

## Dragon, Karen E. (CDC/NIOSH/EID)

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**From:** Wasrutgers@aol.com  
**Sent:** Wednesday, June 08, 2011 6:17 PM  
**To:** NIOSH Docket Office (CDC)  
**Subject:** 238 - NIOSH Indoor Environmental Quality (IEQ) Alert Comments

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**Comments**  
Thank you for presenting this document for review and for considering my response.

As an individual who has experienced exposure to indoor moisture, mold, and the health effects that followed I applaud the steps that have been taken here to warn of dangers and reduce the incidence of lung injury due to indoor moisture. I also highly agree that attention to the design and construction flaws that lead to moisture intrusion are a necessary part of reducing indoor air quality related illness. The strong emphasis on maintenance is most valid in the research I have done and leads to the lions share of water damage to inner human use areas. It is important to strongly emphasize that neglect of repair and maintenance are most often the direct causal link between water related toxins and illness. I would like wording that is stronger in addressing that link, as well as stating a failure to inspect a property for needed maintenance as causal of illness. Ignorance has been far over used as a release from responsibility. The standard must be set here as the injured parties quite often do not have resources to prove at each step the link between failure to maintain and lung injury.

I am very grateful that you have indicated the mold smell as a strong indicator of mold and not air spore counts as the standard required to address suspicions of water intrusion. This reinforces my understanding that the gasses produced during the growing process of mold are identifiable, very dangerous, and should be taken very seriously to avoid possible nerve toxins as with those produced by Stachybotros. It is not until the end stage of the life cycle of mold that the spores are sent airborne and therefore become detectable. Buy this time a major amount of damage to human health has likely taken place. It is a very wise step that allows individuals to protect themselves with intelligence and the resource of reason.

I am aware that this document is directed at the relationship between indoor dampness and asthma. It is a very important step to take. I also believe it is a child size step. The peer reviewed scientific evidence of many other debilitating and life threatening consequences of indoor water damage have been available for years and should be addressed at once. To neglect the neurological, renal, and cognitive damage (among many others) done by mold and damp-related bacteria is a failure to fully address what is an epidemic of unacknowledged causation of injury to humans. It is your mandate to address this issue on behalf of the work force in this country. I am asking that you do so fully and without more unnecessary delay.

I hope to see strong measures taken on this matter in the residential sector as well. That is where individuals spend the majority of their time.

Thank you again for considering my views. I look forward to the improvements your work here will make on the lives of working individuals, and those who would be rendered unable to continue to work without it.

I am available to clarify any matter I have addressed above.

Good Health to You,

Barbara R. Rutgers