

I'm not a bot



Ermi test lawsuit

In late spring 2015, doctors from the Professionals Panel of Surviving Mold noticed something peculiar with various Environmental Relative Moldiness Index (ERMI) reports starting to come in. Several labs, including EMSL, seemed to be consistently failing to detect low levels of *Aspergillus penicilloides*, *A. versicolor*, and *Wallemia sebi* in their tests. ERMI testing is a crucial part of diagnosing and treating chronic inflammatory response syndrome (CIRS) caused by exposure to the interior environment of water-damaged buildings (WDB). Low levels of these fungi can pose significant health risks, with as few as 10 spore equivalents/mg dust linked to illness acquisition. While *Stachybotrys* is often viewed as a primary fungus in damp buildings ("Black Mold; Toxic Mold"), *Aspergillus* species and *Wallemia sebi* play major roles in adverse health effects from WDB exposure. Notably, *Wallemia sebi* tends to thrive in lower water activity environments than other fungi and bacteria in wet buildings, making it particularly hazardous for human health. Observations by physicians suggested that EMSL was underreporting the presence of these organisms, with other mycology labs detecting DNA markers in the same locations where EMSL did not. This raised concerns about potential issues with EMSL's testing methods, including primer selection, probes, TaqMan enzymes, or the DNA analyzer itself. The Professionals Panel reported their findings to the EPA, prompting an investigation into EMSL's practices and the broader implications for ERMI testing accuracy. The writer is shocked by Dave's employee's dismissive response to their inquiry about the primer used in ERMI testing. They suspect that non-responsiveness often hides ulterior motives, which attorneys and investigators scrutinize closely. In contrast, salespeople are expected to be transparent. The writer emphasizes that accuracy in DNA lab testing, such as MSQPCR and ERMI, is paramount due to its life-and-death implications. Misleading information could lead to patients being misled into environments that trigger their conditions, resulting in relapses and potential wrongful deaths or disabilities. The writer questions the role of labs, agents, and businesses like myERMI in ensuring accuracy and accountability. They highlight ongoing EPA investigations into EMSL's failure to meet specifications from patents and lab procedures. The writer demands transparency and accuracy from labs, especially those promoting flawed ERMI testing. They recommend that promoters of ERMI tests, including Dave Asprey and his employee, cease operations and refund customers until EMSL and other labs with quality control issues rectify their problems. The writer notes the lack of accountability in lab quality control, particularly regarding publication of QC results. They raise questions about the legitimacy of EMSL's testing methods if they're not adhering to patent and lab instructions. The investigation into EMSL procedures was already underway when myERMI began selling EMSL testing, leaving room for speculation about the integrity of these tests. Federal agency tests sold without public warning over investigation A non-medical website was selling these tests without informing the public about an ongoing investigation. Doesn't that sound like old-fashioned due diligence was lacking? I called EMSL to ask about issues with EPA testing on September 23, 2015. Dr. Charlie Li told me directly that there were problems and he was working with the EPA to resolve them. He assured me that people who had their ERMI done recently could have it retested for free when the methods were corrected. To do this, simply call EMSL's phone number on your lab result, ask for the lab, give them the lab number in the top right corner and ask them to repeat the test at no cost once they meet EPA requirements. I hope those who had their ERMI done since June 22, 2015 will reach out to EMSL or their broker to get a retest done when the lab improves its quality control for these three key species. If your ERMI was sold through a broker, I believe you're entitled to a refund. Unfortunately, I don't know if anyone has been harmed by this issue. But we are willing to be a clearing house for information about possible adverse health effects from flawed ERMI reporting at www.survivingmold.com. Alternatively, if your ERMI was bought through myERMI, you can contact them as their reports may also be affected. Dave Asprey has expressed his willingness to help people and make things right. He wants to get refunds for those who have been affected by this issue. Venture with integrity matters. I recall the outspoken voices in the mold world 15 years ago - Jonathan Wright, Erik Johnson, Sharon Kramer, and myself, possibly joined by a few others. Internet sales? No way! Then, 15 years later, mold is selling like crazy, but don't get swayed by slick advertising. In mold venues, prioritize truth and honesty for patients. If the claims of Dr. Mike O. Toxin aren't backed by high-quality, published peer-reviewed data, it's best to skip using your credit card that day. Now, you'll see non-existent data and undisciplined ideas about mold being sold without any scientific backing. These days, you can find people claiming specific foods caused their illnesses or others touting special nutrients as solutions. What's missing is the availability of actual data to support these claims. Our group has been publishing peer-reviewed literature for 15 years, including studies on over 2,500 adults and children, as well as two double-blinded clinical trials. It's still perplexing that some believe diet causes CIRS-WDB illness, knowing we defeated this argument in previous mold litigation. The CDC states that diet is not a significant factor (MMWR 2/2015), and the scientific community agrees. Don't start buying mold-free products or relying on false hopes based on marketing ploys. We're now in a Golden Era of peer-reviewed papers on CIRS-WDB therapy, with tests providing objective fingerprints of brain injury, proteomics, and genomics. We must demand scientific integrity from Internet sales machines that claim to offer solutions. EMS Labs has acknowledged issues with their ERMI results, and the EPA is working with them to ensure reliable results in the future. Let's revisit ERMI products once the bugs are worked out. As Dr. Ritchie Shoemaker and Scott McMahon suggest, talking to Dave Asprey might result in a refund for flawed ERMI purchases. At least two things are true about government agencies: they never act quickly, but they will respond to complaints to appear accountable to the public. The practice of adding political spin to responses to complaints in public documents is a concerning trend. Agencies often use double-speak to justify their stance on important issues. A closer look at the EPA's shifting opinions on DNA testing for molds in wet buildings reveals that the Office of Inspector General (OIG) may be more focused on supporting political agendas than scientific accuracy. The OIG, funded independently by Congress, is supposed to root out fraud and promote efficiency within agencies. However, its goals seem to prioritize contributing to improved human health and safety over actual oversight. The EPA's OIG has been criticized for desultory procedures and susceptibility to political pressure. Even the agency's own Inspector General, Arthur Elkins Jr., appears to be driven by a biased agenda. The issue of Environmental Risk Management International (ERMI) is particularly concerning, with over 50% of US buildings affected by water intrusion and microbial growth. The EPA's response has been marred by cover-ups and a lack of transparency, putting the health of 150 million people at risk. It is essential to hold agencies accountable for their actions and ensure that politics does not interfere with the pursuit of truth and logic. ### The Lab in Cincinnati led by Dr. Steve Vesper has made significant breakthroughs in understanding why "sick buildings" can make people ill. Research by the EPA group discovered that buildings with water damage have distinct ecosystems compared to non-wet buildings. These ecosystems thrive in high humidity and consistent temperatures between 62-78°F, away from wind and rain or snow. However, this is not typical of outdoor environments. In contrast, non-wet buildings lack moisture, but still harbor fungal communities similar to those found in the great outdoors, differing mainly in their level of moisture. The ERMI test, developed by Dr. Vesper's group, only assesses fungi and does not account for other pollutants like gram-negative bacteria. A complaint was made to the Office of the Inspector General about using ERMI to evaluate homes for indoor mold, despite the EPA not validating its use. The OIG report presents both the complaint and the EPA's response. Our analysis found 27 errors in the OIG and EPA's arguments. We encourage those who disagree with us to respond to these points. The development of ERMI was subject to rigorous peer review and was patented by the EPA. More than \$330,000 was earned from licensing their technology for private use. In 2006, Dr. Vesper published an article explaining ERMI in detail, stating that it was partially funded by the EPA. The research described here has been peer-reviewed and approved as an EPA publication. Similar disclaimers were found in a 2006 paper and a Journal of Exposure Science on ERMI, which was funded and collaborated with by EPA. The disclaimers stated that the research had been subjected to EPA's peer review and approved as an EPA publication. However, despite this validation, EPA later claimed that ERMI wasn't validated for public use, citing concerns about safety. This change in stance coincided with major mold litigation involving U.S. military housing interests where ERMI played a significant role in the plaintiffs' cases. It's questioned whether this sudden concern was logical or if it was a case of "old man politics" trying to change history. The EPA has been criticized for its handling of worker safety, including incidents at their own Waterside Mall facility in Washington, D.C., where employees were sickened by mold exposure. This behavior raises suspicions about the agency's willingness to admit harm caused by wet buildings partly due to their own actions involving mold. It's no surprise that the OIG refuses to acknowledge what caused people to fall ill in Waterside and other government buildings with high humidity (10). The OIG and EPA have now admitted that they didn't validate the ERMI test for public use. But where is the proof of this accusation? What facts support it? Without validation, one would expect a standard process to document such testing - but it's nowhere to be found in this discussion. Does the EPA even need to establish validation protocols? Apparently not. It's worth noting that the OIG report states on page 1 that there are no federal laws or EPA procedures addressing the level of validation needed before or after transferring technologies to the private sector (11). The OIG also adds that there are no EPA regulatory requirements for developing or validating indoor mold test methods or assessing indoor mold levels (12). Given these realities, the "public use" hysteria might have been averted. Unless politics are at play. Let's consider who this powerful complainer is and what their motivation might be. Are they biased? If it's a defense attorney, the plaintiff needs to know about the complaint and the attorney should be sanctioned. If this is just politics, then the EPA should face sanctions too. It's time for sunlight on these credibility issues. A Senate investigation into whether EPA was required to validate ERMI for public use is necessary. The OIG claims that EPA didn't validate ERMI, despite no laws or regulations requiring such validation. Why would someone in EPA want to slam ERMI? This tool was developed by EPA itself and validated through public use - not the other way around. Our group demonstrated this in 2007 (SAHIE) and again in 2008 (When SAHIE meets ERMI). The public has already shown the utility of ERMI in correlating building health with human health (13). By substituting a different term for "kill" in a familiar phrase, we can see how meanings change when words are replaced. Let's apply this concept to the OIG's unscientific attack on ERMI by replacing it with something like "pickaxe." If EPA invented a pickaxe and found it useful, they would expect validation - but apparently not for ERMI. The use of this tool would greatly benefit working men who struggle with digging trenches without it. Over time, someone would likely discover an alternative implement that could cut roots, making it possible for workers to efficiently dig trenches and cut through any obstacles in their path. However, this progress was soon halted due to a hush-hush review by the government, which deemed the use of the other side of the pickaxe unvalidated. It is unclear what motivated the government's decision, but it is possible that they were swayed by Handsomely-Picked, a company with numerous government contracts at risk. The company had successfully marketed the tool as a mactock, but this term was later deemed unacceptable due to its resemblance to another word. In an effort to salvage their contracts, Handsomely-Picked sought to discredit the tool, leading to a situation where the EPA became involved. The EPA's decision to limit the use of the tool to only trench digging, while allowing it to be used for other purposes, seems arbitrary and driven by financial interests. The true motives behind this decision remain unclear, but one thing is certain: the government's actions have raised serious questions about credibility and the role of politics in science. The OIG's credentials as the provider of the Supreme Opinion are also questionable, given their lack of knowledge on mold illness. This raises concerns about the EPA's ability to provide accurate information on environmental issues, particularly those related to water damage and indoor air quality. Further investigation is needed to uncover the truth behind this situation and ensure that the public is not being misled by false or misleading information. The GAO criticized mold defense consultants' litigation pieces for neglecting immunological aspects, while the OIG's report on Endotoxin Response Measure (ERM) failed to consider this crucial aspect. The OIG's lack of cooperation among federal agencies and its failure to reference work-accepted knowledge on chronic inflammatory response syndromes has been widely criticized. Despite the presence of absurd deletions, the OIG had the opportunity to build credibility by referencing fact-based information from 2010. However, their opinion remains untenable due to its absence of understanding on the illness ERMI helps show. A critical review of the OIG report reveals a glaring omission: the absence of discussion on inflammation and immunological problems. Given this lack of knowledge, it is unlikely that the OIG would be taken seriously in any court or intellectual discussion about ERMI. The EPA's reliance on the OIG's flawed opinion as a means to dismiss the existence of inflammatory illnesses caused by exposure to water-damaged buildings is a shameful attempt to cover up the truth. The background information on who had knowledge of ERMI in advance of this decision wasn't provided. Those opposed to ERMI were vocal about their disapproval. The investigation was underway at that point. One individual (RS) submitted his application for consideration as an expert witness, which would likely be reviewed by the panel. Due to the extensive data he collected on over 2000 people who underwent ERMI testing, his testimony would definitely be listened to. Our group demonstrated that HERTSMI-2 was a cost-effective and more accurate approach to determining safety regarding exposure. RS had expressed anxiety about needing to travel to Washington D.C. during winter to testify, but still waiting for this opportunity. Apparently, the decision was made without input from any practitioners who have actually utilized ERMI testing (20). It's unfortunate by now that you could read the OIG report published in January 2014, which included comments received from EPA regarding a study completed by OIG in May 2013 (21). The OIG expressed concerns about an EPA website specifically the Office of Science Policy, which suggested that the EPA had validated and endorsed MSQPCR for public use (22). This website was quickly removed after being available for some time. The OIG seems to believe that the public could make wrong decisions or take unnecessary actions regarding mold due to their belief in the accuracy of ERMI tests. Furthermore, samples from the same home sent to two different labs may not always yield the same results (23). Inter-lab reproducibility remains a significant issue in this field. If sequential results do not agree, there is no room for a culture to be positive one day and negative the next on the same specimens. The EPA's actions have nothing to do with this concern. They could look into methods used by different mycology labs to produce ERMI results if they were truly committed to protecting the public. We agree that some labs provide inaccurate results. Companies licensed by the EPA in 2006, including Mycometrix, which we can demonstrate produces accurate ERMI results (24), use their technology on a proprietary basis. Variables such as extraction percentage of DNA and recovery rate could impact observed relative insensitivity in one lab. The use of different primers or probes by laboratories may also affect the accuracy of ERMI results. The EPA's response to concerns over indoor mold, MSQPCR, and ERMI has been inadequate. Despite acknowledging the need for a fact sheet in July 2013, one was not finalized until today. The lack of discussion on known defects in ERMI is particularly concerning. The agency could have addressed these issues through auditing lab records or requesting voluntary disclosure from physicians. Instead, they claimed no one knows the meaning of ERMI to human health, despite providing information on 2,400 test results. Who funds their re-election campaigns and can we see someone standing up for academic integrity in government decisions? Specifically, how do EPA researchers ensure that their work is sound? Research at the EPA must undergo rigorous review and criticism, starting with lab directors, followed by higher-ranking officials, and finally the agency itself. However, this process has been criticized for being politicized. What's more, patents are issued through a separate Federal agency, but licensing agreements with private businesses have been approved without thorough scrutiny. It appears that if the research is not valid, the EPA still collects royalties from licensees. The added language to all approved research is intended to ensure transparency and availability of scientific data to the public, but the sampling protocols are surprisingly simple. Validation of a Tool's Influence on Public Behavior in a Free Country The OIG, a self-proclaimed attorney with no experience in assessing indoor mold or health effects caused by damp buildings, issued an assessment that omitted crucial information from the US GAO report. The GAO found that better coordination among federal agencies was necessary for addressing wet building issues, which contradicts the OIG's stance. A WHO report on wet buildings in 2009 documented chronic inflammatory responses seen in affected patients, while a POA of 2010 was approved after internal review by experts in indoor air quality and human health. My concern is that the EPA's apology lacks acknowledgment of inflammatory illnesses, an entity noted by every agency and federal publication. Since the EPA doesn't diagnose or treat patients, how would they know about the use of ERMI without asking for testimony? Labs that license ERMI techniques have not been held accountable for failures in quality control. The lack of transparency regarding ERMI testing methods and the absence of a fact sheet on ERMI in over one year raise concerns. If protection of the public is the concern, how can labs sell unknown testing methods as real ERMIs? The EPA's dodge to escape punishment from the IG is puzzling, especially considering that several mycologists have expressed concerns about ERMI, which have never been addressed by the agency. I remain astonished that individuals with incorrect views on human health still hold positions of power. We need to vote out incompetent incumbents and replace them with informed experts who acknowledge the reality of CIRS and its impact on affected patients. The continuous denial of this reality only serves to harm those already suffering. ERMI testing is often misunderstood and misused by medical providers, despite its limitations. The EPA recommends it only for research purposes, but it's not suitable for evaluating mold spores in the air or assessing health exposure for homeowners. ERMI testing lacks quantifiable sampling methods, making it difficult to compare results with confidence. Unlike non-viable air samplers, which collect a consistent quantity of air, ERMI tests rely on settling dust and cannot account for surface conditions or time since cleaning. Even using relative measures, like spores-to-dust ratios, is not accurate without knowing the timing of elevated mold spore events. The home experienced an initial mold-free period lasting approximately 5.5 years before a larger family moved in six months ago, resulting in rapid and persistent mold growth. However, considering the short timeframe of this recent spike, its significance may be overstated. Another challenge in interpreting ERMI results lies in how the formula categorizes outdoor spores. The distinction between indoor and outdoor spores is often blurred, as some species, like *Cladosporium*, can thrive both indoors and outdoors. This confusion can lead to inaccurate assessments of mold levels. ERMI testing can still be valuable when examining a home's long-term mold history, particularly in determining potential health risks associated with childhood exposure. The test was initially designed to investigate the correlation between early life mold exposure and asthma or allergy development.