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THE STATE

MOLD DANGER NOT OVERBLOWN

Friday, April 16, 1999

Section: EDITORIAL

Edition: FINAL

Page: A19

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An "amused" retired physician, Dr. R.B. Dreskin, recently dismissed health concerns about a school mold contamination (The Greenville News, Feb. 1). Because of an apparent lack of measurements of mold toxins and some other technical issues, parents' call for action was belittled as a "hysterical outcry."

I am a practicing occupational and environmental health physician specializing in indoor health problems, and I am very familiar with this topic. I believe Dr. Dreskin's comments contribute to unnecessary confusion about highly allergic and toxic molds.

Is the mold scare overblown? It probably depends on whom you ask. Try saying so to the young mother of a student who requires medical care and must use an inhaler because his asthma is aggravated in a school with a history of water leaks and ventilation problems. Or tell this to the mothers in Cleveland (now more than 30 of them) who either lost their babies or had to take their infants to intensive care units because of a severe (although rare) lung disease that caused bleeding of the lungs. That bleeding was attributed, in a scientific study, to unusual toxic fungal exposure inside the infants' homes.

It's true not all people will get sick, and certainly not all will die from breathing in some mold spores. However, many schools are in desperate need of repair - one-third, according to a recent government study. And many buildings have indoor air quality problems and significant water damage - 42 percent of evaluated office buildings, according to a study by the National Institute for Occupational Safety and Health.

Our experience shows that indoor mold-related health problems - including infection, allergy and toxic-irritant reaction - can, in most cases, be prevented and controlled through proper action, timely repair and proper clean-up.

We recently organized an international conference convening more than 300 specialists with a wide variety of professional backgrounds. New research was presented on bioaerosols, fungi and mycotoxins and their health effects, assessment prevention and control in indoor environments. The agreement among the experts was that any indoor fungal exposure ought to be avoided. Serious efforts should be made to minimize it.

A growing number of scientific reports describe situations in which people

suffered from intensive inhalation of mold, including spores containing potent toxins (called mycotoxins). Surely, further research is necessary to better understand at what air levels people will get sick and which mold species are more dangerous than others in indoor environments. However, the current health data does show that unnecessary indoor mold exposure should be avoided if possible.

Results of international research show more and more evidence that mold exposure inside buildings is associated with higher risks of asthma, allergies, frequent respiratory infections and even toxic health reactions at concentrations that we had thought acceptable. However, such news is still too often found only in specialty journals that are not read by general care providers, who often have very little training in environmental or occupational health issues.

Why is mold so important? About 12 million people have asthma in the United States, and asthma-related deaths are increasing. The costs exceed \$6 billion. About 40 million people in the United States have allergic rhinitis or sinusitis. That costs \$2 billion to \$3 billion. Several million school and work days are lost each year because of it. About 2 percent to 15 percent of all adult-onset asthma cases have been attributed to environmental or occupational factors in the workplace and homes. Microbes, like mold, are just one important factor.

Clearly, general practitioners need to be better educated about these issues. More educational materials should be provided the public by health departments. It may cost all of us a little more to build better buildings and keep our buildings in better shape, but in the long run we will all benefit by improving the inside air quality.

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