MOLD EXPOSURE CLAIMS

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In association with PSESD and PSWCT $\label{eq:July 14th} July~14^{th},~2022$

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MR. Mo L.D. Brown

- > Mr. Mo L.D. Brown works as an educator at a local middle school.
- After returning from, summer vacation, Mr. Brown noticed mold growing in the corner of his classroom and discoloration of ceiling tiles directly above.
- Mr. Brown feels that after the mold appeared he developed nebulous type symptoms across his entire body.
- He has been told by his friends that he was likely exposed to toxic mold and could die or seriously injured from exposure, he has also done some internet searching.
- > He comes into the HR office looking for assistance on what to do......
- > And aawwaaayyyyy we go!!

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TAKING A STEP BACK

Let's start by recapping some of the things we learned in the last presentation with Dr. Payam Fallah on "Molds: Facts v. Fictions" presented on 6/2/22.



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RECAPPING DR. FALLAH

- Molds are a small subset of microscopic fungi that reproduce by spores which are then disseminated through air and land on surfaces.
- > Fungi cannot make their own food like plants can, so they absorb their foods.
- > They have numerous friendly roles in our world and a few negative roles.
- Fungi are responsible for numerous things from beer, to cheese, to bread, to LSD, to antibiotics, to fungal infections, to decomposition, to tasty mushrooms.
- There are an estimated 1.5 to 2 million different species of fungi in the world and a tiny percentage are mold that can grow indoors.



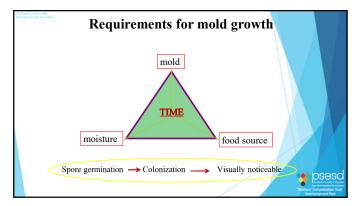
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RECAPPING DR. FALLAH

- > You can be exposed to mold through inhalation, ingestion, or dermal exposure.
- There is no scientific evidence that inhalation of mold spores indoors can kill you.
- Like most exposure-based illnesses, immunocompromised individuals and individuals with specific pre-existing conditions are more at risk.
- But Most of All: FUNGI CANNOT ABSORB MOISTURE FROM AIR
- Molds need moisture to start growing. All fungi do.
- This means that the spores that have already settled on the surface cannot grow without an outside moisture source.



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MOST MOLD CASES DON'T WIN

- When the proper objective evidence has been gathered, claims of toxigenic mold exposure usually fail to prevail at trial.
- - Because the science is dubious at best, and the law protects against dubious science.
 - Not all science is equal.
- \succ So, why do people still file cases for mold if they will lose at trial?



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FEAR.

- "Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less."
- \succ Fear is a large reason why people still file mold cases.
- > To eliminate mold cases at the source we need to combat 2 things:

 - Moisture control will be discussed in the next session on remediation on August 4^{th} , 2022. (Make sure to attend)
- > Fear is difficult to nail down and understand its influence...... Let's break it down.

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WHAT IS FEAR?

- $\,\,>\,\,$ It is the natural biochemical and emotional response to perceived threats.
- > Emotionally, people can all react differently.
- > Biologically we mostly all react the same way:

 - Sympathetic nervous system stimulates the adrenal glands to release hormones, specifically adrenaline, noradrenaline, and cortisol $\,$

 - Physical reaction to fear.



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WHAT IS FEAR?

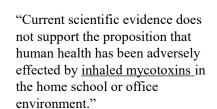
- What is the physical reaction to fear? Some common symptoms include:
 - Rapid heart rate
 - Dry mouth
 - Chest pain
 - Upset stomach
 - Trembling
 - Sweating
 Nausea
 - A sense of impending death
 - Dread
 - · Shortness of breath

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THE PSYCHOLOGY OF FEAR

- > Fear is often coupled with anxiety.
- Fear is a normal reaction to a threat while a phobia is a fear-type response to something that is not an actual threat.
- A phobia response can be so intense that it may interfere with your ability to function or perform daily tasks.

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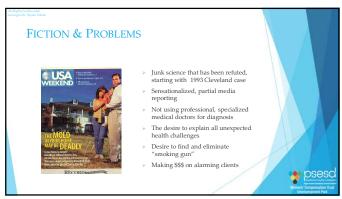


American College of Occupational and Environmental Medicine (ACOEM), November 2002



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WHERE IS MR. BROWN COMING FROM?

- > He is coming from a place of heightened fear and likely associated anxiety.
- Society has told him that this mold will kill him. He has no reason to doubt what he has been told so he has a physical reaction to the fear he is experiencing.
- Already he likely has an accelerated heart rate and may be experiencing dry mouth, stomach issues, and shortness of breath.
- At the time that Mr. Brown walks into your office, he has likely been dealing with this fear for some time and is a spiraling ball of anxiety, fear, and concern.



HOW DO YOU COMBAT FEAR?

- As Marie Curie would likely suggest, one of the best ways to combat fear is knowledge. If we understand what we are afraid of it becomes less fearful.
- On top of knowledge, you can also combat fear by:
 - Talking about it;
 - Getting Support; and/or
 - Planning
- There are numerous other ways to combat fear and the literature is far-reaching with helpful ideas.



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INITIAL APPROACH

- > Slow it Down
- They are full of fear; you are full of calm. They are fire, you are water.
- Provide them with objective research and information from accredited
 - Stick with the big names; EPA, CDC, AMA, etc.
- Be aware of the possibility of claim suppression
- > Gather information about the incident
 - Avoid probing medical questions; 'What are your symptoms?' 'When did they start?'
 'Has this happened before?' are as deep as you want to ask.
 - When did you first notice the mold, where, how much, did you take any photos (can show the speed of growth for visible mold).
 - Gather the employee's location and duration at every location for their entire work schedule. Where were they, how long were they there etc.
 - Do not go into their home life, medical history; or anything outside of employment (you don't want to know...yet.).



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INITIAL APPROACH

- > Fill out all the information on preconstructed templates made to deal with this situation.
- Acknowledge their hardship and pain without attributing their situation to mold or their employment.
- End on a firm note with a definitive action plan tailored to their situation with expectations.
 - "Mr. Brown, I am sorry to hear that you are having to deal with this situation, we want to help you get to the bottom of this and therefore we are going to
 - Start an investigation into the suspected mold in your classroom; and
 - Immediately begin to remediate the situation if mold is discovered. (Typically this
 includes a deep clean of the classroom; bleaching, cleaning, and washing any visible
 mold; the Remediation presentation on August 4th will go over this more.)
 - We expect you:
 - expect you.

 To inform us of any diagnoses you may receive from any medical doctors regarding your symptoms, AND

 To inform us if your symptoms worsen or improve as we move forward.



INITIAL APPROACH: WHAT DID WE JUST DO?

- We calmed the potential claimant's anxiety towards the situation bringing them away from the fight or flight response to a more logical and rational mindset
- We provided them with knowledge and evidence from outside reputable sources that are nonpartisan. Let the good science sing loudly.
- We completed an initial fact-finding mission that likely narrows the scope of possible locations. (If their complaints are not location-based, then it is less likely mold is a cause)
- We talked about the situation with the potential claimant and allowed them to talk about their complaints.
- We supported them by acknowledging the hardship the situation puts on them, while also not excepting responsibility. (the two are not mutually exclusive)
- We provided a clear action plan that laid out what to expect in the future and the expectations that we have for their communication.



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MR. BROWN GETS TESTED.

- Mr. Brown is not satisfied with the action plan and is really convinced that something is at issue, so he takes matters into his own hands.
 - Mr. Brown purchases and conducts a urine mycotoxin test through an online laboratory
 - · The test indicates that he has mycotoxins in his system
 - Mr. Brown also conducted an IgG test for allergies to mold
 - Lastly, Mr. Brown obtains an ERMI test from the internet and conducts it in the classroom



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NOT ALL SCIENCE IS CREATED EQUAL

- Some science is wonderful, powerful, and stretches our understanding of our physical world.
- Some 'science' is based on money, fear, political agendas, societal expectations and/or movements, and is typically used to fill the voids where science has not found an answer yet.
- The courts only except established well-reviewed science. They understand that not all science is created equal.



WHO IS OUR SOURCE FOR ACCURATE SCIENTIFIC INFORMATION?

Pro testing lab says:

"Moms Aware" site says:

- The EPA has not endorsed or validated any tools or methods to determine mold burden in homes including MSQPCR and ERMI.
- Dust sampling is an effective way to assess the health of your environment, and the ERMI (Environmental Relative Moldiness Index) test is recommended.



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A WORD ON EVIDENCE

- > Evidence is how a case is won or lost.
- > Evidence can be direct or circumstantial.
- > Evidence can be objective or subjective.
- The trier of fact (Jury in civil cases, IAJ in Board cases) is responsible for determining how the evidence should be weighted and what is most probative and persuasive.
- > There are a number of admissibility rules regarding evidence.
- Not all evidence makes it into the courtroom.
- What evidence makes it to the trier of fact is just as important as what that evidence indicates.
 - A 'smoking gun' is useless if based on bad science that will never see the inside of a courtroom.
 - Difference between the court of public opinion and the court of law.

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FRYE STANDARD

- "[C]ourts will go a long way in admitting expert testimony deduced from a well-recognized scientific principle or discovery. The thing from which the deduction is made must be sufficiently established to have gained general acceptance in the particular field in which it belongs."
 - Frye v. United States
- The underlying scientific principle AND the technique employing that principle find general acceptance in the scientific community.
 - City of Bellevue v. Lightfoot



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SCIENTIFIC EVIDENCE

- The Rules of Evidence provide that if scientific knowledge will assist the trier of fact to understand or determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training or education may testify in the form of an opinion. . . .
- However, 'knowledge' connotes more than subjective belief or unsupported speculation.
- Scientific methodology is based on hypotheses and testing to see if the theories can be verified.
 - In Re: Laurie K. Anderson
- > Remember your 7th grade science class and the scientific method!



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SCIENTIFIC METHOD REMINDER

- > Good Science most likely follows the scientific method:
 - Make an observation.
 - Ask a question.
 - Form a hypothesis or testable explanation.
 - Make a prediction based on the hypothesis.
 - Test the prediction
 - Iterate: use the results to make new hypotheses or predictions.



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WHAT ARE ACCEPTED TESTS?

- $\,\,>\,\,$ The law leaves open the possibility for scientific advancement.
- > What is, or is not, classified as an 'accepted test' changes as science advances.
 - It is the court's duty to act as a gatekeeper, to admit techniques accepted in the
 relevant scientific community even when they are novel to the court, but to exclude
 techniques that are novel both to the court and the relevant scientific community.
- This works in both directions, tests that were once considered novel can become well accepted and tests that were once well accepted can be considered outdated.
- Currently the IgE blood test for mold allergies, Surface tape-lift with direct microscopic examination for mold sampling, and spore traps for air sampling of potential inhalations are all accepted tests.



EXPERT WITNESSES

- In order to testify on scientific knowledge, for the most part, the witness needs to be deemed an expert.
- Under the laws of evidence, the witness must have the requisite knowledge, skill, experience, training or education necessary to qualify as an expert that the specific field at issue.
- > This makes ER 702 a two-fold test:
 - · Does the witness qualify as an expert; AND
 - Would the expert testimony be helpful to the trier of fact.



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EXPERT WITNESSES

- Evidence establishing proximate cause must rise above speculation, conjecture, or mere possibility. Bolson citing Attwood.
- Expert testimony is therefore required where the nature of "the injury involves obscure medical factors which are beyond an ordinary lay person's knowledge, necessitating speculation in making a finding." Bolson citing Riggins.
- The expert must be able to testify that the alleged negligence "more likely than not" caused the harmful condition leading to injury. Bolson citing Attwood.



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HOW DO WE APPROACH MR. BROWN?

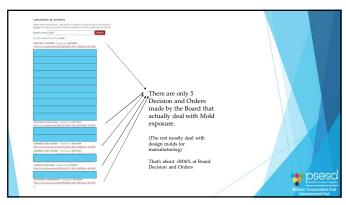
- Mr. Brown has now gone beyond mere fear. Although fear still plays a role, he has taking outward actions to obtain knowledge but not relief.
- This is the curse of knowledge and the internet. Fear can only be dissuaded when correct evidence is presented. If a person thinks they gained expert-level knowledge but is in fact being fed lies and misinformation, they have not dissuaded the fear. In fact, they have probably made things worse and likely each one of those pieces of misinformation ended in \$\$\\$ for the person providing the misinformation. Case and point "MomsAware" site.
- > We are likely approaching the point that a claim will or has already been filed.











CLAIM MANAGEMENT The first step in managing a mold exposure claim is gathering information. The next step is to ascertain what remediation steps have already been taken, and the effect of those remediation steps on the claimant. The first person you want to send the claimant to is an Allergist. Only an Allergist has the requisite and highly technical training necessary to properly diagnose mold allergies. A medical doctor can, but an allergist will likely be given more weight. If necessary, an Indoor Air Quality Assessment should be completed by a trained industrial hygienist. Likely occurs after initial remediation steps have failed and problems persist.

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WHAT ABOUT A DIAGNOSIS? There are a few diagnoses that can be related to mold issues. The most common diagnoses are associated with an allergic response to varying degrees. Rare diagnoses can be associated with a specific occupation such as Farmer's Lung and Cheese Maker's Lung. A situation that aggravates a person's preexisting conditions can still be a compensable claim. Mycotoxicity is not necessary for an industrial injury or occupational disease.

IS IT AN OCCUPATIONAL DISEASE?

- RCW 51.08.140 "Occupational Disease" means such a disease or infection as arises naturally and proximately out of employment.
 - Proximately = proximate causation
 - $Generally\ accepted\ scientific\ evidence\ linking\ the\ alleged\ condition\ straight\ to\ employment$
 - To "arise]... proximately out of employment" requires that the employee's employment conditions are the "proximate cause of the disease50 that the disease would not have been contracted but for the conditions] esisting in the ... Employment." Buffer criting Demis. A worker seeking benefits for an occupational disease "must ... Establish[] by competent medical testimen, ... That the disease is probably, as opposed to possibly, caused by the employment." Id.
 - Naturally



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IS IT AN OCCUPATIONAL DISEASE?

- - "Arises naturally" means that the conditions of a worker's particular employment are distinctive, i.e., different from, employments in general or activities of daily living. The first requirement ['arises proximately'] involves an issue of medical causation, but the second requirement pertains to observable job activities. Street.
 - The question of arises naturally out of employment is a nonscientific question that can be established through lay testimony.



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BUT REMEMBER

- Claims based on mental conditions or mental disabilities caused by stress do not fall within the definition of occupational disease. RCW 51.08.142.
- Meaning if it is just the fear driving the situation, that would likely be viewed as general stress and would not likely be viewed as a compensable occupational disease.
- In the Frisino case there was a diagnosis of 'multiple chemical sensitivity syndrome' defined as a mental illness that causes a fixation on dust, chemical exposure, or any fumes or odors in the workplace. This was a mental situation and not related to employment, but nonetheless Ms. Frisino was still afforded the protections of WLAD.
- > The Board does not readily accept mental only claims. (except for firefighters)



WLAD: WASHINGTON LAW AGAINST DISCRIMINATION

- The WLAD is Washington's state version of the ADA. Many of the requirements are the same between WLAD and ADA for our purposes
- The hallmark of WLAD is that an employer cannot discriminate against a person with a disability and once the employer has been notified of a disability they are required to provide workplace accommodation through an interactive
- > Disability is defined broadly, and interactive process is defined vaguely.
- > This leaves the employer on the hook in a multitude of scenarios



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DEFINE DISABLING CONDITIONS

- > RCW 49.60.040(7)
 - · (a)"Disability means the presence of a sensory, mental, or physical impairment that:
 - (i) is medically cognizable or diagnosable; or
 - (ii) exists as a record or history; or
 - (iii) is perceived to exist whether or not it exists in fact.
 - (b) A disability exists whether it is temporary or permanent, common or uncommon, mitigated or unmitigated, or whether or not it limits the ability to work generally or work at a particular job or whether or not it limits any other activity within the scope of this chapter.



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DEFINE DISABLING CONDITIONS

- > RCW 49.60.040(7)
 - (c) For purposes of this definition, "impairment" includes but is not limited to: (i) any physiological disorder, or conditions, cosmetic distigurement, or anatomical loss affecting one or more of the following body systems. Neurological, musculoskeletal, special sense organs, respiratory, including speech organs, cardiovascular, reproductive, digestive, genitor-urinary, hemic and lymphatic, skin and endocrine; or
 - (ii) any mental, developmental, traumatic, or psychological disorder, including but not limited to cognitive limitation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
 - (d) Only for the purposes of qualifying for reasonable accommodation in employment, an impairment must be known or shown through an interactive process to exist in fact and;

 - coses to exist in fact and;

 (i) The impairment must have a substantially limiting effect upon the individual's ability to perform his or her job, the individual's ability to apply or be considered for a job, or the individual's access to equal benefits, privileges, or ferms or conditions of employment, or (ii) The employee must have put the employer on notice of the existence of an impairment, and medical documentation must establish a reasonable likelihood that engaging in job functions without an accommodation would aggravate the impairment to the extent that if would create a substantially imming effect.



WHEN IS WLAD ACTIVATED?

- When there is medical documentation establishing a reasonable likelihood that engaging in job functions without accommodation would be aggravating; AND
- > The aggravation would create a substantially limiting effect; AND
- $\succ\,$ The condition has a substantially limiting effect upon the employee's ability to do their job; AND
- > The employee has notified the employer of the existence of the impairment.



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WHAT IS REQUIRED BY HR/ ER?

- The employer needs to be prepared to interact in a way that is in accordance with WLAD.
- With regards to mold exposure {more than most other case types} the largest requirement is an interactive process.
- WLAD requires an employer to reasonably accommodate a disabled employee unless the accommodation would pose an undue hardship.
- To accommodate the employer must affirmatively take steps to help the disabled employee continue working at the existing position or attempt to find a position compatible with the limitations.



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WHAT IS REQUIRED BY HR/ ER?

- HOWEVER, an employer is not required to reassign an employee to a position that is already occupied, create a new position, or eliminate or reassign essential job functions.
- The employer is required to continuously try to accommodate the individuals disability until such time as the disability is no longer substantially limiting or further accommodation would pose undue hardship on the employer.
- Like the Occupational Disease definition, the courts have continually construed this liberally in favor of the claimants/ individuals.



INTERACTIVE PROCESS

- Generally, the best way for the employer and employee to determine a reasonable accommodation is through a flexible interactive process.
- A reasonable accommodation envisions an exchange between employer and employee, where each party seeks and shares information to achieve the best match between the employee's capabilities and available positions.
 - Frisino citing Goodman
- The employer has a duty to determine the nature and extent of the disability but only after the employee has initiated the process by notice. Id.



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INTERACTIVE PROCESS

- In addition, the employee retains a duty to cooperate with the employer's efforts by explaining the disability and the employee's qualifications. Id.
- Employee also has a duty to communicate to the employer whether the accommodation was effective. This duty flows from the mutual obligations of the interactive process. Must communicate during the process not after.
- In cases where an objective standard is not available to measure whether an accommodation is effective, a good faith Goodman interactive process is especially important.
 - AND that is where we are located with the Mold situation.
- Duty to accommodate is continuous and trial and error is appropriate and necessary in most but not all circumstances. Multiple attempts must be made in our situation to prove an interactive process occurred.



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MISSED OPPORTUNITIES

- You do not want to find out 6 months after the conversation has been occurring that the condition they have been complaining about is now viewed as a disabling condition.
- Treating the situation with an interactive process with corresponding documentation from the beginning goes a long way in supporting an argument that the employer made reasonable efforts from the very beginning.
- > Do not let an opportunity to do the right thing slip through your fingers.



WE WRAP BACK TO THE BEGINNING

- > As we can now see, the entire process is connected.
- The damage that can be done at the beginning can sometimes only be realized at the end of the process.
- $\,\,$ Much like Mold, prevention is the best strategy. Remediation is step two, not
- The conversation started with Mr. Brown has put his mind at ease, navigating him towards an answer, and assisting him in finding a resolution. If he chooses to file a claim and pursue workers' compensation benefits, because we have already done the investigation and gathered the information, the claim costs are greatly decreased. Furthermore, we know that the claim has a high bar in proving legitimacy.



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THE REPERCUSSIONS

- Acceptance of an illegitimate mold claim can potentially reinforce and/or aggravate their potential mental health conditions.
- Conditions that have no relation to employment and no known origin can suddenly be the responsibility of the employer.
- Acceptance of the claim could lead to incorrect treatment, putting the claimant at greater risk.
- (leaving fraud/deception off the table) The claimant is still experiencing a difficult situation and may have legitimate medical complaints; proper management of the claim will aid the claimant in recovery.
- Potential discrimination lawsuit for failure to accommodate



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CONCLUSIONS, FACTS

- MOLD SPORES ARE EVERYWHERE! Indoors and outdoors. Outdoor spore levels are usually much higher than indoors, so there is higher exposures outdoors!
- In our indoor environment, mold spore exposure can be allergenic TO THOSE WHO ACTUALLY HAVE MOLD ALLERGIES

 Indoor mold spore inhalation will not lead to toxicity mycotoxins concentration too low
- Correlation DOESN'T mean causation. There needs to be a scientific link between the cause and outcome. "I'm always sick when I'm in this room" is an assumption, an association
- Mold levels in the air continuously change there is no established legal limit or even recommended limit
- There are no mold spore thresholds to date that we can use to predict health
- There is no correlation between mold growth on surfaces, in wall cavities and mold spores in the air sticky, heavy "black mold" spores don't easily get into the air Mold air sampling is just a small piece of a puzzle and not always recommended
- Only a professional medical doctor (allergist) can diagnose people's condition. Use skin test or IgE (allergen specific) blood tests.
- Finding mold: find the moisture use moisture meters, IR technology



SPECIAL PROBLEMS

- ➤ Science & medicine vs advocacy (when the medical provider becomes an advocate for the patient)
- > Blaming mold when there is no real answer to the client's / patient's problem
- \triangleright WCT to prove lack of harmful mold exposure



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