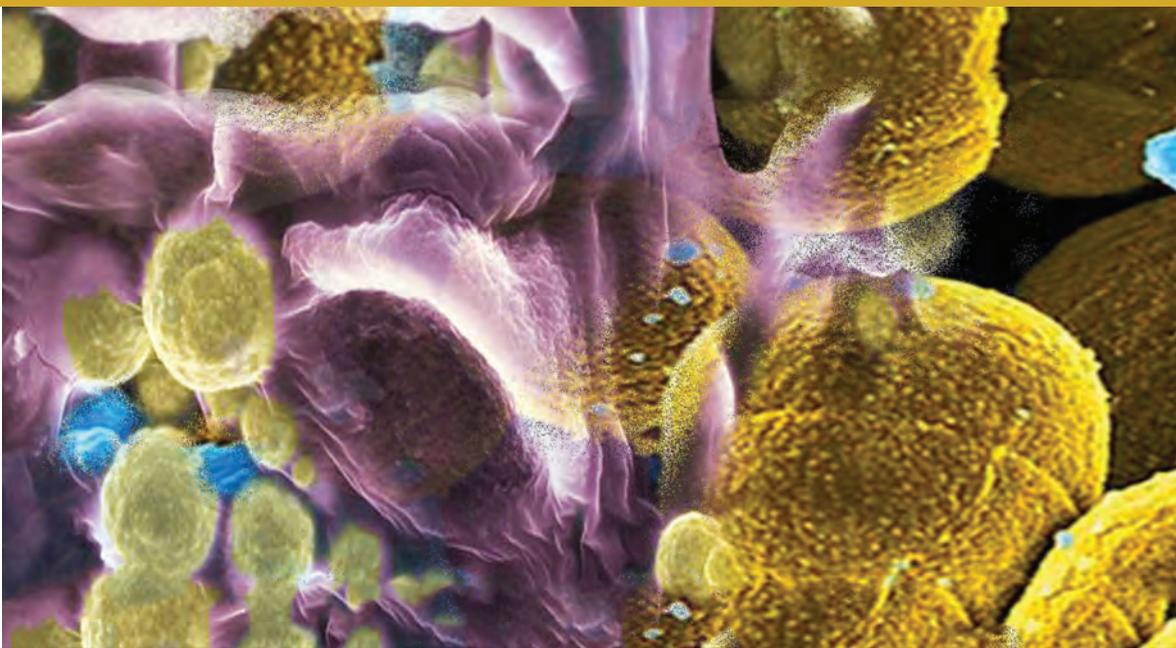


PART 1: WHY MOST REMEDIATIONS FAIL
AND PEOPLE STAY SICK

SURVIVING MOLD ILLNESS

**Why are so many mold-sensitive
patients not getting better?**



Gary Rosen, PhD

PREFACE

Within the Surviving Mold and ISEAI communities, focus of both Assessment and Remediation has been on mold-induced illness from Water Damaged Buildings. But when there is obvious water damage, especially where sick people are involved, the leak and resultant damage are generally quickly identified and quickly fixed.

Assessment and Remediation of common water damage problems are not only typically straightforward but also such damage is covered by Home Owners insurance. Therefore easy to hire professionals to properly fix... or is it?

Here we focus on patients not currently living in or perhaps not ever living in obvious water damage homes and yet suffer from what appears to be mold-induced, mold-triggered or mold-aggravated Chronic Inflammatory Response Syndrome (CIRS), as well as from any combination of allergies, asthma, respiratory infections, chronic obstructive pulmonary disease, brain fog, rhinosinusitis, Lyme, dysbiosis, fibromyalgia, autoimmune conditions, chronic fatigue conditions and other triggered Environmental Illnesses.

We note an urgent and growing need to upgrade the quality of education and training for Indoor Environmental Professionals as well as Consumers to include:

- i. The special needs of mold-sensitive occupants with chronic inflammation.
- ii. Reliable and cost effective Assessment and Remediation procedures for all sources of exposure to hidden mold in not obviously water damaged buildings.
- iii. Assessment and Remediation procedures for all sources of the many other inflammagens in homes besides mold that include bacteria, viruses, dust mites, micro-particles etc.

Here we focus on common sense, affordable Assessment/ Remediation procedures that not only work the first time but don't involve tearing down all your walls, or selling your house, or throwing out all your possessions.

Surviving Mold Illness

Why most Remediations fail
and people stay sick

Gary Rosen, Ph.D.



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FIRST EDITION

E-Pub Edition First Printing, 2020.

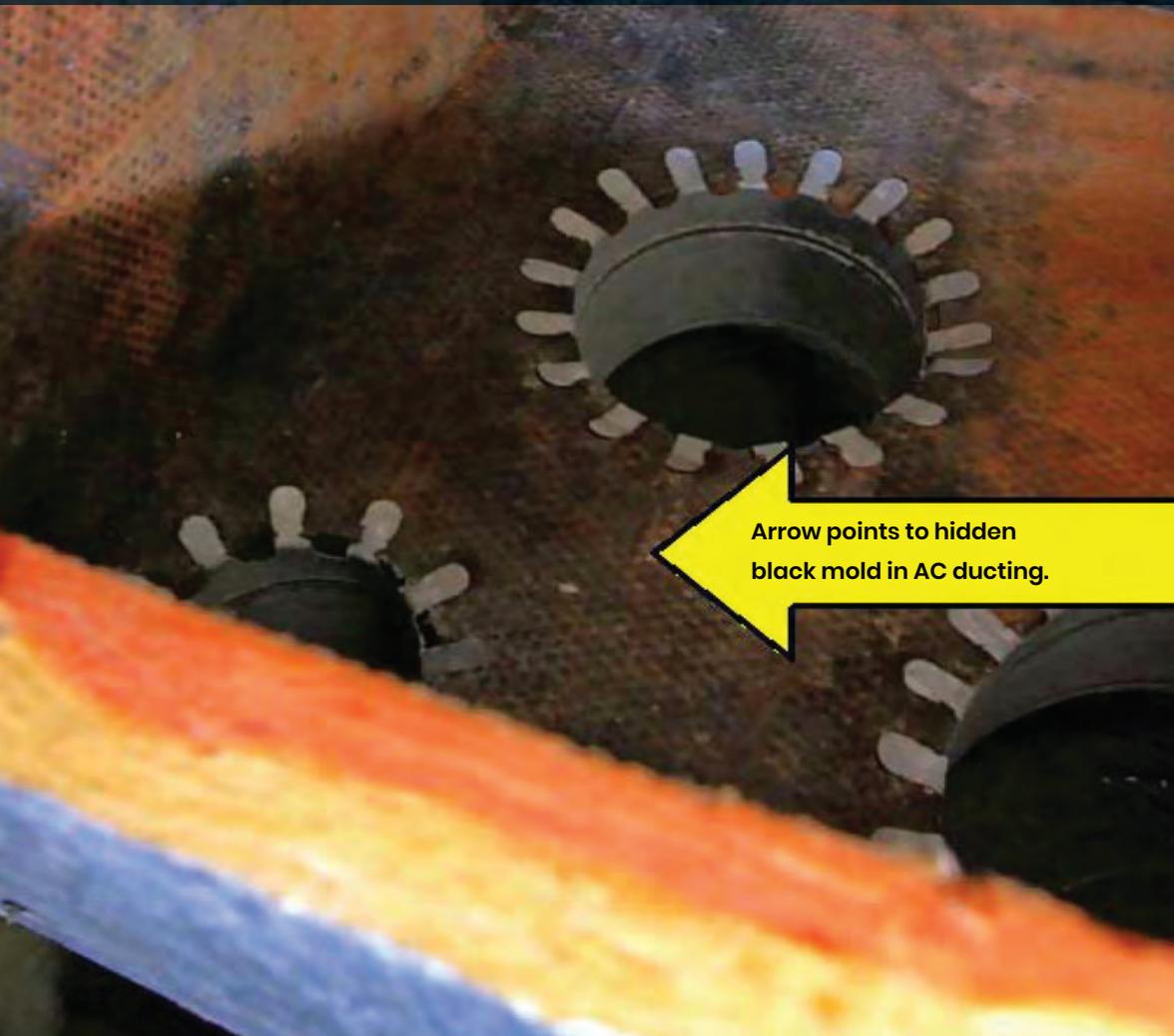


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INTRODUCTION



Arrow points to hidden
black mold in AC ducting.

Why So Many CIRS Patients Not Getting Better

1. It is our belief, that one of, if not the major reason that so many Chronic Inflammatory Response Syndrome (CIRS) patients are not getting better with proper medical treatment is that ...
2. The proprietary, actually off-the-wall, mold assessment and mold remediation procedures developed by and featured in Dr. Ritchie Shoemaker's Indoor Environmental Professionals Panel of Surviving Mold Consensus Statement... just don't work.
3. If there is constant exposure to mold in the home, impossible to get better.
4. Therefore due to failed assessment and failed remediation procedures, CIRS patients not getting better.

Beyond Mold Related Symptoms

1. Many other conditions that may not be caused by Mold Toxins can be exacerbated by them:
 - Lyme Disease
 - Babesia and other co-infections
 - Multiple Chemical Sensitivity (MCS)
 - Irritable Bowel Syndrome (IBS)
 - Mast Cell Activation Syndrome (MCAS)
 - Small Intestinal Bacterial Overgrowth (SIBO)
 - Pediatric Acute-onset Neuropsychiatric Syndrome (PANS)
 - Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS)
 - Amyotrophic Lateral Sclerosis (ALS)
 - Alzheimer's Disease (AD)
2. And many other conditions have been speculated to be caused or exacerbated by Mold Toxins including:
 - Childhood ADHD
 - Obesity and many others
3. Fixing mold exposure problems can and often does help alleviate, if not cure, such serious illnesses.

Should Be Straight Forward To Identify & Fix

1. In our 3-Part Series we point out where Shoemaker's Surviving Mold proprietary mold remediation and mold assessment procedures go wrong.
2. And why it should be typically straight-forward and should be relatively inexpensive to both identify (assess) and inexpensively fix (remediate) indoor mold problems even for people with Chronic Inflammatory Response Syndrome (CIRS.)
3. Part 1 we focus on Shoemaker's Surviving Mold proprietary **mold remediation** procedures.
4. Part 2 we focus on Shoemaker's Surviving Mold proprietary **mold assessment** procedure.
5. And in Part 3, we provide Case Studies of procedures for assessment/remediation that not only work, but also are relatively inexpensive compared to those featured by Shoemaker's Surviving Mold.

Yes Shoemaker ...

1. Yes, Shoemaker essentially invented modern treatment of mold related illness.
2. But he did not invent mold assessment or mold remediation. So keep an open mind ...
3. If you have mold toxin related symptoms and you are going broke on mold assessment and remediation that don't appear to work you owe it to yourself to read this series.



Toxic Mold Growing Inside AC Ducting. Spores Being Released 24/7 Into The Indoor Environment/ Breathing Space.

FREE Consulting

A \$75 Value For Only The Cost of This E-Book

1. With the purchase of this E-Book you get 15 minutes of FREE telephone consulting to:
 - Answer questions about the material in this Book.
 - Provide second opinion on remediation plans and lab results interpretation.
 - Explain how to perform your own testing.
 - Perform virtual inspections to assess property for microbial contamination and answer general questions about all parts of the investigation and remediation process.
2. For SE Florida / Europe:
 - Contact Linda Rosen (linda@mold-free.org) to set up telephone consulting with Dr. Rosen, book author.
3. For the rest of the US and other international:
 - Contact Scott Armour at www.armorappliedscience.com



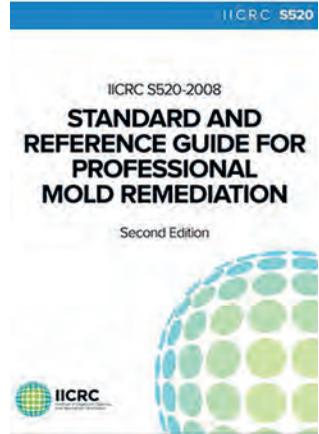
PEER REVIEW



Part 1: Why most Remediations fail and people stay sick

This document has been Peer Reviewed by: **Scott Armour**

1. Master of Science in Health Science [Industrial Hygiene], California State University, 1993
2. Chair of the IICRC Mold Removal Specialist certification
3. Vice-Chair and contributing author of the Internationally recognized *IICRC S-520 Professional Mold Remediation Standard*.

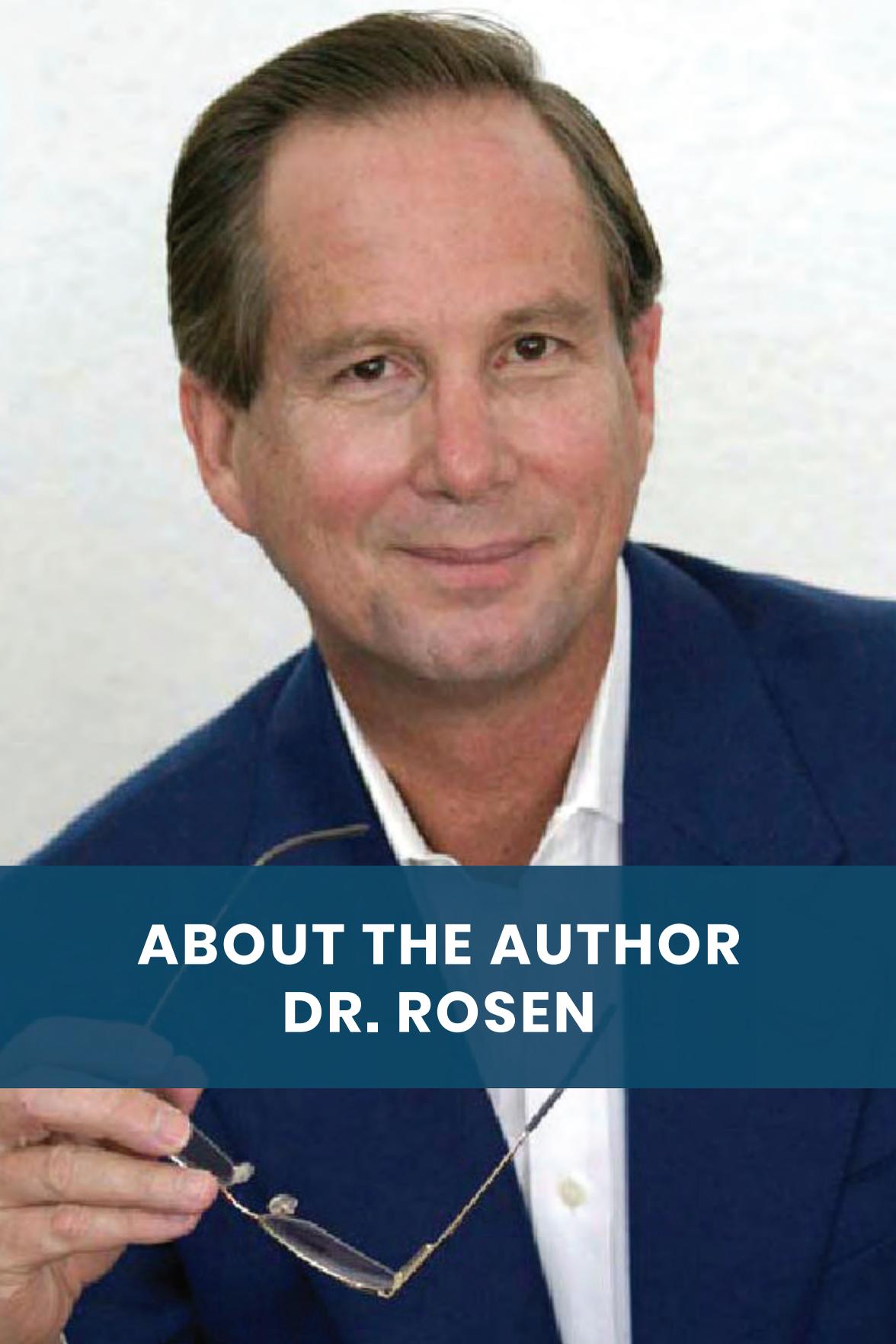


This document has been Peer Reviewed by: **John Downey**



1. Downey first gained notoriety as the founder, editor and publisher of Cleanfax magazine in 1989.
2. More recently, Downey served as the editor and publisher of the IICRC's Journal of Cleaning, Restoration & Inspection until that publication was discontinued by the IICRC in the fall of 2017.
3. Currently Executive Director of CIRI (Cleaning Industry Research Institute).

<https://www.ciriscience.org/>



**ABOUT THE AUTHOR
DR. ROSEN**

Part 1: Why most Remediations fail and people stay sick

Dr. Gary Rosen

1. Dr. Rosen's first mold "client" was his daughter Marla (2002). She was sick from toxic mold exposure in school.
2. Dr. Rosen traveled to mold assessor and mold remediator schools across the country to attempt to determine the most effective as well as the most cost effective mold assessment/remediation for people ill from mold.
3. Dr. Rosen met Dr. Shoemaker and Dr. K. Hudnel (EPA) at the Fungal Research Group Conference in Saratoga Springs NY 2003.

Dr. Rosen Meets Shoemaker & Hudnel

1. He was introduced to the work they were doing using Cholestyramine (CSM) to help cure people exposed to Pfiesteria-produced neurotoxins when swimming in lakes and streams in Maryland and vicinities.
2. Dr. Rosen (at that time 52), who had no idea that he had any Chronic Inflammatory Response Syndrome (CIRS) symptoms, self treated himself with CSM as a preventive action.
3. He immediately had a complete cure of VCS (Visual Contrast Sensitivity), end to minor claustrophobia, dramatic reduction in panic attacks and reduction in ADD-related issues that were all lifelong symptoms. (ADD was reduced but not cured.)
4. He became a believer in Shoemaker and his toxin binding treatments as a cure to mold-induced CIRS.

Dr. Rosen. Ph.D. Biochemist/Toxicologist

1. Dr. Rosen is a Ph.D. Biochemist/Toxicologist who did post doctoral work at UCLA for Nobel Laureate Paul D. Boyer.
2. Dr. Rosen is a FLA licensed building contractor, mold assessor, and mold remediator and has assessed and remediated over 2000 homes over the last 18 years.
3. He's written 5 books on mold and developed a FREE complete training course for mold assessors and remediators. (See resume Appendix A.)

Part 1: Why most Remediations fail and people stay sick

Dr. Rosen, President Certified Mold Free Corp

1. Certified Mold Free: Top rated on Angie's list.

Angie's list Home is where our heart is.

Certified Mold Free Corp
in business since 2003

Business Overview

A
customer
rated

162
customer
reviews

9
years on
Angie's List

Request a Quote

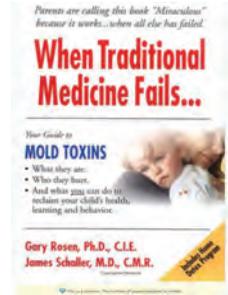
www.Free-Mold-Training.org | www.Mold-Toxins.com

1. Dr. Rosen is also President of the National Association of Environmentally Responsible Mold Contractors www.free-mold-training.org
2. He is State of Florida approved to provide Mold Assessor and Mold Remediator license training, and he actually wrote the state mold license exam.
3. He also developed the free web site: www.mold-toxins.com
4. Dr. Rosen has a strong foundation in experimental science, laboratory procedures... and mold.
5. Dr. Rosen as a Florida Licensed Building Contractor since 2003 has a great deal of proven success for both assessing and as well as fixing mold contaminated homes.

Part 1: Why most Remediations fail and people stay sick

Dr. Rosen Mold Remediator For Mold Sensitive People

1. Because of his book (on Amazon) *When Traditional Medicine Fails – Your Guide to Mold Toxins* (2006)
2. Dr. Rosen has had the opportunity to fix many homes of people sick from mold.
3. Here Dr. Rosen shares what he has learned from successfully remediating over 1000 homes, many with sick occupants.



Meeting With Hudnel and Shoemaker in 2003 Changed My Life



Dr. Rosen understands the relationship between mold and mold toxins and toxin-binding therapy at a deep personal level.



His meeting with Hudnel and Shoemaker in 2003 changed his life, and he is eternally grateful.



And he has seen how the increased awareness of mold and health and available treatments have helped thousands.



Yet with the absolute explosion in the numbers of mold-induced CIRS diagnoses, many are not getting better.

Problems With Shoemaker's Surviving Mold Consensus Statement

Indoor Environmental Professionals Panel of Surviving Mold CONSENSUS STATEMENT

Medically Sound Investigation and remediation of water-damaged Buildings in cases of CIRS-WDB

Larry Schwartz CIEC, BSME, MBA, Greg Weatherman CMC, Michael Schrantz CIEC, CMI, BPI-BA / EP, Will Spates CIAQP, CIEC, Jeff Charlton, ACIEC, AACIEH, Keith Berndtson MD, Ritchie Shoemaker MD

1. In 2016, Dr. Shoemaker's **Surviving Mold** released the Indoor Environmental Professional Panel of Surviving Mold Consensus Statement (SMCS).
2. This document is billed as mold assessment and mold remediation procedures that are optimal for someone with CIRS.
3. Here in our 3 Part PowerPoint Series, we review the SMCS recommendations for



Mold Remediation



Initial Mold Testing



Post Remediation Mold Testing.

7. With particular emphasis (in Book 2/3) on analyzing Shoemaker's proprietary mold testing method called HERTSMI-2.
8. There are many problems with Shoemaker's SMCS regarding both mold assessment and mold remediation. As a result Many CIRS Patients Are Not Getting Better With Treatment.

Part 1: Why most Remediations fail and people stay sick

Our SMCS Review Parts 1, 2, 3

1. Part 1: We focus our review on Shoemaker's recommended proprietary mold remediation procedures. Here in Part 1, we explain where Shoemaker and his team go wrong. And why their proprietary procedures are not appropriate to any mold remediation projects regardless of whether the client is healthy or has mold induced CIRS.
2. Part 2: We focus on Shoemaker's recommended proprietary HERTSMI-2 mold testing procedure. Again, we explain where Shoemaker goes wrong. Shoemaker's proprietary testing method is neither useful in pinpointing mold problems, nor can it be used to validate after remediation (post remediation testing) that the work has been properly and successfully completed.
3. Part 3: Features Case Studies on mold remediation as well as initial and post remediation testing. What works and what does not.



Why So Many Not Getting Better

1. We are going to show, actually prove, that a major, if not the major, cause of ...
2. Why so many diagnosed with mold-induced CIRS are not getting better with treatment is, over reliance on, and problems with:
 - The proprietary mold remediation recommendations in Shoemaker's Surviving Mold Consensus Statement.
 - Dr. Shoemaker's proprietary HERTSMI-2 mold assessment procedure.
3. **Please Note:** Dr. Shoemaker remembers me from our van pool ride from Saratoga Springs to the airport back in 2003 where he opened my eyes to mold toxins and toxin binding treatment. Literally changed my life.

With all due respect, we have submitted this 3 Part review to not only Shoemaker but all the co-authors on his Surviving Mold Consensus Statement (2016) and asked for comments/ criticisms.

None were forthcoming except "we got it all wrong".

Hopefully our highly critical review is a wake up call to fix the glaring errors in SMCS; and will result in a new, improved updated SMCS that will be put out for Public Peer Review and not only reviewed by his small group of mold assessor adherents/ acolytes.

Developed by Dr. Gary Rosen and National the Association of Environmentally Responsible Mold Contractors.

See us at:

www.Free-Mold-Training.org

**Indoor Environmental Professionals Panel of
Surviving Mold
CONSENSUS STATEMENT**

**Medically Sound Investigation and remediation of
water-damaged buildings in cases of CIRS-WDB**

Larry Schwartz CIEC, BSME, MBA, Greg Weatherman
CMC, Michael Schrantz CIEC, CMI, BPI-BA / EP, Will
Spates CIAQP, CIEC, Jeff Charlton, ACIEC, AACIEH, Keith
Berndtson MD, Ritchie Shoemaker MD

Internal review performed by The Professionals Panel
of www.survivingmold.com

**INDOOR
ENVIRONMENTAL
PROFESSIONALS
PANEL OF SURVIVING
MOLD CONSENSUS
STATEMENT (SMCS)**

**LOTS OF PROBLEMS. Why CIRS
Patients Not Getting Better.**

Part 1: Why most Remediations fail and people stay sick

Who Reviewed the Surviving Mold Consensus Statement (SMCS)?

Larry Schwartz CIEC, BSME, MBA, Greg Weatherman CMC, Michael Schrantz CIEC, CMI, BPI-BA / EP, Will Spates CIAQP, CIEC, Jeff Charlton, ACIEC, AACIEH, Keith Berndtson MD, Ritchie Shoemaker MD

Internal review performed by The Professionals Panel of www.survivingmold.com

1. The mold assessors performing the Internal Review of SMCS were: Larry Schwartz, Greg Weatherman, Michael Schrantz, Will Spates (deceased) and Jeff Charlton (London England)
2. The medical doctors were: Keith Berndtson, and Ritchie Shoemaker.
3. There were no mold remediators or building contractors on the panel.
4. Let's check Angie's list for background on the three U.S. based mold assessment companies:
 - Larry Schwartz, Safestart Environmental
 - Michael Schrantz, Environmental Analytics
 - Greg Weatherman*, Aerobiological Solutions

*Greg Weatherman was the principal editor for the mold assessor and mold remediation topics in SMCS.



Part 1: Why most Remediations fail and people stay sick

Larry Schwartz, Safestart Environmental

www.safestartiaq.com

Angie's list Home is where our heart is.

SAFESTART ENVIRONMENTAL
in business since 1998

Business Overview

A
customer
rated

25
customer
reviews

13
years on
Angie's List

Request a Quote

1. "A" rated, 25 reviews over 13 years.
2. He states that he has performed over 5000 investigations. Why only 25 reviews?
3. Larry states that he does post remediation inspections to CERTIFY the indoor air quality to be HEALTHY and SAFE. But he NEVER uses the Shoemaker proprietary mold assessment procedures proposed in SMCS that does not test the air ... but only tests surface dust for mold. Yet, he is one of the SMCS Peer Reviewers.
4. Look Larry up. Ask him why he uses air sampling to determine remediation success rather than the dust sampling procedures recommended in Shoemaker's SMCS. <https://www.safestartiaq.com>



Part 1: Why most Remediations fail and people stay sick

Michael Schrantz, Environmental Analytics LLC

Angie's list Home is where our heart is.

Environmental Analytics

in business since 2006

Business Overview

A
customer
rated

7
customer
reviews

5
years on
Angie's List

Request a Quote

1. "A" rated, but only 7 reviews over 5 years.
2. From his web site: Michael has over 22 years of active indoor environmental quality & building science experience. He has been involved in over 4300 indoor health-related investigations across the globe.
3. Ask him how many of those inspections relied on Shoemaker's proprietary dust sampling technique found in SMCS to determine remediation success versus air sampling. (None.) mikeschrantz@gmail.com



Part 1: Why most Remediations fail and people stay sick

Greg Weatherman, Aerobiological Solutions

AerobioLogical Solutions, Inc.
in business since 1997

Business Overview

F

customer
rated

5

customer
reviews

10

years on
Angie's List

[Request a Quote](#)

1. "F" rated. 5 reviews in 10 years. Greg was the principal editor of SMCS. His proprietary procedures are the basis of much of the SMCS remediation and post remediation testing procedures. That should be pretty scary!

Dr. Rosen, Certified Mold Free Author of This Review of SMCS.

Angie's list Home is where our heart is.

Certified Mold Free Corp
in business since 2003

Business Overview

A

customer
rated

162

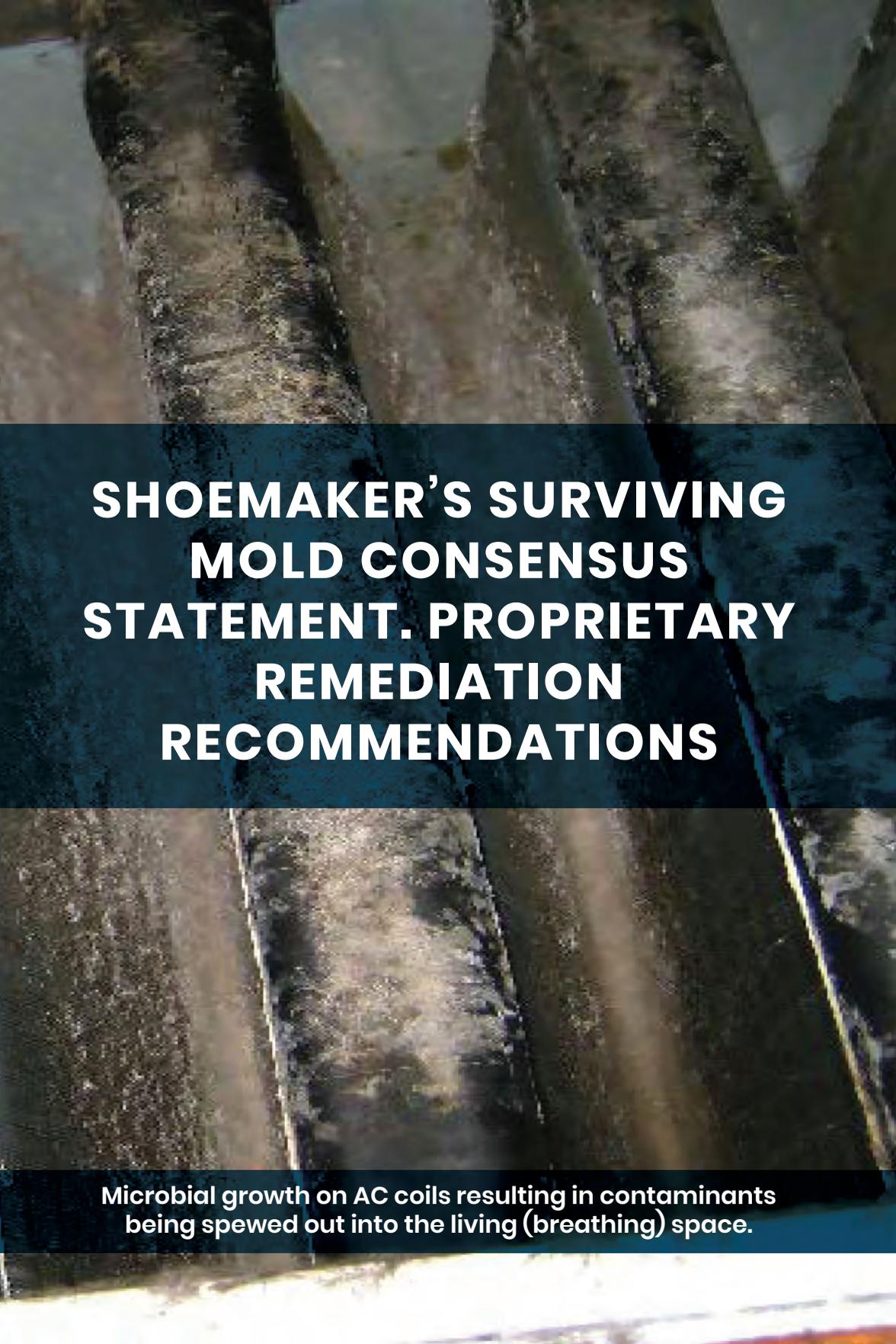
customer
reviews

9

years on
Angie's List

[Request a Quote](#)

1. Dr. Rosen's company: Certified Mold Free: Top rated on Angie's list.

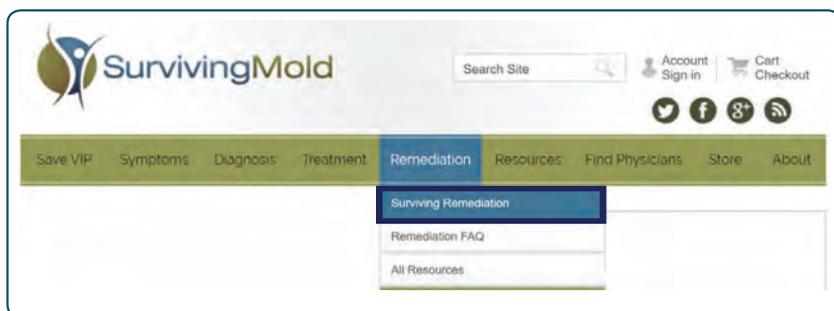
A close-up photograph of several parallel AC coils. The coils are heavily covered with a thick, dark, fuzzy layer of microbial growth, likely mold or bacteria. The background is dark and out of focus.

SHOEMAKER'S SURVIVING MOLD CONSENSUS STATEMENT. PROPRIETARY REMEDICATION RECOMMENDATIONS

Microbial growth on AC coils resulting in contaminants being spewed out into the living (breathing) space.

Part 1: Why most Remediations fail and people stay sick

Surviving Mold Remediation Recommendations



1. Shoemaker's Surviving Mold web site takes you to Greg Weatherman's Surviving Remediation web site...
2. Where you find the following advice:

Greg Weatherman's Surviving Remediation Recommendations

AeroSolve marketing material featuring a white jug of the product and a diagram of 'AeroSolve Coverage'. The text highlights 'NEW! Advanced Technology To Remove Hazardous Particles from Indoor Air. For Remediation Success in the Era of Genetics.' and claims it is 'Faster and More Economical than Air Scrubbers'. It lists 'Sophisticated Results' (removes particles, mold, and allergens), 'A Simple Tool' (easy to use), and 'Can Be Used for the Chemically Sensitive' (safe for people and pets). The 'Uses for AeroSolve' include mold remediation, asbestos abatement, and mold removal. The 'AeroSolve Air Cleaner' is described as a water-based fogging concentrate for a patented method to clear particles out of indoor air. The coverage diagram shows the product being used in various rooms like the Living Room, Kitchen, and Bedroom.

1. Greg Weatherman's advice is to, after remediation, fog the home with his proprietary AeroSolve chemical.
2. "Works better than air scrubbing", the Greg Weatherman's Surviving Remediation web site marketing material explains.

Surviving Remediation Recommendations

1. Weatherman's proprietary fogging chemical (Aerosolver Pure) is composed of Glycerin + Borax.

AEROSOLVER PURE				Material Safety Data Sheet Page 1 of 2		
National Fire Protection Association (NFPA)	Health	1		Hazardous Material Information System (HMIS)	Health	1
	Fire Hazard	1			Fire Hazard	1
	Reactivity	0			Reactivity	0
SECTION 1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION						
Product Name: <u>AeroSolvePURE</u>		PERSONAL PROTECTION			B	
Product Use: Industrial cleaner. Product is intended to be diluted prior to use.		GLOVES AND SAFETY GLASSES				
MSDS#	1104091		Print Date-11/13/2014			
COMPANY NAME AND ADDRESS CUSTOM CHEMICAL CORPORATION 2320 SOUTH PINE ST SPARTANBURG, SC 29302 TELEPHONE NUMBER 864-595-8872				EMERGENCY TELEPHONE NUMBER: Chemtrec: 800-424-9300 International :+1-703-527-3887		
SECTION 2. HAZARDOUS COMPONENTS - IDENTITY AND EXPOSURE LIMITS						
Ingredients	CAS #	%	Exposure Limits	CL50/LD50		
Glycerine-	56-81-5	5-25%	10 mg/m ³ OSHA PELs: total dust: 15, mg/m ³ TWA; respirable fraction: 5 mg/kg TWA			
Borax-	1303-96-4	1-5%	OSHA/PEL (total dust): 15 mg/m ³ OSHA PEL (respirable dust): 5mg/m ³ Cal OSHA/PEL: 5 mg/m ³ ACGIH/TLV: 2 mg/m ³			

2. Borax is considered hazardous by OSHA.
3. Eye irritation.
4. May damage fertility.
5. Is that what we want covering our floors, furniture, kitchen counter, baby crib, and coating the inside of our HVAC system and ducting?
6. The fog will coat everything with Glycerin, a skin moisturizer that is also good for diaper rash!
7. Is that what you want in your home?
8. And coat everything including the inside of the AC ducting with Borax – a hazardous chemical.
9. Again, is that what you want in your home?
10. Who tested (Peer Reviewed) this ridiculous (hazardous) procedure invented by Greg Weatherman and recommended by Surviving Mold?

BORAX SAFETY DATA SHEET

Creation Date 16-Nov-2010

Revision Date 11-Apr-2018

Revision Number 6

1. Identification

Product Name Sodium tetraborate decahydrate

Cat No. : B80; B175500; S24612; S246212; S246250LB; S246500; S249500; S249500LC; NC9821542

CAS-No 1303-96-4

Synonyms Sodium borate decahydrate; **Borax**

Recommended Use Laboratory chemicals.

Uses advised against Food, drug, pesticide or biocidal product use

Details of the supplier of the safety data sheet

Company

Fisher Scientific
One Reagent Lane
Fair Lawn, NJ 07410
Tel: (201) 796-7100

Emergency Telephone Number

CHEMTREC®, Inside the USA: 800-424-9300
CHEMTREC®, Outside the USA: 001-703-527-3887

2. Hazard(s) Identification

Classification

This chemical is considered **hazardous** by the 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200)

Serious Eye Damage/Eye Irritation
Reproductive Toxicity

Category 2
Category 1B

Label Elements

Signal Word

Danger

Hazard Statements

Causes serious eye irritation
May damage fertility. May damage the unborn child



Part 1: Why most Remediations fail and people stay sick

11. Where is the data and scientific process to support this fogging procedure that uses hazardous chemicals?
12. Is this procedure EPA approved to fog indoor (no).
13. We know that Greg Weatherman has no scientific or medical training. (His resume does not include any higher education at all.)
14. Keep in mind Weatherman's Angie's List Rating.



Business Overview **F** customer rated | **5** customer reviews | **10** years on Angie's List [Request a Quote](#)

We Question Surviving Mold Internal Peer Review

Indoor Environmental Professionals Panel of Surviving Mold CONSENSUS STATEMENT

Medically Sound Investigation and remediation of water-damaged buildings in cases of CIRS-WDB

Larry Schwartz CIEC, BSME, MBA, Gerg Weatherman CMC, Michael Schrantz CIEC, CMI, BPI-BA / EP, Will Spates CIAQP, CIEC, Jeff Charlton, ACIEC, AACIEH, Keith Berndtson MD, Ritchie Shoemaker MD

Internal review performed by The Professionals Panel of www.survivingmold.com

1. If this ridiculous (hazardous) fogging procedure invented by (Angie's List "F" rated) Greg Weatherman has been internally Peer Reviewed by the Surviving Mold Professional Panel, what else in the Consensus Statement is suspect?



**SMCS ON POST
REMEDIATION
VERIFICATION (PRV)**



SMCS: Post Remediation Verification

1. How do you confirm remediation success?
2. How do you perform Post Remediation Verification (PRV)?
3. Here we review what Shoemaker's Surviving Mold Consensus Statement has to say about Post Remediation Verification to confirm remediation success.

Although laboratory testing is needed, for many persons with CIRS-WDB the optimal level of cleanliness to reach and show with **post-remediation testing** will (i) have no odors including fragrances or strong smelling chemicals; and (ii) have no visible dust seen with a bright light. The surfaces should be generally white glove clean. Blue painter's tape can be pressed onto smooth surfaces to show if residues and dust have not been removed with cleaning. These are test methods that can be used by workers, customers, and consultants and are not medically conclusive. *[They don't include post remediation air sampling. That's absolutely ridiculous as it is only mold in air that represents exposure... causes health problems.]*

4. SMCS page 11: How do you confirm remediation success?



No odors.
(We agree.)



No visible dust.
(We agree.)



White glove
clean. (We agree.)

5. Surprisingly, SMCS does not recommend taking air samples to test the air after remediation to test for either remediation success or for cross contamination due to failed remediation procedures.
6. Instead, for Post Remediation Verification (PRV), they recommend a unique (proprietary) procedure invented by (yes, you've got it) "F" rated Greg Weatherman.

Business Overview

F
customer
rated

5
customer
reviews

10
years on
Angie's List

[Request a Quote](#)

Part 1: Why most Remediations fail and people stay sick

One method (Weatherman's method) of collecting ...“new” dust for a HERSTMI-2 or ERMI test is to tape large black or green garbage bags on horizontal and vertical surface to attract new dust on them for a sample. This may take 3-5 weeks.

7. Rather than take air sampling as is the normal method for performing PRV testing...
8. SMCS' Greg Weatherman has invented a method to perform PRV based on covering surfaces with garbage bags and taking a (HERTSMI-2) dust sample 3-5 weeks later.
9. Wait 3-5 weeks to determine if remediation was successful or if it cross-contaminated your home, and now your AC ducting, furniture, clothing are mold contaminated?
10. Who validated this (Greg Weatherman invented) PRV procedure?
11. Where is the Independent Peer Review? Where is the data to support any of this?
12. **This is ridiculous, simply off-the-wall.**

Surviving Mold Remediation Recommendations

Indoor Environmental Professionals Panel of Surviving Mold CONSENSUS STATEMENT

Medically Sound Investigation and remediation of water-damaged buildings in cases of CIRS-WDB

Larry Schwartz CIEC, BSME, MBA, Gerg Weatherman CMC, Michael Schrantz CIEC, CMI, BPI-BA / EP, Will Spates CIAQP, CIEC, Jeff Charlton, ACIEC, AACIEH, Keith Berndtson MD, Ritchie Shoemaker MD

Internal review performed by The Professionals Panel of
www.survivingmold.com

If this ridiculous, off-the-wall, PRV procedure invented by (Angie's List "F" rated) Greg Weatherman has been internally Peer Reviewed by the Surviving Mold Professional Panel, what else in the Consensus Statement is suspect?

CONCLUSIONS



Part 1: Why most Remediations fail and people stay sick

Surviving Mold Remediation

1. Shoemaker's Surviving Mold recommends Greg Weatherman's proprietary Surviving Remediation procedures for post remediation cleaning.
2. Fog your home, coat the interior of the home, inside the ducting, and all the content and clothes, with a home-brewed product called AeroSolver Pure which is a mix of borax and glycerin.
3. Why is this product recommended by Surviving Mold?
4. Because this proprietary product was developed and is sold by Greg Weatherman one of the Surviving Mold Consensus Committee members.
5. Greg was actually the primary editor of SMCS. Here again is his Angie's list review.

Business Overview

F customer rated	5 customer reviews	10 years on Angie's List	Request a Quote
-------------------------------	---------------------------------	---------------------------------------	---------------------------------

Surviving Mold Post Remediation Verification

1. To confirm remediation success after fogging with glycerin/borax concoction is another proprietary (Weatherman invented) procedure ...
2. Collect new dust by covering surfaces with garbage bags. Wait 3-5 weeks for dust to settle then analyze dust for mold by DNA methods.
3. But not by Post Remediation Verification air testing even though mold in the air is the sole cause of health issues.

One method of collecting "new" dust for a HERSTMI-2 or ERMI test is to tape large black or green garbage bags on horizontal and vertical surface to attract new dust on them for a sample. This may take 3-5 weeks. *[This is the post remediation testing procedure they use instead of air sampling for mold spores. Absolutely off-the-wall. No wonder so many CIRS patients don't get better. They do not measure mold in the air (exposure) after remediation. Only this dust collection procedure that takes 3-5 weeks invented by Greg Weatherman.]*

Who Dreamed This Stuff Up?

1. Who dreamed up this proprietary stuff?
2. Yes. “F” rated on Angie’s list Greg Weatherman the primary editor of Shoemaker’s Surviving Mold Consensus Statement.
3. Nothing but nonsense and bad advice.
4. No wonder so many CIRS patients do not get better.

The SMCS Internal Review Panel Should Be Ashamed

Indoor Environmental Professionals Panel of Surviving Mold CONSENSUS STATEMENT

Medically Sound Investigation and remediation of
water-damaged buildings in cases of CIRS-WDB

Larry Schwartz CIEC, BSME, MBA, Gerg Weatherman CMC, Michael
Schrantz CIEC, CMI, BPI-BA / EP, Will Spates CIAQP, CIEC, Jeff
Charlton, ACIEC, AACIEH, Keith Berndtson MD, Ritchie Shoemaker MD

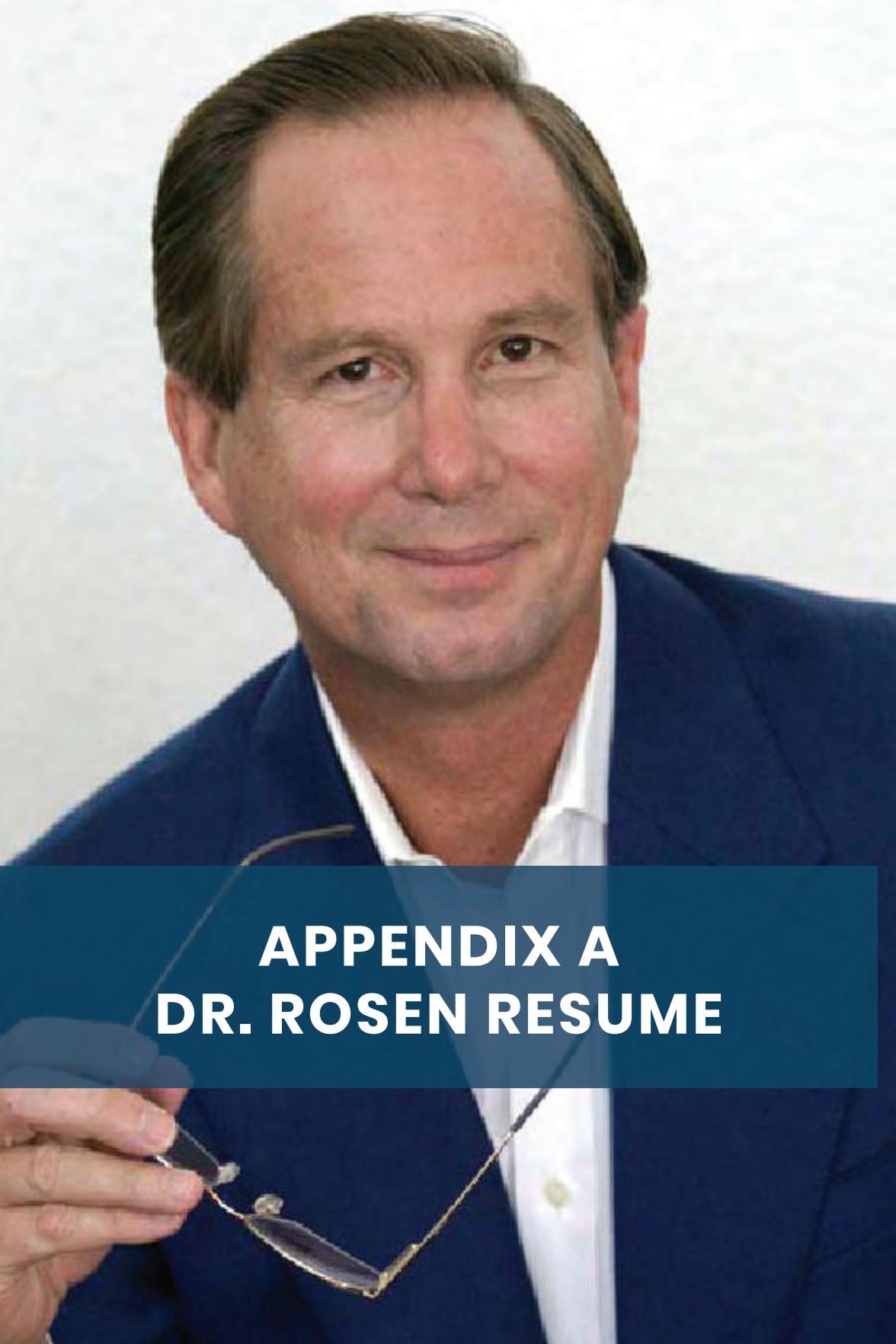
Internal review performed by The Professionals Panel of
www.survivingmold.com

1. The SMCS Internal Reviewers (Schwartz, Schrantz, Spates, Charlton, Berndtson) and especially Shoemaker should be ashamed to say they have Peer Reviewed (given their stamp of approval) to this document and these Weatherman proprietary remediation procedures.
2. Do the SMCS Internal Reviewers purchase Greg Weatherman’s Surviving Remediation’s proprietary glycerin/borax mixture and fog homes with it after remediation? Ask them. mikeschrantz@gmail.com; Larry Schwartz <l.safestart@gmail.com>. The answer is no. They “approved” these procedures but don’t actually use them.

Part 1: Why most Remediations fail and people stay sick

3. Do they not recommend post remediation air sampling or do they recommend waiting 3-5 weeks for results of Weatherman's garbage bag Post Remediation Testing method?
4. If the SMCS reviewers (Schwartz, Schrantz, Spates, Charlton, Berndtson) do not follow the (Greg Weatherman) advice in SMCS why don't they come out and say so.
5. Why do they not criticize SMCS. Is it because they are getting leads from Surviving Mold and criticism is not allowed? You need to ask them.
6. No wonder so many CIRS patients don't get better with treatment. The proprietary Shoemaker remediation procedures developed by Greg Weatherman make no sense.
7. Why do most Mold Remediations fail and people stay sick? Because they follow proprietary off-the-wall mold remediation procedures recommended by both Surviving Mold as well as ISEAI organizations.
8. In Part 2, we explain what is wrong with the mold assessment procedures espoused by Shoemaker's Surviving Mold.
9. In Part 3, we provide Case Studies of successful, low cost assessment and remediation procedures that follow proven industry standards.





**APPENDIX A
DR. ROSEN RESUME**

Part 1: Why most Remediations fail and people stay sick



GARY ROSEN
Ph.D. LEED AP



www.Mold-Free.org | www.Free-Mold-Training.org | www.Mold-Toxins.com

Dr. Rosen has written the mold and water damage training as well as the Exam for the State of Florida Mold Assessor & Remediator License program.

Florida Licenses & Certifications (All current)

- Building Contractor; Mold Assessor & Remediator; Independent Insurance Adjuster
- Initial License Mold Assessor & Remediation Exam Developer & Training Provider
- NAERMC: Council Certified Mold Hygienist & Council Certified Remediation Technologist
- IICRC: Certified WRT & Fire and Smoke

Academic Honors and Awards

- Post-Doctoral Fellow for Nobel Laureate Dr. Paul D. Boyer. Dr. Boyer won the 1997 Nobel Prize in Chemistry. Research funded by the U.S. Dept of Energy.
- UCLA: Doctorate Biochemistry & Molecular Biology
- California Board of Regents Fellowship (Ph.D. program)
- University of Florida: Graduate B.S. Chemistry with Honors.

Part 1: Why most Remediations fail and people stay sick

EPA Certifications

- Lead-Safe Certified under the EPA Renovation, Repair, and Painting (RRP) Rule.

US Green Building Council

- LEED AP
- Certified Green Educational Course Provider (EPP #002): 6 Approved Courses on Water Damage and Related Construction Defects.

Professional Mold Liability Insurance

- \$1M policy for mold and microbial matter

Mold, Water & Fire Damage Related Certifications/ Training

- IAQA/ACAC: Certified Indoor Environmentist (2006); Certified Mold Remediator (2006)
- IICRC: Smoke and Fire Damage (2015)
- IICRC: Applied Structural Drying; AMRT S-520; Water Restoration S-500 (2008)
- Texas State Licensed as both Mold Assessor & Mold Remediator (2006)
- Texas State Licensed Mold Instructor / Mold Training Course Provider (2006)

Mold Experience: Mold & Construction Defect Investigations / Testing

- Dr. Rosen has personally performed over 1000 mold and construction defect investigations since 2002 throughout Florida and the United States

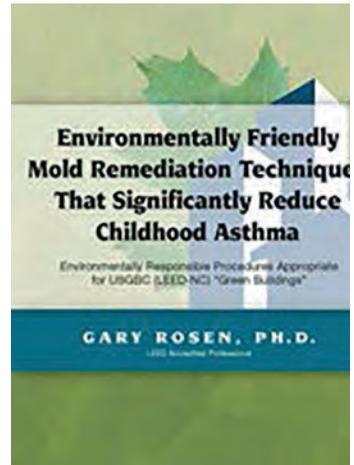
Mold Experience: Mold Remediation & Construction

- Dr. Rosen has personally performed over 2000 mold remediation projects since 2002.

Part 1: Why most Remediations fail and people stay sick

Dr. Rosen's Mold Related Books & Publications (all on Amazon.com)

- Environmentally Friendly Mold Remediation Techniques That Significantly Reduce Childhood Asthma Gary Rosen, Ph.D. Published by Hope Academic Press (2007) ISBN 978-0-9794956-6-3 Available on Amazon.com
- Mold & Mold Toxin Remediation: What You Need to Know Before Purchasing Real Estate. Gary Rosen, Ph.D. Published by Hope Academic Press (2006) ISBN 9-780-97739-7162-9 Available on Amazon.com
- When Traditional Medicine Fails: Your Guide to Mold Toxins Gary Rosen, Ph.D. & James Schaller, M.D. Published by Hope Academic Press (2006) ISBN 1-59196-575-6 Available on Amazon.com
- Locating Hidden Toxic Mold. Gary Rosen, Ph.D. Published by Hope Academic Press (2006) ISBN 9-780-97739-7162-9 Available on Amazon.com
- Mold Illness and Mold Remediation Made Simple James Schaller, M.D. and Gary Rosen, Ph.D. Published by Hope Academic Press (2006) ISBN 9-780-97739-712-9 Available on Amazon.com
- Chemical-Free Mold & Mold Toxin Clean-Up & Restoration by Gary Rosen, Ph.D. Published by Hope Academic Press (2007) ISBN-13: 978-0-9790249-1-7 ISBN-10: 0-9790249-1-9 Available on Amazon.com
- Mold and Allergen-Free High Rise New Construction Made Simple by Gary Rosen, Ph.D. Published by Hope Academic Press (2007) ISBN-13: 978-0-9790249-1-7 ISBN-10: 0-9790249-1-9 Available on Amazon.com



Mold and Moisture Related Training

- World Mycotoxin Forum Vienna Austria 2014
- Lorman: Mold Remediation Standards Seminar April 2006
- Texas State Licensed Mold Assessor & Mold Remediator 2006
- National Catastrophic Adjusters Conference, Las Vegas, NV Adjusting Mold Claims Jan 2006.
- Texas State Licensed mold training provider (2006) for both mold assessment and mold remediation training: MTP0106

Part 1: Why most Remediations fail and people stay sick

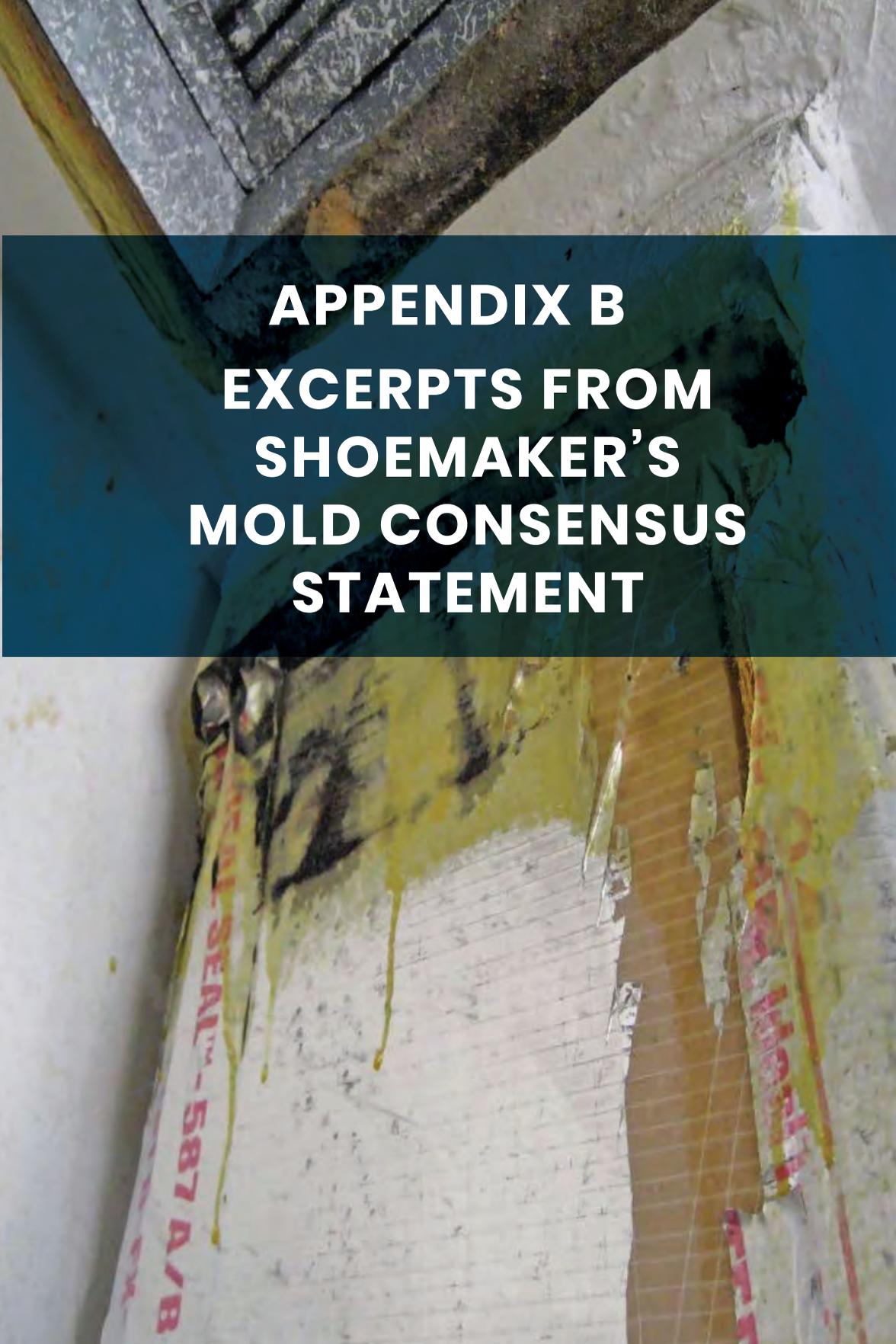
- AIHce 2005: PDC420 Mold Contamination Workshop;
- PDC 102 Air Sampling for Mold: A Litigation Perspective
- Mealey's Construction Defect & Mold Litigation Conference 2004
- McCrone Institute – Microscopy of Mold Identification
- Fifth Annual Conference on Fungi and Mycotoxins – 2003
- ACGIH – 5 Day workshop on Mold and Moisture

Doctorate Related Publications

- Assessment of Catalytic Sites (Energy, Life and ATP) Gary Rosen, M. Gresser, C. Vinkler, and Paul D. Boyer (1979) Journal Biological Chemistry Vol 254, No. 21 pp 10654-10661
- Subunit Interaction During Catalysis (Energy, Life and ATP) David Hackney, Gary Rosen, and Paul D. Boyer (1979) Proceedings of the National Academy of Science Vol. 76, No.8, pp. 3646-3650
- Oxydative Phosphorylation (Energy, Life and ATP) Michael Gresser, J. Cardon, Gary Rosen, and Paul D. Boyer (1979) Journal Biological Chemistry Vol 254, No. 21 pp 10649-10653

State of Florida – Mold continuing education courses developed by Dr. Rosen

Course Name: Course #:	6-Hr Water-Moisture Intrusion 149
Course Name: Course #:	2-Hr Mold Report Writing 152
Course Name: Course #:	4-Hr Mold & Safety 153
Course Name: Course #:	2-Hr Mold Standards of Practice 154



APPENDIX B
EXCERPTS FROM
SHOEMAKER'S
MOLD CONSENSUS
STATEMENT

Part 1: Why most Remediations fail and people stay sick

**Indoor Environmental
Professionals Panel of Surviving Mold
CONSENSUS STATEMENT**

Medically sound investigation and remediation of water-damaged
Buildings in cases of CIRS-WDB

Larry Schwartz CIEC, BSME, MBA, Greg Weatherman CMC, Michael
Schrantz CIEC, CMI, BPI-BA/EP, Will Spates CIAQP, CIEC, Jeff Charlton,
ACIEC, AACIEH, Keith Berndtson MD, Ritchie Shoemaker MD

Internal review performed by The Professionals Panel of
www.survivingmold.com

*[There has never been a public Peer Review of this
document or the proprietary procedures herein.]*

ABSTRACT

This consensus statement on the prevention, assessment, and remediation of water damaged buildings and the maintenance of indoor environmental quality follows a companion medical consensus statement written by physician colleagues (“SM Certified Physicians”) of the Professionals Panel of www.survivingmold.com. The prior consensus focuses on medical issues found in patients who have a chronic inflammatory illness syndrome acquired following exposure to the interior environment of water-damaged buildings (CIRS-WDB). In cases of CIRS-WDB, we recommend methods for (i) finding causes of and preventing water damage to built environments; (ii) investigating and remediating WDBs when occupants suffer from CIRS-WDB; (iii) maintaining indoor environmental quality (IEQ) over the long-term; and (iv) determining that a damp indoor environment has been remediated and treated successfully such that occupants with CIRS-WDB may safely re-occupy the remediated space.

INTRODUCTION

We discuss qualitative and quantitative information on environmental variables that impact both the medical treatment of CIRS-WDB as well as the long-term maintenance of IEQ. We also address the various microbial sources of damp building contaminants able to initiate the persistent innate immune system inflammatory response seen in cases of CIRS-WDB. We conclude that there is compelling evidence to (i) support additional steps in the investigation and remediation of WDBs;

Part 1: Why most Remediations fail and people stay sick

and (ii) support the maintenance of IEQ to meet the special needs of persons with CIRS-WDB. If remediation is adequate to protect the “eggshell patients,” then those same remediation techniques will also be sufficient to protect less affected people. Use of the reverse of this approach – protecting less affected patients without protecting the most affected, is no longer tenable.

Pages 2-9 skipped

Pre-Remediation Testing

Dust collection is the primary source of information regarding mold and mycotoxin production in the building, when laboratory processed by qPCR methods at licensed laboratories meeting required methods. These methods offer the highest correlation with CIRS patient outcomes.

qPCR testing will not identify mycotoxins, but do identify selected mold species, some of which have a higher propensity to produce mycotoxins. *[As we will see NOT TRUE. It is only mold in the air that represents exposure and results in health effects. Not mold in isolated pockets of settled dust such as on door frames, cabinet tops etc.]*

How and where dust is collected is critical to obtain results realistically representative in the home or building. Dust contains variable ranges of aggregated particulates. There are areas in a home where the dust has been settled for longer periods of time. These areas might be on the top of doorframes, cabinets or shelving areas that are not normally dusted in the routine of usual housekeeping. The dust found on surfaces of tables and furniture, for example, is more likely newer dust.

All IEP practitioners must collect dust samples in a thoughtful, organized, and meaningful protocol to achieve results reflecting the true conditions in the home or building. They must be guided by their own experience, but also taking into account issues associated with the building and the health symptoms provided by the client.

Depending on the client concerns and site conditions, the IEP may choose to collect dust samples from specific areas or sources in the structure. It is common practice to collect dust samples in areas where the client(s) spend the majority of time or where the client reports greater health concerns. It may be useful for the IEP to collect samples for analysis on each level of the home to help assist in determining where small particle remediation may be needed. *[The focus here is entirely on taking dust samples. But it is only mold spores in the air that represent exposure... causes health issues. Mold in dust does not. If there is mold in dust, simply clean the dust and there will be no more mold in dust. Testing old dust for mold ALWAYS over-estimates mold exposure (mold in the air). And we will so prove.]*

Post Remediation Testing

In the post-remediation setting, the IEP must also consider and determine the quantity and types of testing to be performed. If possible, the IEP should be communicating with their client's physician to find out any known medical CIRS sensitivities that the client may have. Based on this information and the general scope of work (regarding the inspection and testing), the IEP should develop a testing regimen that helps answer any related questions or concerns. This regimen will be coupled with an understanding of any limitations established by the client such as budget or agreed-upon scope of remedial work. For example, given Remediation & Environmental-Cleaning (REC) projects may only include a portion of the entire structure. Other RECs may include addressing the entire home.

Many clients with CIRS-WDB may also be sensitive to mVOCs, building material VOCs, bacteria or their exometabolites and other contaminants; and PAMPS such as those described in Table 1. If testing beyond qPCR for mold DNA is used, the IEP should suggest additional treatment options based on those results and contaminants of concern. Some of these treatment options may involve air treatment devices as well as surface treatments.

There are a variety of tests available to measure these contaminants.

For example, mVOCs usually use a method of thermal desorption/gas chromatography. Swabs, Andersen impactors, biocells, and other collection devices may detect bacteria. Glucans are typically analyzed in samples of sedimented floor dust or airborne dust collected on filters. One method of analysis uses antibodies formed by rabbits injected with glucans; another uses a derivative of the *Limulus* amoebocyte lysate preparation.

Although laboratory testing is needed, for many persons with CIRS-WDB the optimal level of cleanliness to reach and show with post-remediation testing will (i) have no odors including fragrances or strong smelling chemicals; and (ii) have no visible dust seen with a bright light. The surfaces should be generally white glove clean. Blue painter's tape can be pressed onto smooth surfaces to show if residues and dust have not been removed with cleaning. These are test methods that can be used by workers, customers, and consultants and are not medically conclusive. *[They don't include post remediation air sampling. That's absolutely ridiculous as it is only mold in air that represents exposure... causes health problems.]*

Part 1: Why most Remediations fail and people stay sick

One method of collecting “new” dust for a HERSTMI-2 or ERMI test is to tape large black or green garbage bags on horizontal and vertical surface to attract new dust on them for a sample. This may take 3-5 weeks. *[This is the post remediation testing procedure they use instead of air sampling for mold spores. Absolutely off-the-wall. No wonder so many CIRS patients don't get better. They do not measure mold in the air (exposure) after remediation. Only this dust collection procedure that takes 3-5 weeks invented by Greg Weatherman.]* At the end of a small particle remediation, remove the furnace filter on a forced air system, replacing it with a new one after duct cleaning has been performed following the guidelines of National Association of Duct Cleaners. The filter should be at least a rating of MERV 6 to MERV 8 (Minimum Efficiency Reporting Volume). This rating system was developed by the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) as standard 52.5 in 1987, which is included in the 2013 ASHRAE Handbook.

Pages 13 -15 deleted.

Air Cleaning by Fogging/Misting *[Here they recommend Greg Weatherman's fogging procedure where he fogs with a mix of Glycerin and Toxic Borax.]* After a remediation and/or small particle remediation, there will be contaminants in the air that are smaller and lighter than what HEPA filters can control which will not settle quickly due to their light weight. Fogging (droplets below 50 micrometers or misting over 50 micrometers) to clean the air (US Patent #9,149,754) will address the suspect areas that are not adequately addressed by HEPA filtration. This method can also address the area immediately outside containment for a smaller remediation job when the whole structure is not cleaned.

Water fog droplets alone cannot do the job since beta glucans are water repellent. Surfactants are used to lower the surface tension in order for particles to attach to them. Slow evaporating compounds increase working time for surface cleaning once attached to particles in the air to settle to surfaces.

Fogged water droplets with surfactants and other constituents will go through evaporation when the fogging stops. Any condensation nuclei remaining will potentially cause trouble unless a second fogging occurs with water only. The second fogging allows the condensation nuclei from the fogged product to grow to droplet sizes settling with gravity (40 micrometers or larger). Therefore, the air is essentially rinsed, leaving air and water vapors with much lower levels of particulates and chemicals.

[But leaves a toxic residue based on their recommended fogging chemical mix.]

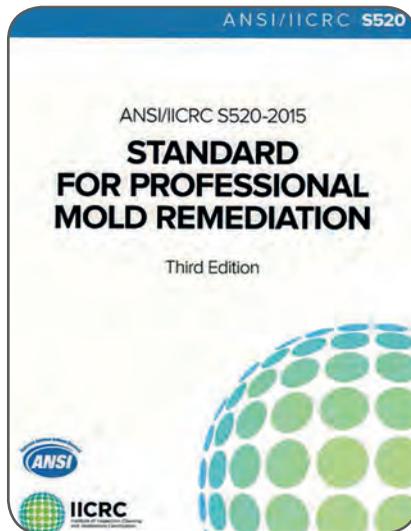
Part 1: Why most Remediations fail and people stay sick

Capture efficiency is enhanced with a slow, sweeping motion, which creates a complex form of “gradient or shear” coagulation. Filling a room with a fog without moving the plume around the room will take much longer and have poor performance with submicron particles with kinematic coagulation [40].

Temperature will also impact fogging to clean the air. Dehumidification may be necessary due to water damage or fogging in high humidity climates. The air conditioning system can remove some moisture. Locations with high humidity may need portable dehumidifiers after fogging/misting.

[After remediation they are fogging with toxic Borax. No wonder CIRS patients stay sick or get sicker after such procedures.]

Pages 18-22 deleted.



**RECOMMENDED DEVIATIONS
FROM THE 3rd
EDITION OF THE IICRC S520
STANDARD
FOR MOLD REMEDIATION**

Part 1: Why most Remediations fail and people stay sick

Fogging [*Greg Weathermans' fogging with Glycerin and toxic Borax*]

[IICRC S520 Section 12.1.7 allows fogging to clean the air. The IEP Surviving Mold Professionals Panel (SMPP) recommends the following:]

- Negative air pressure differentials with four air changes per hour cannot be operating or the liquid droplets will evaporate 4 times faster to create high moisture on surfaces without cleaning the air.
-
- Droplets need to be 40 micrometers or larger to settle with gravity. (Note: A 36 micrometer droplet will evaporate in 6 seconds at room temperature and 50% relative humidity. Further, four air changes would accelerate that evaporation time to a little more than 1 second. This accelerated evaporation would leave the condensation nuclei with much higher concentrations of surfactants, fragrances and any antimicrobial chemicals if someone chooses to fog disinfectants. This may lead to higher concentrations of the chemicals than recommended and tested for toxicology and reviewed by the US EPA.)

[*Here they use a bunch of numbers to sound scientific. But the fact of the matter is that after remediation they are fogging with toxic Borax. No wonder CIRS patients stay sick or get sicker after such procedures.*]