

Trichothecene mycotoxins in the dust of ventilation systems in office buildings

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Analysis of trichothecene mycotoxins in dust samples from ventilation systems of office buildings was applied as a rapid and inexpensive method for the detection of mycotoxins.

Dust samples from three different office spaces of the Montreal urban area, reportedly affected by the "sick buildings syndrome", were analysed by thin-layer chromatography (TLC). Positive

colour reaction on TLC plates with 4-(p-nitrobenzyl) pyridine, specific for the 12,13-epoxy group in the trichothecene nucleus, was obtained for the extracts of 0.5- to 50 -g dust samples. The dust samples contained at least four trichothecenes: T-2 toxin, diacetoxyscirpenol, roridine A and T-2 tetraol. The results were confirmed by high-performance liquid chromatography analysis. Screening of

dust samples from air ventilation systems of reportedly affected buildings provided direct evidence of trichothecene mycotoxins, with the detection limit estimated as 0.4-4 ng/mg dust. Thus, the dust sample analysis is suggested as a rapid technique for detecting the presence of mycotoxins in the dust of ventilation systems.

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The World Health Organization (WHO) recently published its take on damp indoor spaces. [CLICK HERE](#) to read the WHO report.

FEMA Offers Advice On Mold After Flooding

4/15/08

If your home was affected by the recent flooding it may be harboring mold. Mold can be a significant problem after flooding and proper cleanup is critical to ensure that it does not affect you or your family's health. People sensitive to mold may experience a stuffy nose, irritated eyes, skin irritation, difficulty breathing or shortness of breath. People with asthma, pregnant women, infants, the elderly and individuals with compromised immune systems are at higher risk for health problems from mold. If you or your family members have health problems after exposure to mold, contact your doctor or other health care provider. To prevent or stop the growth of mold after a flood, all areas of a home that were wet in the floodwaters must be cleaned and completely dried. Mold can start to grow within 48 hours. Discard all moldy carpeting and any porous materials such as books, clothing, bedding or furniture that already smells of mold or is visibly growing mold. Remember, when in doubt, throw it out. Once a house has a mold problem, all areas of the home must be checked, cleaned and dried including air ducts and basement crawl spaces. To prevent further mold growth, seal all leaks in roofs, walls or pipes that bring excess moisture into the house. Discard all moldy drywall, ceiling tiles and wet insulation. Keep receipts from the cleaning process since disaster assistance may be available to help with cleaning costs. To clean away mold already growing on hard sur-

faces, use commercial products, soap and water, or a bleach solution of no more than 1 cup of bleach per one gallon of water. Use a stiff brush on rough surface materials such as concrete. Always open windows and doors while working with bleach to provide fresh air and wear non-porous gloves and protective eyewear during the cleaning process. Never mix bleach with ammonia or other household cleaners. Mixing bleach with other cleaning products will produce dangerous, toxic fumes so always follow the manufacturer's instructions when using cleaning products. Damage to a home from flooding may be so extensive that it may seem easier to hire a contractor or cleaning service to help with flood damage cleanup. When hiring a contractor, use extra care in the hiring process and make sure

they have experience cleaning up mold. Whenever possible, deal with trained and experienced professionals in your own community. These are business people with a local reputation to protect and can be held accountable for their work. Avoid offers that seem too good to be true.

For more information on mold and mold cleanup, the Environmental Protection Agency provides a comprehensive description on the dangers of mold and how to clean and disinfect a mold-damaged home on its web page. Mold resources are available at www.epa.gov/mold/moldresources.html.



Health Effects of Exposure to Water-Damaged New Orleans Homes Six Months After Hurricanes Katrina and Rita

By Cummings, Kristin J Cox-Ganser, Jean; Riggs, Margaret A; Edwards, Nicole; Hobbs, Gerald R; Kreiss, Kathleen

American Public Health Association May 2008 (American Journal of Public Health)

Objectives. We investigated the relation between respiratory symptoms and exposure to water-damaged homes and the effect of respirator use in posthurricane New Orleans, Louisiana. **Methods.** We randomly selected 600 residential sites and then interviewed 1 adult per site. We created an exposure variable, calculated upper respiratory symptom (URS) and lower respiratory symptom (LRS) scores, and defined exacerbation categories by the effect on symptoms of being inside water-damaged homes. We used multiple linear regression to model symptom scores (for all participants) and polytomous logistic regression to model exacerbation of symptoms when inside (for those participating in clean-up).

Results. Of 553 participants (response rate=92%), 372 (68%) had participated in clean-up; 233 (63%) of these used a respirator. Respiratory symptom scores increased linearly with exposure ($P<.05$ for trend). Disposable-respirator use was associated with lower odds of exacerbation of moderate or severe symptoms inside water-damaged homes for URS (odds ratio (OR)=.51; 95% confidence interval (CI)=0.24, 1.09) and LRS (OR=0.33; 95% CI=0.13, 0.83).

Conclusions. Respiratory symptoms were positively associated with exposure to water-damaged homes, in-

cluding exposure limited to being inside without participating in clean-up. Respirator use had a protective effect and should be considered when inside water-damaged homes regardless of activities undertaken. (Am J Public Health. 2008;98:869-875. doi: 10.2105/AJPH.2007.118398)

In August and September 2005, Hurricanes Katrina and Rita caused unprecedented flooding in New Orleans, Louisiana. In the aftermath, visible mold growth occurred in approximately 44% of area homes.¹ Air sampling for mold spores conducted in October and November 2005 showed high levels both indoors and outdoors.² Similar sampling in October 2005 showed elevated levels of endotoxin, a bacterial cell wall component, in water-damaged homes.³

A 2004 Institute of Medicine report concluded that sufficient evidence exists for associating the presence of mold or other dampness-related agents in damp buildings with nasal and throat symptoms, cough, wheeze, asthma exacerbations in sensitized asthmatics, and hypersensitivity pneumonitis.⁴ Since that report, there has been additional evidence to suggest that asthma can develop during childhood⁵ and in the occupational setting⁶

as a result of exposure to dampness or mold.

The conditions in New Orleans after the hurricanes thus posed a potential health risk to thousands of returning residents. In light of these circumstances, public health officials made recommendations on the use of personal protective equipment. Among these was the recommendation for the general public to use particulate respirators when around mold-contaminated dust, such as might be encountered during clean-up activities.^{7,8} The risk of health effects for residents involved in activities less likely to disturb mold-contaminated materials, such as visually inspecting the interior of an affected home or collecting belongings, was thought to be lower. Thus, for such activities, the public was advised that respirators were not usually needed.⁸

Although respiratory illness and asthma exacerbations have been noted following flooding,⁹ the contributory role to respiratory disease of postflood exposure to water-damaged homes has not been well documented. We sought to better understand the relation between respiratory symptoms and exposure to water-damaged homes in posthurricane New Orleans. Given the recommendation about

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respirator use and the observation that respirator use was common among the public following the hurricanes,¹⁰ a second objective was to determine the effect of respirator use on symptoms. We conducted a population-based investigation to address these issues.

METHODS

Participants

We randomly selected sampling locations in Orleans Parish (city of New Orleans) using geographic information system software (ArcGIS version 9.1, ESRI, Redlands, California). To focus on residential areas, we eliminated 6345 of the parish's 10181 census blocks.¹¹ Eliminated blocks included those with very low or very high housing density and those in neighborhoods that remained uninhabited. We generated 600 random waypoints (unique locations on the basis of latitude and longitude) across the remaining 3836 census blocks.

Each waypoint served as a starting point to locate participants. A survey team navigated to a waypoint using a global positioning system device and identified the nearest home. English-speaking adults (18 years and older) associated with the home as owner, current occupant, or relative or friend of the owner or current occupant were eligible. Individuals at a home as paid employees (e.g., remediators) were not

eligible. However, we did not exclude remediators encountered at their own homes. If unable to conduct an interview at the first encountered home, the team proceeded in a systematic fashion to the next home. Once the team conducted one interview at the waypoint, they navigated to the next waypoint and repeated the process.

Questionnaire

From March 4 through March 11, 2006, we interviewed participants using a 10-minute anonymous questionnaire regarding respiratory symptoms; physician diagnoses of asthma, eczema, and hay fever; smoking history; race and ethnicity; experiences with water-damaged homes; and experiences with respiratory protection. Questions on respiratory protection addressed whether, during clean-up since the hurricanes, the participant had ever used noncertified dust and surgical masks (hereafter, "masks") or National Institute for Occupational Safety and Health (NIOSH)-certified disposable and reusable respirators (hereafter, "respirators"), including disposable N-95 filtering facepiece respirators (hereafter, "N-95 FF respirators") and reusable half-face and fullface respirators (hereafter, "reusable respirators").¹² Participants who had used more than 1 type of respiratory protection could indicate each type. We displayed photographs and examples of masks and respirators during the interviews.

Questions on respiratory symptoms addressed upper respiratory symptoms (URS;

"stuffy, itchy, runny nose," "sinus problems," and "hoarseness or dry, sore, or burning throat") and lower respiratory symptoms (LRS; "wheezing or whistling in chest," "chest tightness," "attacks of shortness of breath," and "coughing attacks"). We asked participants to grade the extent to which they had experienced each respiratory symptom since the hurricanes as "none," "mild," or "moderate or severe." Those who reported respiratory symptoms were asked how being inside a water-damaged home affected symptoms ("same," "worse," or "better"), aggregated as URS or LRS.

Statistical Analyses

Exposure to water-damaged homes. We set a "clean-up score" equal to the sum of the reported number of homes cleaned that had less than 50% of walls and ceilings covered with mold and twice the reported number of homes cleaned that had 50% or more covered with mold. We identified groupings using a cluster analysis on the natural logarithm of this score.¹³ From that we defined an ordinal exposure variable ("exposure to water-damaged homes") as follows: 0=had not been inside a water-damaged home; 1=had been inside but had not participated in clean-up activities; 2=participated in clean-up activities, clean-up score of 1; 3=participated in clean-up activities, clean-up score of 2, 3, or 4; 4=participated in clean-up activities, clean-up score of 5 or more.

Respiratory symptoms and exposure. We examined the associations between individual symptoms of any severity and exposure to water-damaged homes using contingency tables and the Cochran-Armitage trend test.

To further model the relation between symptoms and exposure, we developed a "symptom score" for each participant. We assigned a value to each symptom on the basis of the reported grade (0=none; 1=mild; 2=moderate or severe) and then summed the values. The URS score varied from 0 (no URS) to 6 (all 3 URSs, graded moderate or severe). The LRS score varied from 0 (no LRS) to 8 (all 4 LRSs, graded moderate or severe), and the overall symptom score varied from 0 (no URS or LRS) to 14 (all URSs and LRSs, graded moderate or severe). We conducted a principal components analysis and found high correlations between principal components and symptom scores.

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Given these high correlations, we created multiple linear regression models using only symptom scores (URS, LRS, and overall respiratory symptoms) as the dependent variables. The independent variables were the categories of exposure to water-damaged homes, whether the respondent was still participating in clean-up, gender, age, race (White or other), smoking status (current, former, or never), and atopy (physician-diagnosed eczema or hay fever). Overall models and models stratified by asthma were developed. We used the F test from analyses of variance (ANOVA) and the Tukey HSD (honestly significant difference) test to determine significance. For independent variables with more than 2 response levels, we assessed linearity using the method of contrasts. Symptom exacerbations. We used polytomous logistic regression models to investigate factors associated with exacerbation of URS and LRS when inside a water-damaged home. We created a categorical response variable as follows: 0=no symptoms; 1=mild symptoms, not worse ("same" or "better") inside; 2=moderate or severe symptoms, not worse inside; 3=mild symptoms, worse inside; 4=moderate or severe symptoms, worse inside. To assess the effect of respiratory protection, we limited the analyses to participants who reported engaging in clean-up activities. The independent variables were those noted above plus the type of respiratory protection used during clean-up activities.

We categorized respiratory protection as follows: "no mask or respirator" (those who reported using no respiratory protection), "mask only" (those who reported using only a mask), "no respirator" (those who reported using either no respiratory protection or only a mask), "any respirator" (those who reported using an N-95 FF respirator, reusable respirator, or both), and "N-95 FF respirator only" (those who reported using an N-95 FF respirator but not a reusable respirator). Participants in the "any respirator" and "N-95 FF respirator only" categories also may have reported using a mask, but those in the "mask only" and "no respirator" categories did not report using a respirator. We used the χ^2 test to determine statistical significance.

For all analyses, we considered 2-sided P value at .05 or below to be statistically significant, except for tests of trend for which we used 1-sided tests. We conducted analyses using SAS version 9.1 (SAS Institute, Cary, North Carolina) and JMP version 5.1 (SAS Institute).

RESULTS

Participants

We invited 659 eligible individuals to participate, 553 (84%) of whom agreed. Thus, 92% of the 600 visited waypoints were represented. Most (n=45; 96%) unrepresented waypoints were unoccupied. The participants

had a median age of 50 years (Table 1). Half of the participants were men, and about half identified their race as White and half as African American or Black.

Eighty-four (15%) participants reported that they had not been inside a water-damaged home since the hurricanes, and 95 (17%) reported that they had been inside but had not participated in clean-up activities. A total of 372 (68%) respondents had been inside and participated in clean-up activities of a median of 2 homes (range=1- 50). Of those who had participated in clean-up, 315 (86%) reported that they had used a mask or a respirator and 233 (63%) reported that they had used a respirator specifically.

Respiratory Symptoms and Diagnoses

Since the hurricanes, 360 (65%) of the 553 participants had experienced at least 1 URS of any severity: 125 (23%) reported 1, 111 (20%) reported 2, and 124 (22%) reported 3 URSs. There were 245 (44%) participants who had experienced at least 1 LRS of any severity: 110 (20%) reported 1, 70 (13%) reported 2, 39 (7%) reported 3, and 26 (5%) reported 4 LRSs. Twenty-one (4%) participants reported all 7 respiratory symptoms. Among URSs, nasal symptoms were most common (n=270; 49%), whereas among LRSs, cough was most common (n=203; 37%).

Lifetime and current prevalence of physician-

diagnosed asthma were 12% (n=68) and 6% (n=33), respectively. No participant reported a new diagnosis of asthma since the hurricanes. Forty-eight (10%) of those without a diagnosis of asthma, and 11 (33%) of those with current asthma, reported experiencing at least 3 LRSs since the hurricanes. Prevalence of atopy was 14% (n=80).

Respiratory Symptoms and Exposure

The prevalence of individual respiratory symptoms varied significantly by the extent of exposure to water-damaged homes (Figure 1). For wheeze, period prevalence was 5% among participants who had not been inside a water-damaged home, 20% among participants who had been inside but had not participated in clean-up activities, and 29% among participants in the highest exposure category (P<.001 for trend). We found the same pattern for the other respiratory symptoms.

We found significant positive associations between exposure to water-damaged homes and URS score (P<.05), LRS score (P=.01), and overall symptom score (P<.01) in the multiple linear models (Figure 2). In the URS analysis, the least squares mean symptom score was 1.6 for participants who had not been inside a water-damaged home and 2.7 for participants in the highest exposure category (P<.01 for trend). However, we noted a relatively

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larger increase in mean symptom score between the first 2 exposure categories ("had not been inside" and "had been inside but had not participated in clean-up") than between other consecutive exposure categories. We also found the same patterns in the models of LRS score and overall respiratory symptom score.

Those who reported still participating in clean-up activities had higher symptom scores in the models of URS score (least squares mean of 2.5 vs 2.0; $P < .05$), LRS score (least squares mean of 1.8 vs 1.3; $P = .01$), and overall respiratory symptom score (least squares mean of 4.4 vs 3.4; $P < .01$) than did other participants (those no longer participating in clean-up activities and those who never participated in clean-up).

Models with participants stratified by asthma diagnosis showed similar patterns to those just described, generally reaching statistical significance for participants without asthma.

Exacerbation of Respiratory Symptoms

Among the 372 participants who had been inside a water-damaged home participating in clean-up, 113 (30%) described exacerbation of URS when inside such a home. Those who reported still participating in clean-up were more likely to report exacerbation of mild URSs (odds ratio [OR]=3.28; 95% confidence interval

[CI]=1.49, 7.25) and moderate or severe URSs (OR=2.05; 95% CI=1.07, 3.93) when inside than those who were no longer participating in clean-up. There was no difference between those who were still participating in clean-up and those who were not in terms of URSs that did not get worse when inside. The extent of exposure to water-damaged homes was not significantly associated with exacerbation of URSs when inside.

Participants who used only a mask during clean-up were more likely to report exacerbation of mild URSs when inside a water-damaged home (OR=5.92; 95% CI=1.34, 26.14) than were those who used no respiratory protection (Table 2). Those who used any type of respirator and those who specifically used an N-95 FF respirator less commonly reported both mild and moderate or severe URSs that got worse when inside than those who did not use a respirator; these differences did not reach statistical significance. There was no association between respirator use and URSs that did not get worse when inside.

Of those who participated in clean-up, 77 (21%) described exacerbation of LRSs when inside. Those who reported still participating in clean-up were more likely to report exacerbation of mild LRSs (OR=2.42; 95% CI=1.04, 5.60) and moderate or severe LRSs (OR=1.99; 95% CI=0.95, 4.16) when inside than were those who were no longer participating in clean-up. There was no difference between those who were still participating in clean-up and those who were not in terms of LRSs that did not get worse when inside. The extent of exposure to water-damaged homes was not significantly associated with exacerbation of LRSs when inside.

Participants who used only a mask during clean-up were less likely to report moderate or severe LRSs that got worse when inside a water-damaged home than were those who used no respiratory protection, but this difference was not statistically significant (Table 2). Those who used any type of respirator were less likely to report exacerbation of mild LRSs (OR=0.42; 95% CI=0.18, 0.97) and moderate or severe LRSs (OR=0.47; 95% CI=0.22, 0.98) when inside than were those who did not use a respirator. Those who specifically used an N-95 FF respirator were less likely to report moderate or severe LRSs that got worse when inside (OR=0.33; 95% CI=0.13, 0.83) than were those who did not use a respirator. We saw a similar pattern for N-95 FF respirator use and exacerbation of mild LRSs when inside, but this difference did not reach statistical significance. There was no association between respirator use and LRSs that did not get worse when inside.

DISCUSSION

Participation in this survey of New Orleans residents 6 months after Hurricanes Katrina and Rita was high, reflecting widespread concern about exposure to water-damaged homes.^{7,10} Respiratory symptoms were common: two thirds of respondents reported experiencing at least 1 URS and close to half reported experiencing at

least 1 LRS since the hurricanes. Although we know of no other population-based surveys of respiratory symptoms following hurricanes or floods, these findings are consistent with previous investigations using hospital-based surveillance, which have generally found respiratory illnesses to be among the most common diagnoses recorded postdisaster, including following Hurricanes Katrina and Rita.^{8,14-16}

We found a strong association between respiratory symptoms and exposure to water-damaged homes. Whether measured by individual-period prevalence or aggregated score (an approach used successfully in a population-based study of asthma¹⁷), symptoms increased with exposure. These results corroborate a growing body of scientific evidence of an association between exposure to indoor dampness or mold and respiratory health effects.^{4,6,18-20} Although tests of linearity were significant, the largest increases in mean symptom scores came between the first 2 exposure categories (category 0, those who had not been inside a water-damaged home, and category 1, those who had been inside but had not participated in clean-up).

Although not captured by the covariates or asthma stratification, it is possible that participants who had been inside but had not participated in clean-up

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were more susceptible to respiratory symptoms than were others. Such susceptible participants may have chosen not to participate in clean-up upon entering a home and experiencing symptoms, creating an effect similar to the "healthy worker" phenomenon in occupational cohort studies.²¹ Following the flooding in New Orleans, public health officials were obligated to make recommendations guided by little, if any, existing data on what activities would pose a health risk.⁸ Our results suggest that simply entering a water-damaged home postflood, even without participating in clean-up, poses a greater risk of respiratory symptoms than previously hypothesized. These findings should inform future recommendations, including those on respiratory protection, in the postflood setting.

Participants who were still involved in clean-up at the time of the interview more frequently reported exacerbation of respiratory symptoms. This finding was independent of the number of homes cleaned and may reflect recall bias. However, it is possible that still participating in clean-up served as a marker for an unmeasured factor. For instance, 6 months after the storms, the interiors of water-damaged homes may have been drier than earlier in the postflood period, promoting greater aerosolization of respirable particles and thus greater

exposure.²² Furthermore, individuals who returned to New Orleans later and were thus still participating in clean-up may have had different susceptibility to respiratory symptoms than did those who returned and participated in clean-up earlier. Although we did not address such possible explanations directly, the association we found suggests that the health risk posed by participating in clean-up of water-damaged homes can persist many months after the inciting flood. This point is particularly important for public health officials and health care providers when advising the public and caring for symptomatic individuals months after a flood.

The recommendation to use respirators during clean-up activities was widely heeded. Of all persons surveyed, two thirds had participated in clean-up activities and more than two fifths had used a respirator during cleanup. On the basis of residential population estimates done 1 month before this survey,²³ these findings suggest that the recommendation was relevant to approximately 105,000 adults in Orleans Parish alone, and that of those, approximately 65,000 followed the recommendation. We found that respirator use was negatively associated with exacerbation of respiratory symptoms when inside a water-damaged home, indicating a protective effect. For both URSs and LRSs, we saw this effect regardless of respirator category. OR estimates were less than 1 for both mild symptoms and moderate or severe

symptoms that got worse when inside, and many reached statistical significance. For mask use, we did not find a consistent protective effect.

The ability of certified respirators to filter fungal particles has been investigated in previous experimental and field studies.²⁴⁻²⁶ In a pilot project conducted in New Orleans from November 2005 to January 2006, researchers evaluated 2 respirators, concluding that the reusable respirator provided greater protection against fungal spores than did the disposable N-95 FF respirator.²⁷ To our knowledge, our investigation is the first to find that respirator use (and specifically N-95 FF respirator use) during clean-up of water-damaged homes protects against respiratory symptoms. This finding is particularly notable given that we did not collect detailed information on respirator use. The participants categorized as using a respirator during clean-up were likely heterogeneous in the amount of clean-up time they spent without a respirator and in how well they followed manufacturers' guidelines on respirator use (e.g., maintaining a good seal, replacing dirty filter material). This heterogeneity may have led us to underestimate the true protective effect of respirator use on symptom exacerbation.

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Limitations

There are several limitations to our study. Assessments of respiratory health effects and exposure were limited to participants' reports. Validations of questions on respiratory symptoms and diagnoses suggest that they have high specificity but lower sensitivity for conditions confirmed through testing, such as asthma and rhinitis.^{28,29} Thus, some participants not identified by our questionnaire may have been found to have respiratory pathology with further testing. Residents' reports of homes' percentage of mold coverage were validated soon after the hurricanes via independent home inspections, suggesting such reports are reliable (M. A. R., PhD, MPH, unpublished data, 2005). However, we may have found a stronger correlation between exposure and symptoms by incorporating environmental sampling.

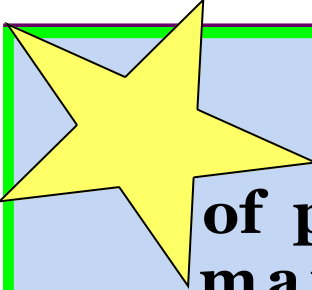
Another limitation is that we considered participants to have asthma only if diagnosed by a physician. The fact that no participant reported a new diagnosis of asthma since the hurricanes may reflect a lack of new asthma in the population. Yet at the time of our survey, the number of physicians practicing in Orleans Parish had fallen to less than half of the pre-Katrina number, and services at functioning medical facilities were limited.³⁰ Had health care been more accessible following the hurricanes, it is possible that some participants would have been newly diagnosed with asthma, particularly among the 10% of those without an asthma diagnosis who reported experiencing at least 3 LRSs. Finally, the small numbers in some subgroups likely limited our ability to establish the statistical significance of some results.

Conclusions

Six months after Hurricanes Katrina and Rita, respiratory symptoms were common in New Or-

leans. Both URSs and LRSs were positively associated with exposure to waterdamaged homes, even exposure limited to being inside without participating in clean-up activities. Respirators, including disposable N-95 FF respirators, had a protective effect against symptom exacerbation when inside a water-damaged home. Public health authorities and health care providers should consider advising the public to use respirators when inside water-damaged homes, regardless of activities undertaken while inside.

[CLICK HERE](#) for the entire article, including references.



POA will be offering a new, trans-dermal line of products that help ease many symptoms of exposure, aging and stress. The products will be posted to POA's homepage soon. Watch for it.

A Killer Within

Dan Pauluk died from mold, doctors say. His family says he got it from working at the health district

by JASON WHITED , Las Vegas CityLife

A killer within Dan Pauluk died from mold, doctors say. His family says he got it from working at the health district by JASON WHITED

WITH NO FANGS, no claws, no terrifying roar, mold is the most alien, contradictory "beast" of prey. It can't give chase, yet the spongy, often shapeless fungus hunts everywhere. Outwardly, it shows no hunger, yet its appetite is wide-ranging, occasionally sophisticated and always voracious. And although no public health official would ever sound the alarm on roaming, feral mold colonies, eyewitnesses to its attacks say some strains can ravage human flesh like a school of hungry piranha.

Nearly as old and as elemental as the Earth itself,

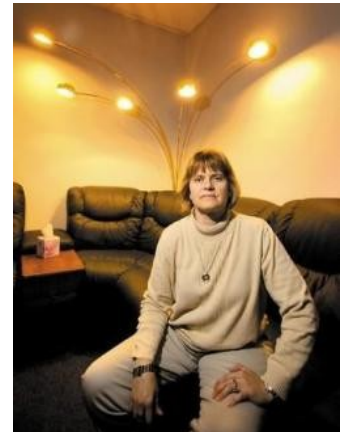
mold has learned to survive for years in cramped, dark spaces without a meal. Eventually, either water or air (its chief environmental chauffeurs) will be along. Then, it's a quick ride back to the land of the living. And time to feed.

Hardly a finicky eater, mold feasts on civilized man's endless, if sporadic, smorgasbord of cellulose building materials and his weakness for immediate, reliable water sources – major food supplies for many strains of fungus.

Of the thousands of mold species, two types, Aspergillus and Stachybotrys, have learned the lessons of evolution better than most, emerging as highly calibrated killing machines.

Weaponized, these two molds have been used to devastating effect in biological attacks waged by former Iraqi dictator Saddam Hussein and the former Soviet Union. With Stachybotrys' tendency to spew out toxins (which usually kill its host) in an effort to guard its prey from other parasites and Aspergillus' ability to hang on and infect a human body as robustly as almost no other fungi on the planet, these two toxic molds, while useful in a number of industrial and military processes, routinely prove deadly.

Often clinging to the darkness just inside walls or behind ceiling tiles, this duo also lurks silently, almost invisibly, near sewage pipes and air vents. Then, with the first blast of conditioned air



Today, Wendy Pauluk says her lawsuit against the health district honors Dan's memory.

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New

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or the drip of a leaky roof, the hunt is on. And what looked like just a scattering of dust along an attic crawlspace or in a hidden corner can shape shift in days into a juicy, jiggling hunk of unknowable darkness. As water triggers rapid growth, the host colony eats its fill of whatever lies beneath its newly teeming biomass. Within hours of reanimation, its reproductive factories launch millions of spores into the air, or send them off to ply the canals of trickling water leakage. Whether these spores land on drywall or human flesh matters not. Each landing zone is a banquet, and a potential home base for the newborn spores which quickly and covertly coalesce into colonies of their own.

And so it was five years ago as local health inspector Dan Pauluk sat at his desk at the Southern Nevada Health District, at first not knowing that death was cascading down on him from on high. Ironically, as he spent most days working to improve the safety of schools and other public buildings, the ceiling above and the air around him teemed with the microscopic forces invading his body. Surely, say doctors, as the spores drifted through the air and down into Dan's lungs, he felt nothing, at first. Until the mold began to eat him alive.

A LIFE INTERRUPTED

Almost a year has passed since Dan died July 17, at the age of 57, succumbing to the colonies of *Aspergillus* and *Stachybotrys* gnawing through his organs and soft tissues. Memories of the man and his infected, pain-ridden body still writhe in the hearts and minds of his grieving widow, Wendy, and his shattered children. But so does a boiling anger, a rage, they say, about a death that should have been prevented by his employers at the Southern Nevada Health District. That fury has resulted in Wendy suing the health district in district court, a case that'll soon head back before a judge after a two-month delay.

The lawsuit, filed here in December, came five months to the day after Dan's death. Wendy alleges that health officials for years covered up a persistent mold infestation at the district's Shadow Lane headquarters, where Dan worked the last few years of his life, and intimidated district employees who wanted to blow the whistle. While she's suing the district to recoup the hundreds of thousands of dollars she says she spent to keep her husband alive, as well as to recover a workers' compensation claim which the district still won't honor, Wendy says Dan's former life stands in stark contrast to district officials who she maintains have lied about the dangers of mold both to her family and to the untold thousands of local parents and children who flock to the health district each year for medical care. Although the numbers of infections and deaths similar to Dan's are so small that neither federal nor state officials track the numbers,

that doesn't diminish the hell she says her late husband endured.

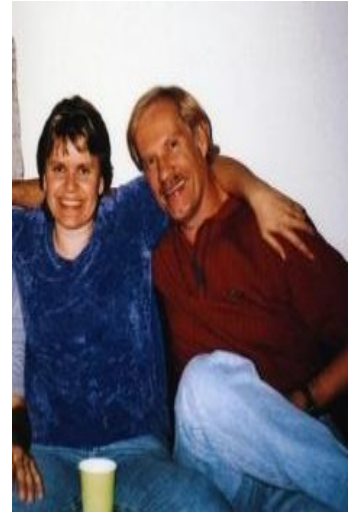
"This was a guy who couldn't tell a lie to save his soul. Very responsible, but also very real. But they [Southern Nevada Health District] don't care, and people are still getting infected. The truth has to be revealed," says Wendy.

Southern Nevada Health District officials wouldn't comment on the Pauluks' ongoing lawsuit against them, but they deny allegations that they're hiding evidence about a supposed toxic mold infestation at their headquarters and that they callously "let" Dan die. In fact, mold was identified at the district's headquarters starting in 1998, but the district says its testing showed employees were not at risk. Still, the presence of mold required extensive cleanup at the district's offices.

Asked for his official response, health district attorney Peter Angulo says he doesn't like to "try his cases in the media."

Legal sources close to the case say this is one lawsuit that could make as many headlines as the current health scare at the Endoscopy Center of Southern Nevada, which, ironically, is just down the street from the district's allegedly contaminated offices. That's cold comfort to Wendy, who hopes that, since she can't have Dan back, she can at least honor his memory with a little justice.

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Wendy and Dan Pauluk enjoy happier times, circa 2000

A Killer Within

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FAMILY MAN

For nearly 12 years, Dan, the affable family guy and conscientious employee, worked as a health inspector at the district's Henderson offices, not far from his home. Wendy remembers him as a hot-blooded romantic, doting stepfather and all-around good guy who savored life. Her husband of 17 years was, and still is, the love of her life. "We met a roller skating rink. We went to an adult night at a roller skating rink back in the Midwest where they did couples skating. From the start, we had a strong attraction," she says. After about a year of courting, the couple married. Dan, Wendy and her two children from a previous marriage, Jamie and Chrissy, set up house together. Wendy says Dan did all he could to ensure the new family gelled.

"He adopted my children as soon as we got married. He treated them as his own. Anything they needed, Dan was there," says Wendy. While she and Dan finished up their respective degrees, opportunities in Las Vegas began to open up for them both. She had a love for clinical psychology; he had a passion for public health issues, and Vegas seemed the perfect place to reinvent a stable family environment. Dan found work here, signing on with what is now called the Health District of Southern Nevada in 1988. Wendy's psychology practice began to take root. By all accounts, life was great. Dan was the dynamo helping to churn out all that joy at home. "Dan loved to laugh



As the toxic mold began to eat its way through Dan's body, fresh sores like these on his arm and torso would appear daily.

and have fun. He had this dry sense of humor; he had something humorous to say about almost everything. But he also had a serious side, and he is -- sorry, he was -- one of these people who's very responsible in work, in his home life and in his play," she says, pausing a handful of times to regain her composure and catch her breath.

It was a perfect scene, at least until district officials transferred Dan to their Vegas headquarters in February 2003. Until the dementia and the constant pain began. Until Dan's flesh began to ooze so much pus and infection that puddles of fluid soaked his sleeping frame each morning, ruining his bedclothes from the night before.

Until screams and cries of pain supplanted laughter and family time in the last two years of a life cut short.

INSTANT SYMPTOMS

Understandably, the Pauluk family's raw emotions still

make it painful for them to discuss some facts of the case. But official court records, interviews with legal sources and public and private documents depict Dan as a man forced to toil in oppressive, potentially deadly conditions under supervisors whom Wendy's lawyers describe as "malicious." After his transfer, Dan was assigned to review plans for schools and other public buildings, ensuring they met all applicable health code requirements. It was rewarding work, but there were early signs that his new assignment meant trouble.

Within a matter of weeks, it was clear to Dan -- even clearer to Wendy and the kids -- that something was very wrong with him.

"He just lost his focus, very quickly. He seemed to have more confusion, couldn't pay attention and had trouble with cognitive thinking," says Wendy.

As a clinical psychologist, she recommended that Dan

try Wellbutrin, which can improve mental focus. The pills didn't do much. His condition worsened.

"I knew he had just gone on to a new position; I thought, maybe, the new job was interfering. But the Wellbutrin seemed to help only in a minor fashion."

During the next year, Dan continued to struggle with confusion and lost mental focus, as well as chronic exhaustion. His use of sick time skyrocketed. He consulted with as many doctors as would see him.

Then, around March 2004, the reasons for Dan's phantom illness became clear, at least to the Pauluks. After reading in a local newspaper that local health officials had recently closed the Children's Oasis childcare facility because of the presence of toxic mold, Dan began to wonder whether festering mold colonies in his own office might be causing his illness. Months of research followed. So did continued doctor visits. He and other employees had seen multiple water leaks on ceiling tiles around their section of the building. Others in Dan's wing of the building had also complained of eye irritation and difficulty breathing.

Based on these symptoms, which a growing number of researchers now tie to toxic mold exposure, an infestation made sense, he told friends and family.

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A Killer Within

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As his illness began to take hold, mental impairment gave way to physical pain and loss of musculoskeletal control. Some days, Dan had trouble walking. Other days, simple speech was a chore. Dan began to forget things. Like where he was, or what he was doing.

Finally, in late 2005, one local doctor finally thought he had an answer for the Pauluks. It was then that Dr. Naresh Singh found Dan's body to be infected with both *Aspergillus* and *Stachybotrys*. Multiple blood tests performed by local and national specialists (at least one of which came after Dan's death) confirmed Singh's assessment.

Dan's flesh was riddled with mold colonies, which were still growing, constantly infused (Dan and his doctor believed) with fresh spores growing in his health district office. With constant darkness and an endless supply of water and nutrient-rich bodily fluids, Dan's internal tissues were the ideal breeding ground for the billions of mold spores now circulating in his system. As the spores gathered into colonies to feed on Dan's flesh, time was running out. Something had to be done. Dan had to get out of there.

"In other situations, when this has become a problem, the employer has usually complied, sometimes reluctantly, but they've complied, and relocated the patient to another workplace," Singh told one reporter who first covered Dan's case back in 2006.

But not health district officials. Court documents and Pauluk family members say they shrugged off his requests, even becoming enraged as the man from Henderson tried to save his own life by asking repeatedly for transfers - requests backed by official letters from his doctors.

However, earlier press coverage reports that health district officials knew about their mold problem - and how it was harming employees. "Dan is the third current active employee with this specific diagnosis ..." reads one internal district e-mail, sent in September 2005 from the district's human resources office. An even earlier message, sent by Dan's supervisor in March 2004 reads, "... The mold spores make Dan's assigned desk an unpleasant and unhealthful place to work. I frankly do not understand why the roof itself cannot be fixed to eliminate this problem."

On Oct. 14, 2005 - nearly 19 months after Dan first requested a transfer - his employers let him leave Shadow Lane and, eventually, retire early based on his medical condition.

THE END

During the next 18 months, documents show Dan's symptoms worsened at an

ever-increasing clip.

Confusion and loss of bodily control expanded to even more severe exhaustion, cysts on his internal organs and skin, loss of breath and a painful, persistent rash over most of his body. The rash - which doctors say was actually the mold inside his body finally beginning to eat through his flesh - wracked Dan with pain day and night.

"His last years of life were absolutely horrible," says Wendy. "He'd scream, he'd cry, he'd weep. Every morning before work, I'd change his dressings, then videotape him to show what had changed from the night before."

Massive, constantly oozing sores covered his body. The sour stench from Dan's sores was atrocious. His screams in the night were heartbreaking.

"He got worse very quickly. He'd get new sores, new breakouts. These sores would drain and 'weep' a fluid that stank. The fluid would [soak] the bed sheets. Sometimes, Dan would be stuck to the bed, and we couldn't get him off of it. He ruined all of his clothes. I had to throw away two beds, including a \$4,000 Sleep Number bed," she says.

Singh also expressed shock that health district supervisors didn't transfer Dan back in 2004, after his first request.

"It was kind of a callous, uncaring mentality. Having mold and having a problem in the building should be of

big concern, so I'm saddened that that was not perceived by them," he told reporters.

And then, more than four years after the mold spores first entered his body, Dan succumbed. He died at home on July 17, 2007, surrounded by family. His wife at his side. Wendy says he went peacefully. An autopsy she paid for came back with Dan's official cause of death: mixed mold mycotoxicosis, or poisoning from a blend of toxic mold.

TRAPPED IN THE OFFICE

Perhaps more shocking than the fact that his supervisors refused to grant Dan a transfer from their Shadow Lane offices is that, by the time he retired in late 2005, documents show that health officials had known of a mold problem there since at least 1998.

In their defense, district officials point to a series of toxicology studies from 2005, 2006 and 2007 that, they say, prove employees on Shadow Lane were never at risk from the *Aspergillus* and *Stachybotrys* repeatedly found in their Shadow Lane offices.

"There is a report that some of these types of mold spores were identified in 2005 and 2006, but the 2005 results were not in any different levels than was found in outside air in Las Vegas, while the 2006 report suggested that type of mold was not airborne, but limited to a small surface area and

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A Killer Within continued from page 37

was consistent with a roof leak and deemed not unusual," says district spokeswoman Stephanie Bethel.

Of the four studies cited by Bethel, three report mold in the health district's Shadow Lane offices, but at levels significantly lower than those found in outside, ambient air. At least one study, conducted Dec. 13, 2006, found strains of both *Aspergillus* and *Stachybotrys*, but not at levels, she says, that would normally pose a human health risk.

But at least six additional environmental studies from private firms, government teams and UNLV microbiologists (who, coincidentally, hold a patent for developing high-tech methods of detecting *Aspergillus* and *Stachybotrys*) tell another story.

As early as October 1998, according to documents obtained by CityLife, UNLV scientists had found *Stachybotrys* on some of the building's ceiling tile during and after renovation work on the building. But they found no airborne spores.

Officials with the health district insist that in-house maintenance crews regularly clean the Shadow Lane facility, replace air filters and "remove or clean any areas that could pose a legitimate health hazard to ... employees or the public."

That fall, after repeated employee complaints of illness and Sick Building Syndrome, another firm went inside the Shadow Lane offices to look for mold. Again, inspectors found *Stachybotrys* infusing ceiling tiles - this time, alongside fresh *Aspergillus* spores. According to these same documents, inspectors were so concerned about the mold at Shadow Lane, they summoned a so-called remediation crew to the site.

"We set up full isolation and decon[tamination] chambers ... we removed and double bagged all suspected [materials] and left the isolation barriers up for the [then] Clark County Health Department maintenance crew to install new drywall," writes John Terranova, president of Terra Nova Inc., the Vegas-based environmental firm that found the toxic mold a second time.

No matter how often crews cleaned up the mold, however, fresh colonies seemed to have little trouble growing in the Shadow Lane offices. In the ensuing years, additional inspection teams at Shadow Lane found still more toxic mold there.

In mid-March 2003, documents show UNLV microbiolo-

gists descended on Shadow Lane to again hunt for *Stachybotrys*. They found it in the same hallway where Dan had begun working a month earlier.

Although UNLV scientists prepared no final written report for health officials at the time, an internal UNLV document states that the biologists did call district personnel, urging them to decontaminate the area.

Further, court documents allege that, in May and August of 2004, ceiling tiles and air-conditioning vents at the Shadow Lane offices tested positive for both *Stachybotrys* and *Aspergillus*. Both molds were found less than 20 feet from Dan's desk.

PAPER TRAIL

Before he died, Dan kept the kinds of immaculate records that have helped form the legal backbone of Wendy's claim against the health district. From copious handwritten notes on clashes with health district officials to homemade blueprints of district headquarters (and detailed notes on where inspectors found mold living in those same Shadow Lane offices), Dan's homework speaks from beyond the grave.

One of the most interesting items? A list of more than a

dozen current and former health district employees (according to Wendy and family friends who've reviewed the items with CityLife) who also either got sick or succumbed to catastrophic illnesses while working at Shadow Lane. None of those employees would speak on the record to CityLife.

If the court decides in her favor during her upcoming lawsuit, Wendy says the money will help pay for Dan's still outstanding medical bills, now in the hundreds of thousands of dollars. But a ruling for Dan would also, strangely, redeem his suffering -- and might prevent others from living the nightmare the Pauluks endured for more than four years.

She's not doing this for the cash, she says. She's going after the health district for the public good -- and because it's what Dan wanted.

"On his deathbed, Dan said, 'Wendy, please follow through with this lawsuit and stop [what's] going on in the health district.' That was his dying wish. Dan was a very honest guy, and he always did what was right. That's why he got in trouble," she says.

If she loses the lawsuit, it won't really matter. By taking the district to court, Wendy says she's following the moral example set for her by the greatest man she's ever known. By going to court, she feels she's still able to take care of Dan, of his memory. Dan would have done the same for her, she says. "He was always so concerned about everyone else. He always wanted to know how everyone else was doing. He took the focus off of himself and put it on other people, even to his dying day. That's just the kind of guy he was."

Mold in Toledo house prevents crucial organ transplant Crawford Ave. couple want relief from city

Julie M. McKinnon Toledo Blade
4/10/08

Water and sometimes sewage have rushed into the basement at 539 West Crawford Ave. at least eight times since 2006, when flooding from nearby Shantee Creek caused havoc in the West Toledo neighborhood.

Mold has taken hold in the modest one-story house Tim and Bonnie Kalka inherited 14 years ago, and on which they owe more than \$40,000.

And that mold is at the root of Mrs. Kalka's inability to get a pancreas transplant at Cleveland Clinic. She said she cannot return to such a house for at least three months after surgery - and doesn't have the money to live elsewhere.

"I can't afford to make payments on the house and live somewhere else," said Mrs. Kalka, 44, a diabetic whose pancreas isn't functioning.

Said Mr. Kalka, who was hospitalized two weeks with pneumonia and other problems

after trying to clean up the 2006 flooding: "What we need to do is move, but nobody's going to buy this house."

Toledo is spending \$3 million to widen Shantee Creek. The Federal Emergency Management Agency has awarded the city a \$390,000 grant to buy six houses, primarily on Crawford, which were damaged during the summer of 2006.

Still, the Kalkas are among city residents with flooding problems who have not gotten relief.

Attorney Phillip Bazzo said yesterday that he plans to refile within a few days an expanded lawsuit against Toledo, Lucas County, and other defendants on behalf of about 100 households affected by flooding.

For the Kalkas, for example, the lawsuit will seek compensation for the value of their house before the 2006 flooding, out-of-pocket expenses, and personal injury damages, Mr. Bazzo said.

Brian Schwartz, spokesman for Mayor Carty Finkbeiner, said Toledo officials are familiar with the family's situation, and Mrs. Kalka has talked to the mayor.

Officials, however, cannot comment on a pending lawsuit without seeing it, he said.

Mrs. Kalka visited Cleveland Clinic in December to be assessed for a pancreas transplant and was told in February she can't have one if she returns to her mold-infested house. She is to go back to the Cleveland Clinic on April 22, when she needs to have another residence lined up, she said.

Transplant surgeon Dr. Venkatesh Krishnamurthi, director of the kidney-pancreas transplant program at Cleveland Clinic, said patients are given medications to suppress their immune systems so they don't reject transplanted organs.

Those medications make transplant patients more sus-

ceptible to infections in any environment, so living with mold is very risky, he said.

If she can't receive a transplant, doctors say she must strictly control her blood sugar level to prevent new medical problems.

The Kalka house has mold in the basement, and it also grows on walls upstairs, said Mrs. Kalka, a mother of four who is studying nursing at Owens Community College. One daughter is disabled, and her youngest child has allergies aggravated by the mold, she said.

"We could probably crack open any one of these walls and it would be full of mold," said Mrs. Kalka, a diabetic since she was 11 who has had various health problems.

Mr. Kalka, 49, said their best alternative would be to leave the house, although he hates the thought.

"I grew up here," he said. "But I don't want to go through this anymore."

Mold costs one builder \$3 million

AP 5/12

REYNOLDSBURG (AP) — A moldy house has been a headache for a central Ohio family and a \$3 million liability for the homebuilder.

A Franklin County judge has awarded Roman and Jennifer Costner \$3 million for their three-year-saga. Last week, another judge says construction firm Maronda

Homes has to pay the family's almost \$700,000 legal bill.

Maronda Homes says the ruling is completely unfair and says the homeowners stopped them from fixing the house. The builder says they will consider an appeal.

The Costners say they

bought their Reynoldsburg subdivision's house for \$219,000 but were forced out after toxic mold took over. Court documents show the south side of the house wasn't attached to the foundation, the wrong windows led to leaks and waterproofing wasn't done properly.



Court Allows Contractor to Testify to Needed Repairs for Mold

Harris Martin (April 2008)

SAN DIEGO — A California appellate court has affirmed a \$27,468 verdict for homebuyers who alleged that defective plumbing caused mold damage in their newly built home. *Bourdette, et al. v. Gardality, et al.*, No. D0490011 (Calif. Ct. App., 4th Dist.).

The Court of Appeal, 4th District, also ruled in an unpublished opinion on March 25 that the buyers' contractor had sufficient expertise to testify to needed reconstruction and repair costs.

Robert and Margaret Bourdette sued Steve Gardality and Twin Oaks Estate Inc. for damages, alleging that mold in their home was caused by faulty plumbing in their master bathroom.

At trial in San Diego County Superior Court, the Bourdettes relied on testimony by a contractor identified as Mr. Floyd, who testified that he had 15 years experience in repairing water and fire damage.

Floyd estimated the cost of mold remediation at \$12,127.35 and restoration costs at \$17,367.63 to \$25,488.22, depending upon whether countertops could be salvaged.

The Superior Court jury awarded \$27,468 on the couple's negligence and strict liability claims, and Gardality and Twin Oaks appealed.

The Court of Appeals first ruled that Gardality and Twin Oaks could not con-

test the cause of damage because they introduced no evidence to counter the Bourdettes' claim that the plumbing was defective.

The court also rejected their contention that Floyd's testimony should have been excluded because he was not an expert in mold or its effects on structural components.

"Floyd had expertise in repairing the type of water damage caused by Defendants' defectively constructed plumbing, and Floyd's inspection provided a foundation for his testimony that various tasks needed to be undertaken to ensure that the mold resulting from the water damage was eliminated and the walls, floor, cabinetry and pipes were completely repaired," the Court of Appeals explained.

"A contractor is competent to provide testimony on the cost of repairing improvements to real property," the court added, citing *LeBrun v. Richards* ([19340] 210 Cal. 308, 319-320).

Pamela J. Labruyere of the Galuppo Law Firm in Carlsbad, Calif., represented the Bourdettes.

Luis M. Bustillos of San Marcos, Calif., represented Gardality and Twin Oaks.

Fla. Court Reinstates Teacher's Claim Against School Board

Harris Martin (April 2008)

TALLAHASSEE, Fla. — A Florida appellate court has reinstated a teacher's claim for additional workers' compensation benefits after concluding that an administrative law judge rejected her claim based on a misinterpretation of an expert medical report. *Fitzgerald v. Osceola County School Board*, No. 1D07-0007 (Fla. Ct. App., 1st Dist.).

The 1st District Court of Appeal denied Nicole Fitzgerald's demand for judgment as a matter of law on Feb. 19 and remanded to the Judge of Compensation Claims for a new determination on whether Fitzgerald's asthma can be attributed to workplace exposure to mold.

Fitzgerald is seeking additional workers' compensation benefits and reimbursement of medical expenses from the Osceola County School Board and the Florida School Board Insurance Trust, contending that her illness was caused by mold in her elementary school classroom.

She testified at her compensation hearing that she had no history of asthma and that her respiratory illness, for which she sought treatment over two years, was caused by the mold exposure.

Mold was found in her classroom, according to Fitzgerald.

The local school board granted benefits for "temporary aggravation of the claimant's pre-existing condition" up to Aug. 11, 2005, but denied further coverage, holding that workplace exposure was not the primary cause of her illness.

Dr. Jayanthi Ravi initially diagnosed Fitzgerald with severe allergies, rhinitis and a mold allergy, and testified that the teacher's illness could be attributed to mold exposure, the Court of Appeals said.

Dr. Jock Sneddon testified for the school board that Dr. Ravi's test results didn't indicate asthma and that

evidence for mold-related illness was inconclusive.

The Court of Appeals said that the Judge of Compensation Claims appointed an expert medical advisor, Dr. Daniel Haim, to examine Fitzgerald and offer his own opinion to assist the court.

Dr. Haim testified that the diagnosis of asthma was "somewhat questionable," but that most of Fitzgerald's symptoms were "allergy-related," the court noted.

He also testified that he could not be sure that mold exposure was responsible for more than 50 percent of

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Fla. Court Reinstates Continued from page 40

her symptoms and basis for treatment, the court said.

The compensation judge interpreted Dr. Haim's testimony as concluding that the major contributing cause was not workplace mold exposure, and that interpretation was error, the Court of Appeals said.

"If the JCC misinterprets and EMA's testimony to stand for a position that the EMA did not actually adopt, reversal and remand is appropriate," the court explained.

Dr. Haim's opinion "could have assisted the JCC in assessing both disputed aspects of that claim: first, whether claimant, in fact, suffers from asthma or another compensable respiratory condition, and second, if so, whether the industrial exposure caused that condition for purposes of the workers' compensation law," the court said. "We conclude that the EMA offered opinions relevant to this two-pronged inquiry, but that ultimately he was inconclusive about both issues."

That does not mean, however, that Fitzgerald is entitled to the benefits she seeks, the court said.

"[A]lthough appellant correctly argues that the JCC's misinterpretation of Dr. Haim's testimony constitutes a flaw in the final order, the bootstrapped argument that such flaw is fatal and results automatically in a victory for the claimant is not correct," the court said, citing case law.

Kevin Maxwell of Vaughan & Maxwell in Orlando, Fla., and Bill McCabe of Longwood, Fla., represent Fitzgerald.

Pamela J. Cox and Jodi K. Mustoe of Cox & Rouse in Maitland represent the Osceola County School Board and the Florida School Board Insurance Trust.



SARACUSE MOM GETS THROWN IN JAIL AND DAUGHTER TAKEN FROM HER

Sloppy lawyering/mold to blame
POA

This one is hard to believe but true.

A young, African-American Mom (Brandi Everson) headed for college is criminally prosecuted for Assault in the First Degree and Endangering the Welfare of a Child after her newborn daughter, Alexa Everson (seven weeks old) was hospitalized for three different pulmonary-related Acute Life Threatening Events (ALTE) from 4/30 to 5/15/2000; 5/19 to 5/24/2000; and again from 5/25 to 6/16/2000.

The medical providers suspected child abuse and the subsequent child abuse investigation led by the Onondaga County Medical Exam-

iner's Office resulted in criminal charges being filed against Brandi, alleging intentional suffocation of her infant daughter.

Brandi was assigned a public defense attorney who ignored reports of mold being found in Brandi's house and the possible connection between mold and the infant's health problems. The public defender promptly got Brandi criminally convicted by a jury on May 25, 2000 of the criminal charges.

After the trial, Brandi, on her own initiative, contacted Dr. Dorr Dearborn and presented sufficient information to show that the idiopathic pulmonary hemorrhaging experienced by her infant daughter

was a result of high levels of Stachybotrys found in the basement of the home where the infant's clothes were laundered.

Not knowing the home was owned by the Syracuse Housing Authority ("SHA"), the medical examiner's office ordered the local health department to conduct air quality testing of the home. Had the medical examiner's office not suspected mold as the cause, they would not have ordered such testing. High levels of Stachybotrys were found but the report was never given to Brandi; she had to get the report from another source, after the fact.

Local media labeled Brandi as a child abuser and destroyed her reputation. Brandi decided to muster-up the strength to fight back and hired Ted Smith, a Syracuse-based attorney.

Ted diligently pursued mold as the cause of the child's illnesses, after all, the symptoms mirror those reported by others and in studies.

Just last month, the trial judge heard new evidence and Brandi's conviction was overturned.

POA investigated this matter and in our opinion, all signs point to a disturbing turn of events that is not entirely uncommon. The government, through the federal agency, Housing and Urban Development, pays for maintenance of SHA but the needed repairs were never made. This would indicate that the SHA simply pocketed the repair money and to avoid getting busted, made Brandi the scapegoat. It was easier to accuse Brandi

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SYRACUSE MOM... continued from page 41

of child abuse than explain why funded repairs were not made.

Meanwhile, Brandi and her daughter were separated during these critical years of the child's life. Brandi was unable to be with her daughter when she spoke her first words and walked for the first time.

POA spoke at length with Brandi and we are pleased to report that Brandi is not consumed with vengeance; instead, her efforts go towards repairing what has been damaged, namely her relationship with Alexa and restoring her name and reputation in her community.

When POA asked Brandi about her final thoughts of the nightmare she endured she said, "Never give up. Never give in. Usually wrongs have a way of correcting themselves but you must be willing to fight."

[CLICK HERE](#) for court ruling in Brandi's case.

American Dream became a nightmare for homeowners

By Jeffrey Pieters, Post-Bulletin, Rochester MN 5/16/08



Kathleen Mies is losing her home to foreclosure. She and her husband,

Bill, bought the property as a dream retirement property where he could raise beef cattle. They discovered the home was full of mold. Bill was diagnosed with cancer and medical conditions were exasperated by the mold. After his death, Kathleen has no way to pay for the home which, due to mold, has no value.

From their former home in Hampton, Minn., Bill and Kathleen Mies frequently traveled through the Rochester area. They found it beautiful, and moved here in retirement, in 2005, to pursue a life's dream.

The dream became a nightmare – and the end of it won't come until after June 20, when their home is slated for a foreclosure sale by the Olmsted County Sheriff's Department.

Bill died in October 2007 of lung cancer, just two months after he was diagnosed with it. Her income greatly reduced, and with no life insurance proceeds to draw on, Mies could ill-afford her mortgage's interest rate to increase, but it did, and it's due to rise again soon, raising the monthly payment by about \$800.

Meanwhile, the housing market is in a slump, and Kathleen isn't sure she could find a buyer for her house, especially given its condition.

"Who's going to buy a house with mold in the basement and the walls still wet?" she said.

She has unpaid medical bills from her husband's death, an unpaid tax bill, and she hasn't made a mortgage payment since November, she says. She has no financial resources and no plan.

On top of it all, she now fears for her own health.

"I haven't felt good in here," she said.

She's not sure she would want to remain in her house, even if she were able.

"You know, I don't know," she said. "It's been such a whirlwind."

Does this property flood?

The Mieses' foreclosure story begins, as many homebuyers' stories do, with hope.

Bill, a career truck driver, wanted to retire from driving to buy a hobby farm, where he would raise a few beef cattle.

They searched for a property in southeastern Minnesota, land that they found attrac-

tive and beautiful when they drove through it, on frequent trips from the Twin Cities to Madison, Wis.

Through their real estate agent, they found a house and land for sale on 70th Avenue Southwest, midway between Rochester and Byron, about a mile south of Country Club Road.

The 14-acre property included a barn and a three-bedroom, three-bathroom ranch house. It had been used for pastureland previously.

But after moving in, in July 2005, the Mieses discovered their property had a propensity to flood – it has flooded more than a half-dozen times since the purchase, Mies said.

She alleges she was not properly informed of the flooding condition by the sellers. The couple, and their visitors, also started to suffer respiratory problems after moving in.

Land is a 'swamp'

The Mieses hired a mold inspector, who they said discovered toxic mold in the basement walls and ceiling, and inside the furnace and ductwork. He gave them a \$60,000 estimate to mitigate it. In 2007, the Mieses took out a \$65,000 home equity loan, the bulk of which they spent on mold mitigation. Some money also was spent to hire a surveyor to resolve an unclear boundary line be-

tween their property and a neighbor's.

To economize, Bill Mies conducted the mold mitigation work himself. He tore up carpet. He cleaned floors and walls with a mixture of bleach and water. He repainted everything with mold-killing paint.

The biggest flood came last Aug. 18, a day before Bill's 69th birthday.

About a week later, tired and having trouble breathing, Bill visited the doctor. He learned shortly afterward that he had a "significant" cancerous mass in his left lung.

The disease advanced quickly. He died Oct. 25. He was 69 years old.

'A thousand stories'

There are, according to Rochester-area attorney Paul Ohly, who represents foreclosure victims, "a thousand different stories as to why people are getting foreclosed on."

Mies' story fits the classic model of foreclosure – it happens because of lost income, family breakup, prolonged illness or death.

Historically, Olmsted County has had about 50 to 100 foreclosures per year from that kind of scenario, said Judy Plank, foreclosure counselor for the county's Community Housing Partnership.

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Health officials warn of radon, mold Tests indicate 63% of area homes at risk from naturally occurring gas

Durango Herald (Colorado), By Katie Burford 4/11/08

Health officials were meeting with local officials and the public Thursday to remind them of the dangers posed by radon and mold, which can contaminate the air in people's homes with potentially deadly results.

Mold, especially, is raising concerns this year after an exceptionally wet winter, which provides more pockets of moisture for mold to thrive.

Mold is also an unforeseen byproduct of better-insulated, more energy-efficient homes, said Butch Knowlton, director of the La Plata County Building Department.

"Today with the new building materials, with energy efficiency, we're starting to see a whole new world of mold issues," he said.

Exposure to some molds can cause serious health problems. Cleaning mold, especially from large areas, can also be hazardous and should be handled by professionals, Knowlton said.

Another stealthy substance that can afflict residents is radon, which occurs naturally in the ground but also can come from mill tailings.

A uranium mill that began operating in the 1940s at

the base of Smelter Mountain on the western bank of the Animas River left behind large quantities of radioactive tailings.

It is estimated that 15,000 cubic yards of tailings, which were used in home and road construction before their danger was understood, remain under the streets of Durango, despite a federal program that spent millions on cleanup. There is no reliable record of where all the tailings ended up.

Radon, which is the second-leading cause of lung cancer after smoking, also is naturally emitted from the ground, seeping into homes through cracks in the foundation and walls. Especially during the winter, when windows and doors are closed, the gas accumulates and is inhaled by the residents, said Marian Schaub, San Juan Basin Health Department's radon specialist.

The radon level in area homes varies widely depending on construction, location and other factors. A test offered free by local agencies shows whether steps should be taken to reduce the level.

Results from hundreds of tests already conducted on area homes show

63 percent of them are at risk.

Steps to reduce the amount of gas in homes include installing pipes, vents and fans that allow it to escape.

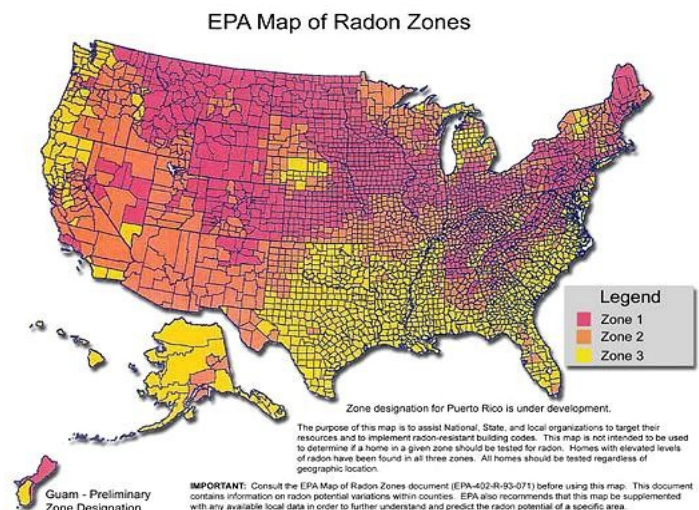
"The solution to pollution is dilution," said Paul Oliver, a mill-tailings expert with the Colorado Department of Public Health and Environment.

The county is considering changes to its code that would make radon-venting equipment standard on new homes.

An information session open to the public Thursday night at the La Plata County Fairgrounds drew several real-estate agents, including Doreen Letson, owners of United

Country Timberview Realty.

"This is real informational. I didn't realize that radon was quite so prevalent in our area, I didn't realize that it was so easy to test for it, and I'm certainly going to encourage all my clients to do the test, on any building they buy," she said.



Scientists debate cause of feared 'worms-under-skin' disease

Victims complain of inflammation, lesions, fatigue

By Chelsea Schilling, WorldNetDaily, 5/15/08

Scientists are debating whether a debilitating condition called Morgellons disease could be caused by bacteria or fungus on plants in California, Texas and Florida, though many agree that research is leaving them with more questions than answers.



While there are many unfounded theories about the cause of Morgellons disease, including alien abduction and government conspiracies, some have attempted to draw a link between the mysterious illness and [genetically modified food](#) by suggesting engineered crops may contain bacterium responsible for the disease.

What is Morgellons disease

Dr. Vitaly Citovsky of the [Morgellons Research Foundation](#) said the condition has many reported symptoms that have virtually stumped scientists.

"Generally, people complain of an appearance of fibers in their skin," he told WND. "It itches. There's some inflammation, [skin lesions](#), and they complain that it generally affects their well-being with fatigue similar to [Lyme disease](#). Some people complain of psychological conditions. We cannot define it precisely."

Other commonly reported symptoms include:

- Multi-colored fiber-like strands or crystals protruding out of skin
- Fatigue
- A feeling of [parasites](#) or

worms crawling under skin

- Black specks in lesions that do not heal
- Joint swelling and/or [hair loss](#)
- Memory loss or general brain fog with difficulty concentrating

The Morgellons Research Foundation reported that approximately 10,000 U.S. families with Morgellons symptoms registered with the organization prior to February 2007. Of all individuals reporting, 24 percent lived in California, and a disproportionate number resided in the San Francisco metropolitan area.



The Centers for Disease Control and Prevention released a [Jan. 16 statement](#) indicating that [Kaiser Permanente's](#) Northern California Division of Research has received a \$338,000 grant to learn more about Morgellons, an affliction it refers to as a "[skin condition](#)."

However, Dr. Ahmed Kilani, president and CEO of Clongen Laboratories and a specialist in infectious disease detection, told WND the illness is much more than a mere skin condition.

"It spreads between individuals," he said. "Unlike infection, this is something much more serious. People die from complications because the disease is more than skin deep. It's not just a skin condition that causes lesions. It goes

into the stomach and impacts the G.I. tract and causes brain conditions."

Link between Morgellons and genetically altered crops?

Citovsky sees a connection between the mysterious Morgellons disease fibers and a type of bacteria that causes tumors in plants, called Agrobacterium.

"Agrobacterium species are known to be found in patients in hospital settings," Citovsky told WND. "The person is often weakened and has some skin lesions or some other roots of infection, and like any other bacteria, Agrobacterium can go there and just proliferate using the skin as a medium for its growth. So, if you have a lesion, and you work in the garden, you'll get all kinds of dirt in there and germs among the Agrobacterium."



Citovsky explained that the bacterium is present in virtually all soil and is often used to genetically alter crops.

"A year ago, we took biopsies from the skin of patients," he said. "We looked for the presence of genetic material of Agrobacterium mutations. Agrobacterium is bacterium that is used also, among other things, in genetic engineering of plants."

Dr. Stanton Gelvin, a professor at Purdue University College of Science who has studied the bacterium for nearly 30 years, said,

"Agrobacterium is the means by which DNA is transferred to the plant. After the DNA is transferred to the plant, [genetic engineers] use antibiotics and kill the Agrobacterium. So there's no Agrobacterium around, and now you have a plant with new genes in it."

Both Gelvin and Citovsky said there are no traces of the bacterium in plant tissue following genetic alteration. Though many patients have tested positive for it, they vehemently protest any suggestion that humans can have genetically altered cells and contract Morgellons disease by eating engineered crops treated with Agrobacterium.

"That idea is total lunacy," Citovsky said. "It has nothing to do with it. Forget this mumbo jumbo people use, environmentalists for some unknown reason, when they are protesting against genetically engineered plants. Those plants feed millions of people who are hungry and dying. It has nothing to do with the disease."

Bacteria or fungi?

Dr. Kilani reviewed two samples of fibers from Morgellons patients and extracted DNA from the strands. His research indicated the fibers could come from a fungus.



"Everyone has their own theories about this, but I don't think it's connected to Agrobacterium," he said. "I think it's another organism that has not been described in clinical medicine. It could be a fungus

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Scientists debate cause ...

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or a parasite or something more complex than bacteria."

Kilani said he thinks Morgellons disease could be linked to areas of the U.S. with swamp land and wet areas because there has been a high prevalence of disease reports in the San Francisco Bay Area and other places with bodies of water and high levels of humidity, such as Texas and Florida.

"There is something in the environment," Kilani said. "It is probably linked to plants, yes. Maybe it lives on plants, and it adapted to the human

host."

Citovsky, however, provided a simple explanation for increased Morgellons disease reports in the three states.

"Who knows," he said. "Maybe people complain more there."

A scientific mystery

Kilani said scientists don't have the support to investigate Morgellons disease because they are short on funds and resources.

"Nobody thinks it's a disease, so that is part of the problem. Until they do, it's going to continue spreading. It's in households, so when one individual is infected, we find out that the rest of the

household is infected."

Though many people, even members of the medical science community, do not believe Morgellons is a legitimate disease, Kilani said he receives as many as 10 calls every day from people who identify themselves as having the symptoms. He refuses to accept the notion that it is a fabricated illness.

"No, this can't be," he said. "Not almost a half-million patients, no. I have met people from all walks of life: High-powered attorneys, [physicians](#), nurses, actors, actresses, athletes. They go nuts after awhile. They become socially rejected because of the way they look. The whole thing is just a dis-

aster."

Kilani said Kaiser Permanente is the first and only recipient of funding for Morgellons research from the [CDC](#), but he doesn't think the grant will be enough to help scientists determine if Morgellons disease is caused by bacteria, fungi or any other environmental factor.

"I'm not sure how far that will go because \$338,000 is a drop in the bucket," he said. "It'll be spent in a week. It's just not enough money. Whoever gets funding and can investigate this problem is going to make a huge contribution because there are lots of people with this illness."

CLAIMS QUIPS AND TIPS

Dale Washington, Attorney

Insurance Claim Survival Guide:

You know we all get caught off guard with a claim. A friend was hit by a flying tire this week in California. The truck that lost the tire is unknown. She reported the claim to the insurance broker who instructed her to 'get a repair estimate to see whether it exceeds the \$500 deductible.' This is an example of a (possibly well meaning) insurance broker screwin' up.

The broker is a salesman and a claim reporter. The insurance company does not have a claim. What difference you ask? The insured had Uninsured Motorist coverage. Since the flying tire hit her and not vice versa,

it should be classified as an Uninsured motorist claim so she has no deductible!!! Also, by reporting the claim, she is not criticized for not following her policy. POA members are reminded – the Broker or Agent merely sells and the company will quickly point out they are YOUR agent and not THEIRS when trouble starts. So remember, report claims to the Claims Department of the Carrier. If your Agent/broker will do that, then let them; if they start trying to play lawyer, claim adjuster, and all around know it all put them in their place so you don't end up paying for their self aggrandizement.

I am also litigating a case with Public Storage in California. The client does not have a copy of her signed rental agreement. Guess what? From my experience, Public Storage does not give tenants a signed copy of their contract unless it is requested. Instead, tenants trust the storage company to behave fairly. In today's day and age, such trust is usually misplaced.

So now what is Public Storage doing in the litigation? They are demurring because 'Plaintiff has not attached a copy of the signed Lease.' They also refuse to provide a copy until the demurrer is decided – a catch 22 which the defense firm is parlaying into a 4 month delay while I spin my wheels for nothing. POA members need to be smarter – When you sign a contract, read it because it most likely was not prepared with your interests in mind, and take a copy of exactly what you sign. Run your receiver more than your transmitter when in dicey situations. Date and sign your letters and pay attention to what you are admitting to. Do not send letters without keeping a copy.

Compost happens, however much of it can be avoided. POA members are equipped to fight them.



ALLSTATE TO REFUND ...

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refund check, while those still owing premiums will receive a credit.

• Customers will receive a 3 percent rate reduction on all policies renewed between June 2 of this year and June 1, 2009. Allstate estimated the lower rate will save policyholders \$19.7 million. Further, the company agreed not to change its rates before June 1, 2009, "barring extraordinary and unforeseen circumstances."

The company is expected to begin mailing out refund checks in August

and must complete the refund process by Nov. 1.

Allstate had increased its rates 5.9 percent last August, defying an order from Mr. Geeslin not to raise rates. The insurer was allowed to keep nearly half of the increase under the settlement announced on Monday.

Texas' largest property insurer, State Farm, is still locked in a legal battle with the insurance department that began in the fall of 2003 when the company rejected a state order to reduce its rates by 12 percent. Overcharges and penalty interest have mounted since then, with State Farm now on the hook to its ratepayers for about \$650 mil-

lion.

The agreement

A look at the agreement under which Allstate Insurance will make refunds to some customers:

How many customers are affected?

About 700,000 homeowners, including some no longer having policies with Allstate Texas Lloyds, a subsidiary of Allstate.

How much will policyholders receive?

Customers who have been with Allstate since the end of 2004 will get an average refund of about \$80. Those who have left the company but had policies in 2005 and early 2006 will get about \$50.

When will refunds be paid?

Refund checks will start going out in August and the refund process must be completed by Nov. 1. Policyholders don't need to apply for a refund.

What policies are covered by the refunds?

Policies in force between Dec. 1, 2004, and April 23, 2006. Also policies written between Aug. 20, 2007, and June 1, 2008.

How are future rates affected?

Current Allstate rates will be cut 3 percent beginning June 2 and those rates will remain in effect at least through June 1, 2009.

**American Dream....**

Continued from page 42

As the county's foreclosure tally rose -- to 162 in 2005, to 238 in 2006, to 340 last year -- it's because newer causes have come into play.

More people's mortgages are under so-called "exotic" terms, such as adjustable-rates, or interest-only loans. Also, more consumers with higher-risk credit ratings were permitted -- in some cases encouraged -- to borrow more money for bigger properties than they ever would have been able to touch before.

"The ARMs are a huge portion of it," Plank said. "The ARMs are why we're seeing the increase. The predatorys (predatory loans) are why we're seeing the increase. We also have to

remember some of these people went through foreclosure just because of very natural things that happen in life."

Starting over at 65

There are elements of the newer causes in the Mieses' story, too.

When Bill Mies was alive, Kathleen Mies says, the couple's income -- including wages, a pension and Social Security, was sufficient to cover their \$1,500 mortgage payment.

But when he died, there was nothing in place to sustain his wife. The pension had been exhausted, and all she's got left for income is her husband's \$1,200 monthly Social Security check, she said. She doesn't currently work, and finds herself, at age 65, thrown back into the labor pool.

Even had he had lived, the couple would have been in a mold-contaminated home unfit for their needs and difficult to sell, under a mortgage obligation that's due to adjust to nearly \$2,400 per month this summer.

"What we were going to do was try to fix it up and sell it," Kathleen Mies said. Now, "I don't know what they're going to do with this house, honestly."

Kathleen has been looking for a way out of her predicament, but hasn't found it yet.

She sought a settlement with the real estate company that sold her the house, but when she was offered mediation, felt she couldn't afford her share of the fees for the process.

Expense also prevents her from pursuing a lawsuit, she said.

She contacted Rep. Tim Walz's office, where she says she was assured her case would be examined by the state attorney general's office. Members of Walz's office say they made no such claim. They say they referred Mies to foreclosure counseling, and that they consider her case closed.

Justice for sale in Texas? State supreme court ruling may leave industrial workers in the cold; was it paid for?

By Mark Greenblatt / 11 News Defenders, 5/13/2008



We all expect our courts to offer a fair and impartial trial. It is, after all, one of the basic demands we make of our society in America.

But are the scales of justice in Texas tipping against you and instead, in favor of big corporations?

What's worse, experts say you may be paying the price with lower safety standards.

Jose Herrera liked working at the CITGO refinery, sometimes spending 80 hours a week working – as many men do at similar plants – as a contract laborer.

But he didn't mind. He was the breadwinner for his family and for his young son.

But today, Herrera is trapped in a nightmare of a memory of a work accident. One that poured 475-degree petroleum all over his body as he struggled to free himself from a jammed safety harness for what seemed like ages.

"Between seven to 12 minutes," he said. "I got burned literally up in my head."

And even after hospital treatment, even months later, he is still trapped in isolation.

"We can't hug him because he hurts all over," his wife Hortencia said. "He can't hug me or hug my little boy."

And trapped in the worst way possible for a proud working man – Financially, with seemingly no way out.

11 News: "What is going to happen to your family?"

Jose: "I don't know."

11 News: "Are you concerned?"

Jose: "Yes."

So how could this happen?

Let's start with March 23, 2005 as the Texas City refinery of BP detonates into flames, killing 15 workers and injuring more than 170 others.

Linda Hunnings remembers that morning, as her husband, a contract worker, "Gave me a kiss and said, 'Don't forget baby I am working over today,' and I said, OK," she said.

She never saw him again.

"He used to say that plant was an accident waiting to happen," Hunnings said.

So, Hunnings and others filed lawsuits against BP. The result: \$1.6 billion in total awards, and it rocked corporate Texas.

But not for long.

"The Legislature has repeatedly refused to pass this law," state Rep. Craig Eiland said.

Eiland says big business had already been pushing a law that would shield them from contract employee accident claims in Texas, but, "Since 1995, there have been five attempts," he said. "Five times, shot down."

So, without the legislature's help, experts say industry began focusing on another possibility: the Texas Supreme Court and the case of Entergy vs. Summers.

It's where they finally succeeded.

In the case, the judges ruled that if Texas companies bought a certain type of worker's compensation insurance, they were protected from contract worker

lawsuits stemming from injury.

Eiland's reaction?

"My initial reaction was 'they didn't do this,'" he said.

To legislators from both sides of the aisle, the high court had overstepped its bounds.

Eiland: "The judiciary is supposed to interpret the law as it is written."

11 News: "And what is happening here?"

Eiland: "They are making the law."

"This decision is leaps and bounds beyond what the legislature intended," said Alex Winslow of Texas Watch, a government watchdog group based in Austin. "This is not a small and insignificant ruling, this is sweeping and far reaching. It affects every worker in the state and I believe threatens communities across the state."

So why did the court do it?

"This is supposed to be an impartial panel," said Andrew Wheat, a member of Texans for Public Justice that follows money in politics.

His conclusion?

"This judicial system has become a joke, a farce," he said.

Why? Wheat analyzed campaign contributions to Texas Supreme Court justices and he said he found that "some of the biggest donors that came up are old school oil and gas companies."

Companies, Wheat said that would benefit handsomely from the Court's recent ruling.

"This is an industry that invested heavily in these justices' campaigns," Wheat said.

Take a look for yourself: BP, the Texas Oil and Gas PAC and others with an interest in the ruling

gave nearly \$750,000 to the justices in the six years leading up to the decision.

We should note that three of the nine justices have been there the full six-year period, while six have not.

And who got the biggest share? Justice Don Willett, the same justice who wrote the Entergy opinion that gives these industries immunity.

But for some?

11 News: "You agree with the Supreme Court's decision?"

Leo Linbeck Jr.: "Absolutely."

Linbeck is a founding member of Texans for Lawsuit Reform.

"I don't know why a lawsuit is a necessary ingredient in investigating what happened," he said.

So we showed him Jose Herrera's picture.

11 News: "He has no recourse against the people he believes could be responsible. Do you believe this is really the right thing to do?"

Linbeck: "You're asking me to respond to you in an emotional way about a fact situation. I didn't make the law."

Here's an interesting fact: Two of the largest donations ever made to Justice Willett, the author of the ruling, came from the political action committee for Texans for Lawsuit Reform.

"We have to get money out of the courtroom," Texans for Public Justice's Wheat said.

11 News: "They believe this stinks. Your response?"

Linbeck: "Then they ought to hold their nose."

Which brings us back to Herrera. With the clock now ticking on his two years of workers compensation money.

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