



**DEPARTMENT OF VETERANS AFFAIRS
Veterans Health Administration
Washington DC 20420**

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May 4, 2005

**UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER
CONTROL OF MOISTURE AND MOLD IN VETERANS HEALTH
ADMINISTRATION (VHA) FACILITIES**

1. This Information Letter addresses the consequences of excess moisture and faulty building systems that may promote mold growth in Department of Veterans Affairs (VA) facilities.

2. Moisture in the built environment represents a broadly-recognized problem and has garnered substantial attention over the last several years. Several reports and reviews describing the problem of moisture are provided as reference (see par. 4). Research recommendations document ongoing disagreements over the mechanism of disease, the issue of allergy versus toxicity and the actual hazards. There is further debate on the safe or hazardous levels of metabolic by-products from both fungi and bacteria; this translates into difficulty for setting specific standards or threshold levels.
 - a. Several professional consensus development attempts outline industrial hygiene assessment and remediation strategies, listed below. Building codes and engineering design standards, Environmental Protection Agency (EPA) guidance documents, and practice guides, such as from the American Institute of Architects and the Joint Commission on Accreditation of Healthcare Organizations, outline approaches to exposure management. These strategies can be summarized briefly as:
 - (1) Recognition of building envelope faults allowing water intrusion and dampness.
 - (2) Assessment of ventilation and insulation factors for the control of general humidity and surface temperatures (dew point condensation).
 - (3) Mold risk communication, assessment, and remediation.

 - b. Bioaerosols in health care has been restricted primarily to the infection control community. The impact of construction dust and resulting Aspergillus exposure necessitated infection control guidelines mandating a formal risk assessment. The ongoing scientific controversies have led to the formulation of public health action planning (New York City guidelines) and specific guidance for health care (Kaiser Water Intrusion and Moisture Management program, modified to the Veterans Health Administration's (VHA) Moisture and Mold Management). Nevertheless, an emerging consensus suggests that structured approaches are possible, legitimate and desirable.

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3. VHA recognizes moisture and bioaerosols contamination; the hazard to patients, employees, and visitors; and the perceived risk. This recognition results from the knowledge of building moisture and fungal contamination in VHA-owned and VHA-leased facilities resulting from envelope failures, inadequate maintenance and operations strategies for heating, ventilation, and air-conditioning systems in such facilities.
4. At present, VHA plans to promote a national policy of periodic building and equipment surveys, identification of best practices and control methods to address mold and high moisture environments. These best practices have the added benefit of energy conservation and longer equipment service life. VHA recommends that facility Directors assign facility engineering, industrial hygiene, and infection control staff to review the references listed in Attachment A.
5. Local policies regarding the control of moisture and mold need to include pre-lease building assessment and response protocols for moisture incursion or recognition of mold growth. One example can be found in VHA's Moisture and Mold Management Program, accessible at <http://vethealth.cio.med.va.gov/OSH-ie/index.htm>.
6. Questions regarding this information letter may be addressed to Network Program Support, Ezra Safdie (202) 273-5644.

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Acting Under Secretary for Health

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ATTACHMENT A

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