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In 1987, I began working for the University of Central Florida (UCF) on the Daytona Beach Community College (DBCC) Campus in Daytona Beach, Florida. My office was located on the north side of the administrative suite in a new energy-efficient campus building. This building, #34, and another, #36, had been erected for UCF by the State of Florida and were being maintained by Daytona Beach Community College. UCF offered a 2+2 Plan whereby students could attend DBCC for two years, then transfer to UCF to complete bachelor and master's degree programs locally. The architects designed Building 34 with certain unique innovations, such as a cloth "bubble" roof over an interior atrium and a motion-sensor lighting system. It was supposedly a state-of-the-art building.

After a few months, I began to overhear comments from staff members about a "mildewy smell" in the administrative suite where I worked. No one could figure out the source of the smell. Then, in 1989, the wallpaper next to my desk started to peel away from the wall. The wallpaper was made of thick fabric--a good medium to facilitate mold growth. The wall was actually wet to the touch, and cosmetic repairs were quickly made by the DBCC Maintenance Department. Sprinklers in an outdoor planter on the other side of the wall were blamed for the problem. Mold tests were not requested at this time.

Although I had enjoyed robust good health all of my life except for a congenital heart problem, during this period of time I began having frequent sinus headaches and noticed that my skin was becoming excessively dry, so dry in fact that it continually peeled off my fingers no matter how much hand cream I applied. A follicular rash appeared on both of my forearms and a rather large "bump", which turned out to be a cyst, popped up on my forehead. My left eyelid began to droop and I felt occasional pain in that eye. Deep grooves developed on my tongue, making it difficult to eat vinegary or spicy foods. Small, painful cuts appeared on both sides of my mouth, and my hair began to fall out in clumps. A ring of what looked like ugly brown birthmarks suddenly appeared around my neck area. I was having frequent bouts of laryngitis. The campus director, my boss, attributed most of these health problems to aging. I was in my late 40's. My doctor attributed the excessive dryness and cuts around my mouth to a lack of riboflavin, so I boosted vitamin B intake, but the health problems persisted and worsened. I had always been considered an attractive person, but I was beginning to feel rather ugly.

I was growing more and more fatigued and, at times, also sensed a lack of clarity in my thinking and splotchy memory that greatly concerned me, but I pushed these things aside and continued to work without taking any sick days. Hard work has always been my habit. As a matter of fact, two people were hired to replace me after I resigned from three different jobs (over a period of thirty years) because administrators felt that one person could not handle my workload.

I started to get vaginal infections every six months or so, which responded to over-the-counter treatment. I found these infections disconcerting, especially since my gynecologist couldn't identify a cause.

A few years later, I was diagnosed with fibrocystic disease and began to experience other health problems, such as extreme muscle tremors that made my body suddenly jump off the bed at night, frequent sinus infections, dizziness, etc. I felt a small lump in my throat

all the time. One night I woke up with an extremely strong itching sensation under my arms. This sensation was so strong and painful that it jolted me awake and I sat up sharply, extending my arms outward, almost in shock. The itchiness persists but has subsided to a tolerable level. A doctor checked my underarm lymph nodes, which were not swollen, and could make no guess as to the cause of this problem either. I am not even sure if the doctor believed me. I began to question my own sanity. Was I becoming a hypochondriac? I had never complained about my health in the past and did not like going to any doctor's office (still don't). Suddenly my health was always on my mind or in the back of my mind, and I was constantly making doctor appointments.

While these physical changes were happening, I did not complain about working conditions in the UCF administrative suite because I did not attribute these symptoms to anything environmental. As time passed, however, more staff members and even a few students at the university began to complain, primarily of breathing problems and allergies. To address their concerns, in September 1994, a UCF work order was written requesting an air quality study from DBCC. For three long years, the community college refused to honor that request for unknown reasons, despite repeated attempts by UCF.

In 1997, help was sought from UCF's Safety Department at the main campus in Orlando, and two environmental experts were sent to Daytona Beach to discuss this problem with DBCC, with the result that DBCC (after being assured that UCF would pay half the cost) finally ordered an air quality study from Pure Air Control Services, Inc., in Clearwater, Florida.

The study was performed in March 1997. *Stachybotrys chartarum*, a toxic fungus, was found in my boss's office as well as mine. Incredibly high levels of *Stachybotrys*, *Aspergillus*, and bacteria were found in my office. By incredibly high, I mean millions of cfu's (colony forming units), not hundreds or thousands. The actual readings were: *Stachybotrys chartarum* – 35,020,941 cfu/gm, *Aspergillus fumigatus* – 10,503,282 cfu/gm, along with *Bacillus brevis* (875,274) and *Streptomyces somaliensis* (437,637). In all of my research since that time, I have not found readings that high in any air quality study. Pure Air stated in writing in its report, "There is no single accepted standard level or guideline for fungal or bacterial thresholds. P&K Microbiological Services suggests 0-250 cfu/m³ are acceptable for fungal bioaerosol counts provided no infectious fungi are identified. U.S. Public Health Service (Region III) agrees with these values. The World Health Organization (WHO) suggested that microbial concentrations of 50 CFU/m³ (single species), 150 (mixture) or 500 (common fungi such as *Cladosporium* sp.) are acceptable. Pure Air Control Services has noted that no complaints are registered if levels are below 250 or less than 33% of the outdoor level." I remember thinking, "250 per cubic meter! What about 37 million or more per gram??!" This air quality study also identified a high level of airborne dust mite allergens in my office.

According to the Pure Air report, no other office or classroom on campus had negative results anywhere close to mine. The readings in other areas were much lower or non-existent, and the toxic fungus was present only in my boss's office and mine. A small amount was also later found on a chiller pipe in Building 34.

The Executive Summary at the end of Pure Air's Report states, "No areas of immediate danger were detected." UCF employees working in the affected buildings on campus, including me, were not immediately informed of the report's findings. I was not evacuated from my office for almost two weeks. The reason for the delay, I later learned from my boss, was to avoid panic and negative publicity while remediation plans were being made. In March 1997, about a week after the report was issued, a cleaning crew arrived in

protective gear that looked like white space suits to remediate my office. I don't believe Pure Air's statement in the Executive Summary and find it very hard to accept that my boss, or anyone, would allow me to remain in such a dangerous setting for even one additional day after becoming aware of the problem.

An architectural firm, CBG&A, Inc., was called upon in June 1997 to help identify the underlying cause of the toxic mold problem. Along with DBCC maintenance leaders, this firm eventually identified that roof flanges had been incorrectly installed when the building was being erected (something about gravel stops and strip-ins), which allowed rainwater to drip behind the brick veneer and created a birthing bed for bacteria and fungi. Since my office was on the north side of the building and received the least sunlight, dampness lingered on the outside wall after every rainstorm, giving fungi and bacteria plenty of time to form. The cloth wallpaper provided an excellent nutrient source, which, along with Florida's moist and rainy climate, led to the incredibly high cfu counts.

A staff meeting was held by the air quality company team a few weeks later and the results of the study were finally made public to university employees, who were assured that all necessary remediation efforts were taking place. A written report was also issued. While generally confirming the facts, I believe this report was purposely altered where my office was concerned. My office location – Building 34, Room 101E – was erroneously listed as Building 36, Room 101E (there is no such room number in that building), and on another page as Room 1910E (again, no such room number). There were other strange errors as well, e.g., photos were taken of every area where problems were identified except my office--the most seriously affected area on campus. Important tests that should have been taken in my office were somehow not taken, although these tests were mentioned in the report as having been routinely done in less-affected areas. None of the sample toxic fungal and bacterial material removed from my office was available for later analysis. These samples were said to be "missing" by the air quality company when an attorney requested them. Apparently, someone lost them in the lab.

The local newspaper (Daytona Beach News Journal) eventually picked up on the UCF/DBCC story and began to run articles that mentioned my name. A former DBCC employee read one of the articles and later visited my office to tell me that he had been fired for reporting on an environmental problem in another DBCC building. Other DBCC employees also approached me with horror stories about environmental cover-ups at DBCC.

I finally began to put two and two together and wondered if all of my health problems could merely be the result of aging or if there might be an environmental cause. I wanted to know what to expect health-wise after exposure to a toxic fungus. I requested medical help through Worker's Comp and was sent to an environmental physician in Lake City, Florida, who diagnosed possible allergic rhinitis and sinusitis. I did not find this diagnosis complete or thorough, searched the internet, and made another appointment with Dr. Eckardt Johanning, a Worker's Comp physician in Albany, New York, who had conducted a research study on stachybotrys exposure in a work setting. Worker's Comp paid over \$1,000 for my trip. Dr. Johanning examined me, took many tests, sent blood samples to a laboratory, and eventually confirmed toxic exposure. My T-cell count was too low (out of normal range) according to the lab report, indicating a possible autoimmune disease, and there were other negative but nebulous findings. I was hearing words like "mycotoxicosis." Dr. Johanning subsequently referred me to Dr. W. Gordon, a neurologist at Mt. Sinai Medical Center in New York City for my memory problems, which he stated were also attributable to the toxic exposure based on the type of short-term memory problems I had outlined. I did not visit Dr. Gordon because Worker's Comp would not pay for the visit and travel costs, and I could not afford to pay.

In 1997, after an extensive search, I found an attorney, Donald Anderson, at McGuire Woods, Jacksonville, Florida who was willing to take my case even though the highest amount I could sue for was \$100,000 since we would be suing the State of Florida. After four years of waiting to get the case to court (and many depositions, mediations, and meetings), I finally accepted a small out of court settlement (\$13,000) because Mr. Anderson refused to go to court at the 11th hour, claiming that he did not believe he could win the case. Why did he wait so long to tell me that? I think something underhanded occurred after my attorney (whose superiors were displeased because he had taken the case gratis and it was becoming expensive and time-consuming for the firm) met privately with the community college attorney, but that's just my opinion. I wanted to go to court and tried to get other attorneys to take the case but was turned down. The reason given was that whoever took my case would have to use my previous attorney's work products or redo all of the work that had already been done over four years time. Most attorneys just aren't willing.

This building is still standing and people are still working in it. I hope it has been remediated enough to protect their health. That's my story. Hope it helps someone.

Update 6/27/2003:

I resigned from UCF in 1998, stating that I wanted to travel and start my own business. The main reason, though, which remained unvoiced, was that I felt less able to function in my job and unsure of myself because of memory and health problems. I did travel to India and Singapore for four months, tried to start a business in India with a partner from Silicon Valley and failed (this partner bought my travel tickets), then returned and became a waitress in order to pay my mortgage and put food on the table. Eventually, I landed a job as a Family Medicine Residency Coordinator at Halifax Medical Center, Daytona Beach, Florida. To my surprise, none of the professors or resident doctors knew much about environmental medicine and it was not on the schedule for study. I had a very hard time keeping up with my daily work. It was a busy job that entailed taking care of 24 residents and one Sports Medicine Fellow as well as supervising three secretaries, and I finally retired after three years at age 62 with great relief.

Update 12/29/03:

This past summer, I spent three weeks in bed because of extreme and constant right arm, neck, and shoulder pain. After visiting a neurologist and having tests (MRI, EEG), I was told that there was a dying nerve (#7) in that arm and that the pain would cease after the nerve died. I was also told that unless I had surgery within six months, I would experience the same problem in my left arm. It seems that the sheath covering my spinal cord is dissolving, according to the neurologist. I have recently had twinges of pain in the left arm.

Update 1/30/04:

After a mammogram and ultrasound this past fall, I was sent to a surgeon for an excisional breast biopsy 1/26/04. I had another fibroadenoma which proved to be non-malignant.

Update 12/15/09:

I am still experiencing full-body night tremors. My right thigh is numb most of the time now. Sometimes it gets very "tingly." My right foot falls asleep often.

I have not had surgery on my left arm. So far, I am not experiencing any further pain. I believe that prayer and faith have healed me better than any medical procedure could. I also believe that prayer and faith have kept me going in general after such a serious toxic exposure.

I have had two surgical biopsies. I now have complex cysts in my breasts and have to get mammograms and ultrasound tests every six months. Each time I go, I am given two mammograms and two ultrasound tests. The entire process is disconcerting. On my last visit for tests, I was told by the radiologist that he couldn't guarantee that I didn't have cancer, but he was sending me home rather than recommending another biopsy. I can't do breast self-exams because there are so many lumps and bumps that it wouldn't do me any good. I stay away from caffeine and use a liposomal progesterone cream that I picked up at the health food store. And I pray. A lot.

My eyesight is frequently blurry even though I had cataract surgery in both eyes in 2007. I have become very light-sensitive and must wear dark glasses to drive. I feel grittiness and sometimes pain, particularly in the left eye, which is the side where my eyelid began to droop and a forehead cyst developed while I was at UCF. My ophthalmologist has been concerned about the extreme dryness in my eyes and stated that dryness is causing the blurriness, not the cataract lenses. I apply eyedrops four times per day, along with Restasis twice per day, which helps but has not corrected the problem. My eye doctor told me to take flaxseed oil and also sent me to a rheumatologist. The rheumatologist tested me for Sjogren's Syndrome and gave me a new med to take, Sargen, that is supposed to produce bodily moisture. I understand that Sjogren's Syndrome is an autoimmune disease characterized by extreme dryness, and I believe that it may be associated with my exposure, since I have those lower T-cell counts and severe skin/mouth dryness as well as eye dryness. My mouth is extremely parched when I wake up. I keep a glass of water by my bed. I have also been experiencing frequent laryngitis.

I've been getting pain for the past year or two in my chest and upper back that I can't identify. It does not seem to be heart-related. I had a catheter ablation several years ago for SVTs that had caused my heart to palpitate at a high rate for hours at a time until I felt faint. Only Verapamil, administered in an ER, would stop these palpitations. After the ablation procedure, which was a relatively new laser technique at the time, this problem disappeared to my great delight! I had visited cardiologists routinely over the years because of this problem, which is not related to the exposure. However, these recent chest pains do not seem to be related to my former heart problem. I've had several EKGs after experiencing these pains that were negative for heart problems. I have also had stress tests, including a nuclear stress test, a cardiac cath, and have worn a Holter monitor three or four times. I think this chest pain is somehow related to the exposure, but whether it's heart or lungs I cannot say. The heart is a muscle, and it is clear from other symptoms that I have some kind of neuromuscular disorder, but I also get a burning sensation in my chest and have bouts of coughing from time to time, suddenly and without warning, which could refer to a lung problem, I suppose. I am trying to diagnose myself because I haven't found a doctor so far who can do it for me!

Another recent health concern is lack of sleep because of what I can only refer to as a digestive problem. I wake up at night with my heart beating slightly harder than normal (not a palpitation) and feeling the need to burp. I take deep breaths which cause me to burp so forcefully that my body jumps, my ears pop, I feel pressure in my arm muscles and sometimes my legs, I get a sudden headache and a sensation of pressure in my head, and my temples throb. After a few more deep breaths, I hear a loud gurgling sound in my stomach area and suddenly my heart beats much more quietly and I feel normal again. The

burping and other symptoms go on for about five or ten minutes, though, along with flatulence. This happens several times each night and seems to be triggered by laying down. I was diagnosed with apnea in 2008 while trying to find the cause of this problem, but after using a C-Pap machine for several months, the problem continued, so apnea cannot be the sole cause. I took Aciphex for four weeks on the advice of my doctor to rule out GERD, but it didn't help at all. I still have no idea what might be causing this fatiguing disorder. I've tried a cardiologist, sleep doctor, and primary care physician. Maybe I need to see a gastroenterologist or neurologist?

So many doctors, so much discomfort, so many questions, and so few good results. What I've found is that most doctors know very little about environmental medicine and don't want to discuss it with their patients because their ignorance might show. Environmental medicine doctors are expensive and hard to find, and they don't have all the answers, either, because this field is still researching the causes of environmental illnesses. The uncertainty of not knowing what is wrong with me is difficult to bear.

I thank God every day for the degree of good health that I do enjoy and make the most of every minute. I choose to be cheerful and count my blessings. I can walk and talk. I can sing and smile when many other people can't. I choose to concentrate on helping others rather than continually focusing on my own health problems.

On the other hand, if you really want to delve into the deepest recesses of my mind, I honestly believe that without prayer I would not be alive today and that a number of people and institutions for which I've loyally worked have lied to me and let me down in a big way.