the current literature on mold and its health effects.

This is far from an academic dustup. The ACOEM document is used to guide physicians across the country. It is a key resource for government agencies responsible for determining if various illnesses and injuries are covered under workers’ compensation statutes. It is also used as a credible reference in many mold-related lawsuits.

It is this last item that has become the flashpoint for the controversy surrounding the revised ACOEM mold statement. In its original position on mold, one of the key determinations was:

“Scientific evidence does not support the proposition that human health has been adversely affected by inhaled mycotoxins in the home, school or office environment.”

Although it seemed to cut against the grain of anecdotal data and emerging literature in the mold remediation field at the time, the opinion of the occupational doctors carried considerable weight. This was especially true in the legal arena—even when extensive, credible research was offered as a counterpoint.

In 2007 the integrity of the ACOEM’s position, as well as the methodology used to develop the position, suffered a harsh blow. A front-page Wall Street Journal article entitled “Amid Suits Over Mold, Experts Wear Two Hats: Authors of Science Paper Often Cited by Defense Also Help in Litigation” documented that the authors of the ACOEM position paper were defense expert witnesses in mold cases. The newspaper also revealed that the authors had reaped millions in expert witness fees in the years following the publication of the statement by the physicians’ group.

The integrity of the ACOEM position on mold was further eroded in 2008 when one of the group’s own members, Dr. James Craner, wrote a detailed and scathing rebuke of its mold statement that was published in the October/December issue of the International Journal of Occupational and Environmental Health. Dr. Craner noted:

“ACOEM’s author selection, development, peer review, and publication of its mold position paper involved a series of seemingly biased and ethically dubious decisions and ad hoc methods. The resulting position paper resembled a litigation ‘defense report’ which omitted or inadequately acknowledged research validating the association between mold and building-related symptoms.”

Despite growing criticism, the ACOEM stood by its position. The unwillingness to admit that there may have been flaws in the process to develop its mold paper and refusal to examine more current information on mold-related health effects generated more and more public ire, as well as professional condemnation. The accusation that the ACOEM intentionally misrepresented prevailing science was further fueled by the release of other scientific documents that offered a very different conclusion. In particular, the World Health Organization (WHO) and the Institute of Medicine (IOM) have produced reports...
that aggressively challenge the opinion that human health is not harmed by mycotoxins. One section of the IOM report states bluntly:

“Studies have demonstrated adverse effects—including immunotoxic, neurologic, respiratory and dermal responses—after exposure to specific toxins, bacteria, mold or their products.”

Given the controversy, both the mold remediation industry and the public were very interested when it was announced that the ACOEM was revising its mold statement. During the last half of 2010, a number of public interest groups and industry associations asked the physicians’ organization for more transparency in the process for developing the revised paper. The controversy over dueling positions on evidence of mold-causing health effects was considered so damaging to the entire industry that even the Institute of Inspection, Cleaning and Restoration Certification (IICRC) petitioned ACOEM to allow a broader range of input into its revised policy.

All this was to no avail. On Feb. 14, 2011, the ACOEM released an updated position paper on mold that was little revised in its basic premise. While the language was softened a bit, the physicians’ group still does not recognize any connection between inhaled mold poisons and occupant illnesses:

“There is scientific evidence that in certain cases, molds and other fungi may adversely affect human health, and mold has been associated with health issues ranging from coughs to asthma to allergic rhinitis. However, current scientific evidence does not support the existence of a causal relationship between inhaled mycotoxins in the home, school, or office environment and adverse human health effects.”

In support of their minimally adjusted opinion, the ACOEM provided “an evaluation of the relevant literature.” Oddly, of the 78 references listed at the end of the position paper, the most current is dated 2002, with most of the references cited from the 1990s and 1980s. This has many industry professionals asking why more current information, notably the WHO and IOM reports, were not cited as authoritative when the position statement was revised.

Statements and presentations by ACOEM representatives support the suspicion that the current mold statement is politically motivated. For example, the American Occupational Health Conference 2011 held at the end of March had nearly 80 separate sessions. Only two of those sessions were not recorded, and one of those was entitled “Mold and Damp Indoor Environments.” The description for that session noted:

“This session will review current scientific literature regarding health effects due to mold and damp indoor environments. We will review the 2009 World Health Organization review, the Institute of Medicine Report from 2004 (IOM Report), and the revised ACOEM mold guidance document from 2010.”

Since that session was not recorded, it is difficult to objectively evaluate what was said. Nevertheless, several attendees reported that the speakers were biased against any belief that mold and mycotoxins could cause serious illnesses. While the attendees reported that the speakers did cite some newer research papers, they were almost exclusively works put together by individuals known as mold lawsuit defense experts. This leads me to conclude that the speakers were solidly in support of the current ACOEM position.

This brings us back to my initial puzzlement. Why would a respected organization put out a position paper on a controversial topic based on old and questionable data, not developed in accordance with its own policies, roundly criticized in the industry and the press—and not work scrupulously to ensure that any revision did not repeat the same mistakes?

Regardless of the rationale for the ACOEM decisions, cleaning and restoration contractors who deal with mold need to be aware that a very different viewpoint is gaining acceptance in the remediation, legal and medical fields. Exposure to mold inside buildings can cause serious health problems. Further, the prevention of water intrusion and proper remediation of fungal colonies is important to the health of occupants. Contractors who stray from that approach do so at their own risk.

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