



Public Advocate for the City of New York

UNHEALTHY EXPOSURE: MOLD IN NEW YORK CITY HOMES

**A REPORT BY PUBLIC ADVOCATE BETSY GOTBAUM
DECEMBER 2006**

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Office of the New York City Public Advocate

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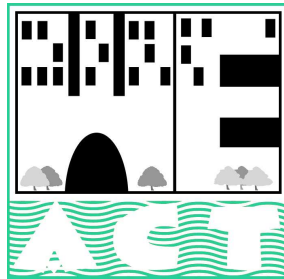
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IN COLLABORATION WITH:



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INTRODUCTION



Gary R.¹ and his wife Irene, tenants in a large building in lower Manhattan, one day began to notice that their living room floorboards were bulging and a black substance was seeping into the apartment through the cracks between the boards. After they submitted a work order to their management company, the building superintendent told the couple that if they chose to remediate the mold problem, they would have to pay for it

themselves. Faced with what they knew would be a significant cost that they did not believe they should have to bear, Mr. and Mrs. R. did not know where to turn.² Mr. R. reports that, “We don’t feel healthy. My wife is disabled and her condition has worsened since the mold grew. Even though we are rent-paying tenants, we don’t have any recourse unless we spend thousands and thousands on this.”³

Toxic mold, which can develop when an organic substance comes in contact with water and can spread to many surfaces throughout a home, is a problem in buildings across New York City. Tenants like Mr. and Mrs. R. who live in housing that is unhealthy due to mold conditions often cannot afford to move and have little recourse available to them.

Medical experts have identified certain kinds of mold as the cause of many health problems. In the short-term, exposure to these toxic species is likely to cause headaches, sinus congestion, shortness of breath, and skin irritation. In the long-term, toxic mold exposure can make individuals more prone to headaches and can result in permanent respiratory problems, chronic fatigue syndrome, and, in rare cases, central nervous system problems such as loss of balance and difficulty speaking.⁴

Any indoor mold, including species that are not considered toxic, can, in sufficient quantities, have adverse effects on susceptible populations, such as children, the elderly, and asthmatics. Exposure to sufficient quantities of any kind of indoor mold is likely to aggravate asthma conditions and provoke other severe allergic reactions. An additional long-term effect of mold exposure is that it can increase a child’s chances of becoming asthmatic; even fetal exposure can increase the risk of developing asthma.⁵

¹ At their request, tenants’ names have been changed.

² Telephone conversation with the constituent, July 27, 2006.

³ The photograph on this page is not of Mr. R’s apartment.

⁴ Iowa Department of Public Health, *Mold Exposure Fact Sheet*, July 1998, http://idph.state.ia.us/eh/common/pdf/board_of_health_assistance/mold.pdf.

⁵ Phelps, Jerry, “*Mold Exposure in First Year of Life May Lead to Asthma—Headliners/Respiratory Disease*,” *Environmental Health Perspectives*, January 2004.

Despite the risks of mold exposure, many landlords are slow to remediate mold conditions and some refuse outright to do so.⁶ When landlords do fix a mold problem, they often do it in the most inexpensive, and ineffective, way possible. Ray Lopez, Environmental Program Manager of Little Sisters of the Assumption Family Health Services, works to help low-income tenants with a host of indoor environmental problems. He notes, “a lot of the bathrooms in our East Harlem buildings are in bad shape... the walls inside are made of sheetrock, and the landlord will simply reinstall the sheetrock over the mold instead of remediating the problem.”⁷

In the last ten years, reports of mold contamination in New York City have dramatically increased.⁸ While the New York City Department of Housing Preservation and Development (HPD) considers some mold conditions to be a violation of the New York City Housing Maintenance Code (HMC), there is no established and enforceable protocol for mold assessment and remediation. The Housing Maintenance Code should be amended to define appropriate mold assessment methods and to require landlords to remediate the problem using techniques that will protect the health of tenants and remediators.

BACKGROUND

The Basics of Indoor Mold

Molds reproduce by producing microscopic spores that travel through outdoor and indoor air. When the spores land on an organic surface, or even a microscopic layer of organic matter on an inorganic material, mold may begin to grow, as long as there is moisture and oxygen available.⁹ Mold grows well on moist or wet paper products, sheetrock, plaster, grouting, wood, and ceiling tiles, and can also grow in dust, paints, wallpaper, insulation, drywall, clothing, carpet, and furniture. The appearance of mold can vary from small spots to large areas covered entirely in smooth or fuzzy growth.

Over 200 mold species have been identified in indoor environments.¹⁰ *Stachybotrys chartarum* is a common species considered to be toxic and is one of the varieties often referred to as “toxic black mold.” While *Stachybotrys chartarum* has the potential to cause health problems in all people regardless of age or health, any common indoor mold can provoke a dangerous reaction in people with asthma or lead to the development of asthma.

Mold destroys the surface it grows on by digesting the organic material. It can rot wood, drywall, and other construction materials, eventually causing structural damage in

⁶ Based on constituent complaints received by the Office of the Public Advocate.

⁷ Interview with Ray Lopez, August 2, 2006.

⁸ Letter from New York City Department of Housing Preservation and Development (HPD) Commissioner Shaun Donovan to Public Advocate Betsy Gotbaum, August 25, 2006.

⁹ Not all molds require oxygen to grow. The fermentation of beer is one example.

¹⁰ Centers for Disease Control and Prevention (CDC), *Healthy Housing Reference Manual, Chapter 5: Indoor Air Pollutants and Toxic Materials*, www.cdc.gov/nceh/publications/books/housing/cha05.htm.

buildings. Roof leaks, faulty plumbing, flooding, and high levels of humidity can all contribute to destructive indoor mold growth.¹¹

Mold contamination can be prevented to some extent by fixing leaks in pipes, roofs, and walls as soon as they occur, ventilating all high-moisture areas such as laundry rooms and bathrooms, and maintaining a standard level of humidity in an apartment (between 40% and 60%).¹² When mold contamination occurs, proper remediation requires removal of all mold from the home, which may require disposing of rugs, furniture, and other possessions, and correction of the moisture problem.¹³

Health Hazards of Mold

Attention to the health effects of mold has increased greatly over the last decade. In 1999, more than 300 tenants in two buildings on the East Side of Manhattan sued their landlord over toxic mold in their apartments.¹⁴ The lawsuit, which was settled in 2001, alleged that the landlord did not remediate a severe mold problem that caused “skin rashes, lung and mouth infections, short-term memory loss and fatigue, as well as bleeding from the nose and gums.”¹⁵ The tenants’ lawyer noted that “in some cases...deaths may have been hastened by the mold.”

While it can be difficult to determine whether mold is the sole cause of an individual illness or one of a number of environmental factors contributing to that illness, the medical community has established scientific links between mold and some health problems. All 50 states in the U.S. have information on their health department websites referring to mold as a health hazard.¹⁶

The health effects of mold fall into two categories: allergenic and mycotoxic. Any indoor mold, in sufficient quantities, can aggravate asthma, irritate the skin, or cause other kinds of allergic reactions in susceptible populations and can be highly hazardous to those populations. Mold exposure is particularly hazardous for those with weakened lungs or sinus conditions, such as fibromyalgia, emphysema, allergies, or asthma, and can contribute to the development of those health problems.¹⁷

Molds that produce by-products called mycotoxins can be harmful to all people regardless of age and health. Mycotoxins are fungal metabolites that in sufficient

¹¹ Environmental Protection Agency (EPA), *Mold Course*, www.epa.gov/mold/moldcourse/chapter1/home.html.

¹² CDC, *Facts About Mold and Dampness*, www.cdc.gov/mold/dampness_facts.htm.

¹³ *Ibid.*

¹⁴ “Tenants Sue Landlord, Alleging Toxic Mold,” *New York Times*, May 18, 1999.

¹⁵ *Ibid.*

¹⁶ See Appendix B for these web addresses by state.

¹⁷ See 4. See also Jessica Zagory, M.D., *An Incidence Summary of Fibromyalgia in Mold Exposed Patients*, www.swarthmore.edu/NatSci/SigmaXi/docs/PosterSummaries2003/zagory-jessica.pdf.

quantities appear to cause headaches, serious respiratory problems, and possibly more severe conditions, particularly in people with poor immune systems.¹⁸

In addition to aggravating conditions associated with asthma, studies have established that mold exposure can be a contributing factor in the development of asthma. Exposure to large quantities of any kind of indoor mold during a baby's first year of life has been demonstrated to increase the risk of asthma.¹⁹ A study by Saint Vincent's Hospital in Manhattan determined that there is a correlation between spore counts and the likelihood of developing childhood asthma, and that "patients with asthma had a highly significant increase in the incidence of hypersensitivity... to the molds."²⁰

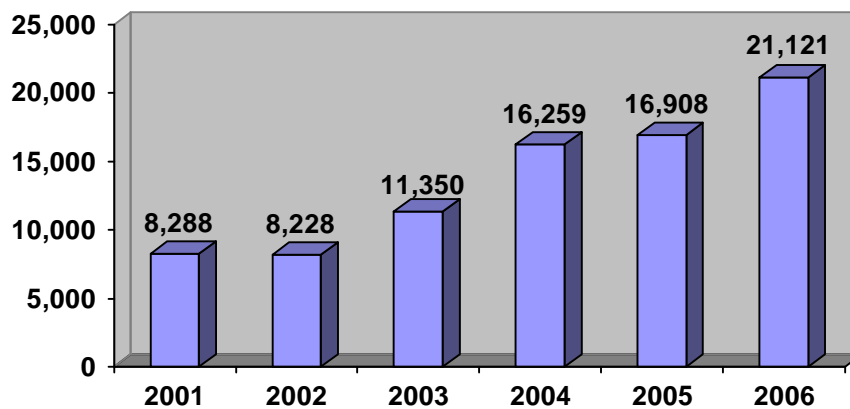
The Incidence of Mold in New York City Homes

According to the New York City Department of Health and Mental Hygiene (DOHMH), the number of mold complaints in New York City has increased significantly in recent years. In 1999, there were an estimated 861 reports (a rate of 4.10 per 10,000 units) filed with DOHMH; by 2004, the number of reports had grown to 16,452 (a rate of 78.28 per 10,000 units). Over a period of just five years, DOHMH experienced a more than 1,800 percent increase in mold reports.²¹

As depicted in the chart below, the city's Department of Housing Preservation and Development has experienced a similar increase in the number of complaints reported.²²

Figure 1.

Mold Complaints Filed with the New York City Department of Housing Preservation and Development, Fiscal Years 2001-2006



¹⁸ Minnesota Department of Health, *Mold In Homes: Environmental Health in Minnesota*, <http://health.state.mn.us/divs/eh/indoorair/mold/index.html>.

¹⁹ See 5.

²⁰ Lin, RY and Williams, KD, "Hypersensitivity to Molds in New York City in Adults Who Have Asthma," *Allergy Asthma Proc.*, January/February 2003.

²¹ New York City Department of Health and Mental Hygiene (DOHMH).

²² See 8; E-mail from HPD to Public Advocate's Office, October 5, 2006.

Mold is a widespread problem throughout New York City. While residents of the Bronx and Brooklyn filed the largest number of mold reports with DOHMH between 1999 and 2004, the issue continues to arise in other areas. Residents of neighborhoods in lower Manhattan and Queens that previously had no reported mold problems on file with the city began to file mold complaints in 2004.²³

Older buildings are more likely to have tenants who have filed mold complaints. For instance, the median age of buildings in Brooklyn and Staten Island with reported mold is 17 years older than the median age of all buildings in those boroughs; in Manhattan, the median age of buildings with reported mold is 29 years older than the median age of all buildings in the borough.²⁴

While mold can affect all segments of the population, it is particularly problematic when it develops in the home of an individual or family without the resources to remediate the mold or move elsewhere. The community districts with the highest numbers of mold complaints are largely the poorest. From 1999 to 2003, nine of the city's fifty-nine community districts (one in Manhattan, three in Brooklyn, and five in the Bronx) reported the highest numbers of mold cases, with an average of more than 400 reports per 10,000 units. Of these nine community districts, seven are among the districts with the highest rates of families living below the poverty line.²⁵ These community districts include East Tremont in the Bronx, one of the poorest neighborhoods in New York City, as well as Washington Heights/Inwood, a neighborhood with one of the highest poverty rates in Manhattan.²⁶

Mold Assessment and Remediation

In 1993, DOHMH released "Guidelines on Assessment and Remediation of Fungi in Indoor Environments" (the Guidelines).²⁷ Drafted by an expert panel, this document, which has been updated and amended several times since 1993, is widely considered to contain one of the strongest sets of best practices on mold assessment and remediation.²⁸

The Guidelines argue that all household molds should be remediated because many common forms of mold produce mycotoxins. The Guidelines recommend that specific remediation procedures be used because persons cleaning or removing mold surfaces are at high risk for Organic Dust Toxic Syndrome (ODTS), a respiratory disease with flu-like symptoms that occurs when dust containing microbial agents such as mold spores is inhaled.

²³ See 21.

²⁴ See 21.

²⁵ The Furman Center for Real Estate and Urban Policy at New York University, *State of New York City's Housing and Neighborhoods*, 2005.

²⁶ *Ibid.*

²⁷ DOHMH, *Guidelines on Assessment and Remediation of Fungi in Indoor Environments*, www.nyc.gov/html/doh/html/epi/moldrpt1.shtml.

²⁸ Various sources, including the EPA, Florida State University, and housingzone.com.

While mold can be remediated after a visual inspection, a proper and comprehensive sampling assessment must be conducted in order to determine the severity and toxicity of the mold. The Guidelines detail a recommended methodology for this assessment. Inspectors must thoroughly examine all sources of leaks and all potential areas moisture could spread, including an examination of all ventilation systems. Beyond the visual inspection, if occupants are experiencing illness related to mold exposure, bulk or surface sampling must be done in order to identify specific fungal contaminants. Bulk samples are collected by scraping or cutting visibly moldy areas with a clean tool. In instances involving serious medical concerns, air sampling for fungal containment may be necessary. According to the Guidelines, all assessment must be done by individuals trained in sampling methodology and all samples must be tested by a laboratory specializing in mycology. The Guidelines note that these services are not typically available through commercial laboratories and that samples must be examined by those with expertise.²⁹

New York City's Response to Mold

In addition to drafting the Guidelines described above, the city has taken some steps to increase awareness of the hazards of mold. For example, DOHMH offers an informational pamphlet³⁰ to educate New Yorkers about mold, and HPD has conducted seminars³¹ for building owners on mold exposure and remediation.

HPD inspectors do sometimes issue Housing Maintenance Code violations to landlords when mold is found in a home; inspectors issue either class B or C violations, depending on the location and size of the mold growth.³² While the Housing Maintenance Code does not explicitly address mold, a general provision of the Code requires that the premises be maintained in good repair.³³ In a letter to Public Advocate Betsy Gotbaum, HPD Commissioner Donovan stated that “mold growth is indicative of a property not in good repair.”³⁴ HPD also conducts emergency repairs of mold conditions; in 2005, HPD conducted 487 emergency mold repairs.³⁵

HPD inspectors conduct only visual inspections of mold growth and not the proper and comprehensive sampling assessments prescribed in the DOHMH Guidelines. Remediation conducted through HPD's Emergency Repair Program, like the remediation conducted by landlords, is not subject to the remediation Guidelines issued by DOHMH.

²⁹ See 27.

³⁰ DOHMH, *Healthy Homes: Mold*, <http://nyc.gov/html/doh/downloads/pdf/epi/healthyhome-mold.pdf>.

³¹ HPD, *Housing Education Services*, <http://home2.nyc.gov/html/hpd/downloads/pdf/pn-sh456-hep.pdf>.

³² See Appendix A for the HPD protocol.

³³ Housing Maintenance Code, §D26-10.01a.

³⁴ Excerpt from a letter from HPD Commissioner Shaun Donovan to Public Advocate Betsy Gotbaum, August 25, 2006.

³⁵ New York City Independent Budget Office, *Fiscal Brief: First Year Finds Lead-Paint Law Not as Costly as Predicted*, January 2006.

CONSTITUENT COMPLAINTS

In the last four years, the Office of the Public Advocate has received calls from 124 constituents regarding mold complaints. During that period, the number of calls received concerning problems with mold nearly doubled each year. Every constituent who contacted the Public Advocate's Office about mold called because his or her landlord was unwilling to fix the problem. The majority of the callers had contacted HPD, which had issued mold violations to the landlord; some hired private mold inspectors. While most of the callers live in privately owned apartments, 15 of the complaints were from individuals who reside in New York City Housing Authority (NYCHA) apartments. Many callers are still working to get their landlords to address the mold problem in their homes.

Following are some recent examples of the calls received by the Public Advocate's Office:

Jeanne S.

In June 2006, Jeanne S.³⁶ contacted the Public Advocate's Office to complain of mold in her apartment. She reported the problem to HPD, and the agency sent an inspector who she says came, "took a quick look," and issued a violation, but the problem wasn't resolved. Ms. S. felt very sick and had friends help her pay for a private mold test, which determined there was a highly toxic mold, *Stachybotrys chartarum*, in her apartment and that her home had extremely harmful levels of mold toxins. Ms. S.' doctor notes that "it is imperative that Ms. S. be moved to a more appropriate environment... She needs to relocate to sanitary mold-free...well-aerated dry housing. If this will not be achieved, her condition will continue to deteriorate."³⁷ Ms. S. expressed that she cannot afford continued doctor visits to address her mold-related health problems.³⁸

Joseph R.

Joseph R. hired a private environmental investigation company to test the mold in his apartment. The company determined that there was toxic mold in his home. Mr. R. filed his first complaint with HPD on January 20, 2006. HPD issued a violation and told him that the building had until March 20th to fix the problem. On April 24th, the problem had still not been addressed, so Mr. R. contacted HPD again. When the problem still had not been addressed by the end of May, Mr. R. took his landlord to Housing Court. His landlord was ordered to correct the problem, but he still has not done so.

Gary R.

Gary R., as mentioned above, has many square feet of black mold on the walls of his apartment and possibly much more underneath the floorboards. There is a significant amount of mold in the bathroom, and the sink is about to fall from the wall as a result. Though he filed a complaint with HPD and has reported the problem to his landlord, the problem has not been addressed. Mr. R. says that the landlord will not do any

³⁶ All four names in this section have been changed.

³⁷ Doctor's letter provided to constituent, July 23, 2006.

³⁸ Phone call with constituent, July 19, 2006.

maintenance, “unless you pay them a lot of money on the side.” Mr. R. reports that, “the floorboards are bulging up, and mold is rising up through the cracks. We don’t feel healthy. My wife is disabled and her condition has worsened since the mold grew. Even though we are rent-paying tenants, we don’t have any recourse unless we spend thousands and thousands on this.”³⁹

Diane F.

Diane F., a foster parent, has mold covering the walls of her apartment. After complaining to her landlord, he removed the plasterboard but did not remove and replace the insulation behind it. There is a leaky pipe and the walls are often soaking wet. Ms. F. has respiratory problems and is disabled. After the Office of the Public Advocate contacted HPD, an inspector was sent to the home and issued a Class B violation. The landlord fixed the leaky pipe but failed to remediate the mold.

The above cases demonstrate the need for an enforceable mold testing and remediation protocol.

FAMILIES AT RISK: A PROFILE OF A WEST HARLEM BUILDING

Tongia Edwards is a mother of three. A former MTA bus driver who was injured on the job, Ms. Edwards now lives on disability benefits, and a Section 8 voucher pays most of the rent for her West Harlem apartment. Ms. Edwards is now working on her Bachelor’s degree in Political Science at Columbia University.

About a year ago, the corner of her bathroom ceiling began to develop black mold. Several square feet of the wall and ceiling in her bathroom is now covered in black mold.



While the appearance of the mold was unpleasant and disturbing, it was the fact that she noticed a significant change in the health of her children that caused Ms. Edwards to decide to have the mold tested. She retained an environmental testing company to perform a microbial investigation. The investigation found the dominant fungal presence to be *Stachybotrys*, the most common form of toxic black mold.

Exposure to these toxins occurs through inhalation, ingestion, or skin exposure, making presence in a shower stall particularly dangerous.

³⁹ Phone call with constituent, July 19, 2006.

Ms. Edwards complained to HPD, and a few weeks later an inspector came to her home. The inspector found black mold growing in the bathroom, in some closets, and bulging up under some of the floorboards. HPD ordered the landlord to remediate the problem.

Her landlord sent a maintenance worker to her apartment within a month but failed to mention the mold to him. Not having known about the mold in advance, the worker was ill-prepared to handle it and did nothing to address it.

According to Ms. Edwards, her 13-year-old son Ricky was clearly suffering as a result of conditions in the apartment. Ricky was asthmatic as a baby, but had not had an asthma attack since he was two years old—until the mold began to develop in their apartment. Following the mold growth, Ricky had several asthma attacks. “He was always a B-plus student,” says Ms. Edwards. “This past semester, he failed some classes. Also, twice he got lost on his way home from school. This had never happened before.”

Ms. Edwards, who is also asthmatic, has also noticed an adverse effect on her own health since the mold developed. “I used to be so pretty, I even modeled,” she noted. “Now my eyes are constantly running, I’m always coughing, and I have chronic headaches. I can hardly focus on my schoolwork.” Of Ms. Edwards and her three sons, only her oldest son, William, age 17, who has lived in Texas since the age of 10 and has not spent any significant time in the apartment, is not asthmatic.

Ms. Edwards felt she had to move out of the home. Unable to find an apartment near the neighbors and neighborhood she and her children had grown attached to, they moved to an apartment in Brooklyn. “I can hardly afford to pay for this sublet apartment, but for now I have no other choice.”



Even if the mold problem is resolved, the family’s health problems are potentially long-term, and there are many possessions that have been permanently damaged that the family will never get back

Included in the environmental testing agency’s report on the

Edwards’s apartment was a recommendation that all gypsum board in the bathroom be replaced by “a professional qualified and experienced in the area of mold remediation.” Further, the report recommended that:

“In the absence of current regulations regarding the abatement of mold-contaminated materials, GAC recommends that all remediation procedures are conducted in accordance with... New York City Department of Health & Mental Hygiene Bureau of Environmental & Occupational Disease Epidemiology ‘Guidelines on Assessment and Remediation of Fungi in Indoor Environments.’”

Ms. Edwards says every apartment on her side of the building has mold in the bathroom, leading the environmental testing agency and other tenants to suspect that particular wall of the building is contaminated. Two floors below Ms. Edwards's home, in Risa Jones' bathroom, large speckles of black mold grow on the ceiling. "There used to be a large area of mold on the wall next to it, until I complained to maintenance. They came with a new piece of sheetrock and simply plastered it right on top. Covering up the mold won't stop the toxins from contaminating," she says. "We can still feel the effects of the mold."



Next door to Risa Jones lives Maria Santos. The paint on the ceiling in Ms. Santos' apartment is bulging in many spots due to water collecting from leaky pipes. She believes there is mold inside these swollen spots on her ceiling, which has been the case in other apartments in the building. Ms. Santos and her two children have experienced respiratory illnesses over the last year, and she believes her family's health problems are associated with the mold in the building.

MOLD LEGISLATION ACROSS THE COUNTRY

Like Tongia Edwards and others in her building, many tenants across the country have experienced difficulty working with their landlords and government to address the mold contamination in their homes. Legislatures across the country are beginning to take notice, however, and are seeking solutions. In 2003 and 2004, bills to protect people from toxic mold in their homes were introduced or passed in 11 states, and nearly 30 bills have been introduced in 14 states.⁴⁰

Texas has led the way in mold legislation. Melinda Ballard of Austin was the first person to win an indoor mold lawsuit.⁴¹ Soon after her case was concluded, Houston experienced a major flood that brought the issue of mold further into the spotlight. In response, Texas passed a law in May 2004 titled "Texas Mold Assessment and Remediation Rules," which is meant to "protect the public from the adverse health effects of mold."⁴² The law covers best practices for remediation, licensing, continuing education, insurance guidelines, and conditions for emergency repairs.

In 2001, California Governor Gray Davis signed into law the Toxic Mold Protection Act as part of California's Health and Safety Code.⁴³ One of the most comprehensive pieces

⁴⁰ Thomas, Dave, "Mold Legislation Continues Growth in State Legislatures", *Insurance Journal*, 2003.

⁴¹ Mann, Arnold, "Mold: A Health Alert," *USA Weekend*, December 5, 1999.

⁴² Fono, Andrew L. and Cox, Shawn B., "Pandora's Box: Texas Passes Mold Legislation," *The Houston Lawyer*, March/April 2004.

⁴³ State of California Department of Housing and Community Development, Division of Codes and Standards, *Informational Bulletin, 2001 Legislative Changes*, January 15, 2002.

of mold legislation, it has become a model for mold legislation elsewhere. The law requires the Department of Health Services to convene an interdisciplinary task force on fungi and indoor health in order to establish a definition of “permissible exposure limits.” These limits were to be adopted by agencies and violations were to be issued when mold exposure exceeded the established limits. Unfortunately, the task force created under the California law was never provided sufficient funding, limiting its effectiveness.

San Jose’s Department of Planning, Buildings and Code Enforcement requires property owners to proactively maintain mold-free conditions by locating and correcting sources of leaks and to eliminate mold when it does grow on their property.⁴⁴ A law passed in 2003 in Louisiana requires licensing of mold inspectors and remediators.⁴⁵ In Illinois, a resolution was passed in 2004 to create a joint task force on mold in indoor environments,⁴⁶ and in Virginia, a law passed in 2004 requires landlords to disclose any mold exposure in the dwelling before renting to a tenant.⁴⁷

RECOMMENDATIONS

The DOHMH Guidelines on mold assessment and remediation should be incorporated into the Housing Maintenance Code. This will help to ensure that mold is properly assessed and that remediation is conducted using the safest, most comprehensive, and most reliable methods possible. The Code should also ensure that assessment and remediation are conducted in a timely fashion.

Mold should be classified as a separate violation under the Housing Maintenance Code, with additional civil penalties where a landlord fails to correct such violation. Currently, mold is only considered a violation under the general provision of “disrepair” and guidance provided to HPD inspectors as to classification of mold violations is insufficient.

When mold conditions are deemed immediately hazardous to the health of a tenant, the tenant should have the option of being housed in HPD temporary housing until the remediation has been completed, or be reimbursed by the landlord for other temporary housing.

HPD should create a team of inspectors dedicated to mold assessment. These inspectors should be given in-depth training in mold assessment, including best practices for remediation.

Mold prevention measures should be incorporated into the city’s Building Code. Use of certain construction materials and improper methods of assembly can contribute to

⁴⁴ City of San Jose, Department of Planning, Building, and Code Enforcement, *Code Violations*, www.sanjoseca.gov/codeEnforcement/sj_top10.asp.

⁴⁵ Louisiana State House of Representatives, Bill 793, August 2004.

⁴⁶ Illinois General Assembly, Bill HJR0012, *Task Force on Indoor Mold*, June 2003.

⁴⁷ Virginia State Senate, Bill 909, February 2003.


the spread of mold and impede remediation. Construction guidelines should be adopted that decrease the likelihood of mold spreading through a building.

The city and state should establish a licensing requirement for individuals who conduct mold assessment and mold remediation, and make a registry listing such individuals available to the public. There are currently no regulations governing who can identify him or herself as a mold inspector or remediator. Thus, landlords and tenants may pay large fees to unqualified individuals.

Appendix A

DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
OFFICE OF HOUSING OPERATIONS
Code Enforcement

PROCEDURE NO. 3 - 2004

DATE: May 4, 2004
TO: Chief Inspectors, Deputy Chief Inspectors and Inspectorial Staff
From: Cynthia Kirk, Citywide Chief Inspector 
SUBJECT: Issuance of Mold Violations

This Procedure supersedes all previous Directives and Procedures regarding the issuance of violations and ER1's for mold observed in an apartment.

We will no longer classify every violation issued for mold regardless of the area and surface covered as a class "C" violation. Effective immediately the following guidelines should be followed when determining the classification of violations issued for mold:

- When inspecting any room, except the bathroom, a class "C" violation should be issued if mold covers an excess of 25 sq. feet of the area of the room.
- A class "C" violation should also be issued if the aggregate of the mold for the entire apartment exceeds 100 sq. feet.
- A class "B" violation should be issued if the mold in any room is 25sq. feet or less or 100sq. feet or less in the apartment.
- Any mold found on bathroom tiles and or grout will be written as a Class "B" violation irrespective of the amount of surface covered. For surfaces other than tile or grout in the bathroom you should follow the same guidelines for surfaces other than tile listed above.

Cc: V. Mustaciolo, R. Peay, AMSantiago, and Files

Appendix B

STATE	HEALTH AGENCY	WEBSITE
Alabama	Alabama Dept. of Public Health	http://www.adph.org/IAQ/Default.asp?TemplateID=3878
Alaska	Alaska Division of Environmental Health	http://www.dec.state.ak.us/air/am/smoke.htm
Arizona	Arizona Dept. of Health Services	http://azdhs.gov/phs/oe/invsurv/air_qual/aboutmold.htm
Arkansas	Arkansas Dept. of Health	http://www.healtharkansas.com/news/boozman_briefings_03/feb28_03.pdf
California	California Dept. of Health & Human Services	http://www.dhs.ca.gov/ps/dcdc/disb/pdf/mldfaqpp.pdf
Colorado	Colorado Dept. of Public Health and Environment	http://www.cdph.state.co.us/dc/envtox/MoldInfoSheet.pdf
Connecticut	Connecticut Dept. of Public Health	http://www.dph.state.ct.us/BRS/EOHA/mold_problems.htm
Delaware	Delaware Health and Social Services	http://www.dhss.delaware.gov/dhss/dph/hsp/i-moldinyourhome.html
Florida	Florida Dept. of Health	http://www.doh.state.fl.us/environment/community/indoor-air/mold.htm
Georgia	Georgia DHR Division of Public Health	http://health.state.ga.us/pdfs/environmental/iaq.bro.pdf
Hawaii	Hawaii State Dept. of Health	http://www.hawaii.gov/dlnr/HFMN060301.pdf
Idaho	Idaho Dept of Health and Welfare	http://www.healthandwelfare.idaho.gov/DesktopModules/DocumentsSortable/DocumentsSrtView.aspx?tabID=0&ItemID=374914&MId=10289&wversion=Production
Illinois	Illinois Dept. of Health	http://www.idph.state.il.us/envhealth/pdf/moldmildew.pdf
Indiana	Indiana State Dept. of Health	http://www.in.gov/isdh/regsvcs/radhealth/iaq.htm
Iowa	Iowa Dept. of Public Health	http://www.idph.state.ia.us/eh/common/pdf/board_of_health_assistance/mold.pdf
Kansas	Kansas Dept. of Health and Environment	http://www.kdheks.gov/pdf/hef/bg2134.pdf
Kentucky	Kentucky Cabinet for Health and Family Services: Division of the Dept of Public Health	http://chfs.ky.gov/NR/rdonlyres/F184897D-71E2-4E5B-9CF0-006EEE0F0482/0/MoldFloodRecovery3.pdf
Louisiana	Louisiana Dept. of Health and Hospitals	http://www.dhh.louisiana.gov/offices/faq.asp?ID=205&FromSearch=1#Faq-1140
Maine	Dept of Health and Human Services	http://mainegov-images.informe.org/dhhs/etl/newsletter/fall2000.pdf
Maryland	Maryland Dept of Health and Mental Hygiene	http://www.cha.state.md.us/oe/html/mold.html
Massachusetts	Massachusetts Dept of Public Health	http://www.mass.gov/?pageID=eopsmodulechunk&&L=3&L0=Home&L1=Public+Safety+Agencies&L2=Massachusetts+Emergency+Management+Agency&sid=Eeops&b=terminalcontent&f=mema_dealing_with_mold&csid=Eeops
Michigan	Michigan Dept of Community Health	http://michigan.gov/som/0,1607,7-192----S,00.html
Minnesota	Minnesota Department of Health	http://www.health.state.mn.us/divs/eh/indoorair/mold/index.html
Mississippi	Mississippi Dept of Health	http://www.msdh.state.ms.us/msdhsite/_static/43,323,223.html
Missouri	Missouri Dept of Health and Senior Services	http://www.dhss.mo.gov/IndoorAir/mold.html
Montana	Department of Administration: Risk Management and Tort Defense Division	http://rmtd.mt.gov/aboutus/publications/files/rm2001-11.pdf
Nebraska	Nebraska Department of Health and Human Services	http://www.hhs.state.ne.us/puh/enh/moldaffect.pdf

Nevada	Nevada State Health Division	http://health2k.state.nv.us/BHPS/ehs/MOLD.html
New Hampshire	NH Dept of Environmental Services	http://www.des.state.nh.us/factsheets/iaq/ard-iaq_r-1.htm
New Jersey	New Jersey Dept of Health and Senior Services	http://www.state.nj.us/health/eoh/tsrp/moldbulletin.pdf
New Mexico	New Mexico Dept of Health	http://www.health.state.nm.us/eheb/mold.html
New York	New York State Dept of Health	http://w2.health.state.ny.us/query.html?col=nysdoh&qt=mold
North Carolina	North Carolina Dept. of Health and Human Services	http://www.epi.state.nc.us/epi/oii/mold/
North Dakota	North Dakota Dept. of Health	http://www.health.state.nd.us/AQ/IAQ/Biological/Mold/Mold%20in%20My%20Home.pdf
Ohio	Ohio Emergency Management Agency	http://www.ema.ohio.gov/pdfs/Dealing_With_Mold_Mildew_B.pdf
Oklahoma	OK State Dept. of Health	http://www.health.state.ok.us/program/cpd/MoldFactSheet.pdf
Oregon	State of Oregon: Oregon Public Health Division	http://www.oregon.gov/DHS/ph/envtox/mold.shtml
Pennsylvania	Pennsylvania Dept. of Health	http://www.dsf.health.state.pa.us/health/CWP/view.asp?A=171&QUESTION_ID=231318
Rhode Island	Rhode Island Dept. of Health	http://www.health.ri.gov/environment/risk/EPA_Mold_Homes_July2002.pdf
South Carolina	South Carolina Dept of Health and Environmental Control	http://www.scdhec.gov/eqc/baq/pubs/moldinhomes.pdf#xml = http://www.scdhec.net/cgi-bin/texis.exe/Webinator/search/xml.txt query=mold&pr=www&prox=page&rorder=500&rprox=500&rdfreq=500&rwfreq=500&rlead=500&sufs=1&order=r&cq=&id=4497806f99
South Dakota	South Dakota Dept. of Health	http://www.state.sd.us/puc/2004/Events04/South%20Dakota%20Mold%20Presentation1.pdf
Tennessee	Tennessee Dept. of Health	http://www2.state.tn.us/health/CEDS/mold.htm
Texas	Texas Dept. of Health	http://www.tdh.state.tx.us/beh/IAQ/protecting_your_home_from_mold.html
Utah	Utah Dept. of Health – Office of Epidemiology	http://health.utah.gov/epi/enviroepi/activities/HotTopics/mold.htm
Vermont	Vermont Dept. of Health	http://healthvermont.gov/enviro/indoor_air/Mold.aspx
Virginia	Virginia Dept. of Health	http://www.vdh.virginia.gov/epi/PublicHealthToxicology/moldQ&A.PDF
Washington	Washington Dept. of Health	http://www.doh.wa.gov/ehp/ts/IAQ/mold-notification.htm
West Virginia	West Virginia Dept. of Health and Human Services	http://www.wvdhhr.org/bhhf/flood%5Fweb/mold.pdf
Wisconsin	Wisconsin Dept. of Health and Family Services	http://dhfs.wisconsin.gov/eh/HlthHaz/pdf/mold_gen_info.pdf
Wyoming	Wyoming Dept. of Health	http://wdhfs.state.wy.us/aging/wellness/WELLNESS%20Newslette%20-%20June%202005.rtf