

David Fontaine
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October 11, 2021

RE: In Support of House Bill HB_251

Dear Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the Ohio House Health Committee:

My name is David Fontaine, and I am writing in support of HB 251, requiring the Director of Health to establish an indoor mold program. My wife and I are patients recovering from chronic, multi-system illness due to exposure to multiple toxic molds – and we're devoted public health advocates.

Our health was – and still is - significantly compromised by exposure to multiple toxigenic molds hidden in our home. By the time we discovered the underlying issues, the damage had been done, leaving us both with a complex set of multi-system health effects – and my wife on disability.

By the EPA's own assessment, over 50% of our commercial and residential buildings have a history of past or current water damage, leading to mold growth and various forms of related contamination, including particulates, microbial VOCs, mycotoxins, and bacterial endotoxins – and, the problem is getting worse. According to data from the EPA's 2019 American Healthy Homes Survey (AHHS) II program, the prevalence of **34** of the 36 mold species studied had increased significantly in only 12 years since the original 2007 AHHS I study.

Furthermore, current public health messaging, which occasionally includes somewhat dismissive references to the scary sounding "black mold", make it seem as though toxic molds are a rare thing. They are not. While more studies are needed on mycotoxin production in water damaged buildings, according to the EPA's own AHHS II data, there are at least 6 toxigenic mold species that were present in over 50% of the homes sampled. In comparison, the notorious "black mold", *Stachybotrys chartarum*, was only found in 38% of the samples. Letting Ohioans think toxic molds are rare, when, in fact, they are actually more common than not, is putting them in harms way.

In a similar fashion, current guidance suggests that mold is a more serious risk for those with compromised immune systems, such as those with diabetes, cancer, HIV, or on immunosuppressive drugs. This again paints a distorted picture of the risk. Where toxigenic molds are concerned, the mycotoxins, themselves, can be immunotoxic or immunosuppressive. For example, the immune suppressive effects of mycotoxins, such as deoxynivalenol and aflatoxin, are well supported in peer reviewed literature in both the agricultural and human health domains. In fact, mycophenolic acid – a toxin produced by *Penicillium brevicompactum* (2019 EPA prevalence 56%) – is an active ingredient in two well-known pharmaceutical immune suppressants.

In essence, the current public health guidance on mold downplays both the prevalence and the health risks associated with our water damaged homes and workplaces, particularly in those all-too-common situations involving toxigenic species. This leaves Ohio residents poorly informed and at serious risk. Without a proper understanding of the hazards, they are left without the tools to make safe and proper decisions regarding mold prevention, home repairs and upgrades, remediation, personal protective equipment – and, of course, the wide-ranging health effects.

Through its provisions for a mold awareness campaign, Bill HB 251 would go a long way toward correcting the current misperceptions. In addition, the bill's requirements for mold disclosures would help ensure potential buyers are appropriately informed of any mold related health hazards. When it comes to such a common and potentially devastating public health concern, relying on a "buyer beware" approach is completely inappropriate.

I strongly urge the Ohio Legislature to vote to approve this critical piece of public health legislation.

Sincerely,

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