

# WHEN THE OZARKS MAKES YOU SICK



*Illness, Environment, and Some futures  
for Complementary Medicine*

BY JULIUS SANTOS; NEIL NATHAN, M.D.;  
CINDY BEEMER, D.C.; AND JIM ECHOLS, M.S.

*Photos by Jim Echols*

MY NAME IS Julius. I'm not the subject so much as the occasion for this roundtable discussion among three experts—a physician specializing in chronic/complex illness, a chiropractor specializing in allergy elimination, and an industrial hygienist specializing in mold testing and indoor air quality. The real subject is the Ozarks and its allergens—in my case, molds. Of course, I could have gotten sick anywhere. (“You’re genetically disposed to it,” my physician, Dr. Neil Nathan, has told me.) But, as Mr. Jim Echols notes, the Ozarks is among the nation’s most fertile regions for mold growth. (“My goodness, you guys sure have a lot of outdoor mold in Missouri,” Mr. Echol’s mentor in industrial hygiene, Dr. Joe Spurgeon, has remarked.)

And yet, it wasn't really the land or climate's fault in my case: it was the buildings that I lived and worked in. It turns out that *they* had gotten "sick," after they had brought the outside molds in. The HVAC system in my workplace, the hallway ceiling in my church, the foyer of my credit union, the bathroom in the local supermarket, my own basement: these had "amplifications of mold" (that's industrial-hygienist talk), and cumulative daily exposure had taken their medical toll. But it took years of misdiagnosed symptoms before the culprit was identified, much less removed from my body and immediate environment.

### Julius: The Situation's Bad

I know I'm not the only Ozarker to suffer from illnesses whose causes are environmental. ("One in four people are genetically disposed to mold toxicity," Dr. Nathan notes.) But it's been my experience that "mainstream" medicine isn't yet well-informed on the various symptoms and their effective treatment. As my physician says, "The three out of four people who are immune will disbelieve the diagnosis—they'll think it's all in your head." Some innovative treatments may save your life as they did mine, but your insurance company will likely call them "experimental" and refuse to pay. You'll be on your own, brother, on your own.

As best you can afford, you'll cleanse the neurotoxins from your body and "remediate" your basement or bathroom (again, that's industrial-hygienist talk); but you'll still have to visit moldy buildings around town. You'll be able to smell it, that telltale musty odor. And then you'll see it: in the circles of water stain on ceiling tiles, in the discolorations along and behind baseboards and behind wallpaper. Sometimes you won't see it, but you'll feel it when the symptoms come scurrying back. "You're like a canary in a coal mine," my doctor has told me: "you don't need a scientist to tell you there's mold in a building."

But, really, you don't have to go it alone. Here in the Ozarks, a growing army of health providers, industrial hygienists, and building contractors are tackling environmental illnesses, their local causes, and their remedies. Readers of *OzarksWatch* may know someone—a coworker, a family member—whose diagnosis of fibromyalgia, chronic fatigue, rheumatoid arthritis, asthma,

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HERE IN THE OZARKS, A GROWING ARMY OF HEALTH PROVIDERS, INDUSTRIAL HYGIENISTS, AND BUILDING CONTRACTORS ARE TACKLING ENVIRONMENTAL ILLNESSES, THEIR LOCAL CAUSES, AND THEIR REMEDIES.

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chronic headaches, or what-have-you seemed “to come from nowhere.” Perhaps they should *look to their environment*, where all may not be well.

I’m sharing my story because I think some might be helped by it, and I’ve asked the experts who helped me to tell their share, particularly the *what* and the *why* of their treatments. My symptoms came in two waves—a double-whammy of mold toxicity and chemical sensitivities—so Dr. Nathan; Dr. Cindy Beemer of Springdale, Arkansas; and Mr. Echols will have each their say.

### Mr. Echols Responds

Since 2006, I have supplied the weekend/holiday pollen and mold counts for Springfield’s KY-3 Television. This community service grows out of a larger research project that I have been conducting since 2002, during which time I have taken daily outdoor air samples throughout the region, examining them in my laboratory and keeping record of the results. While most allergy sufferers don’t need to be told that something has just “blown in,” I have gathered the data and can report on some very definite allergy trends in the Ozarks.

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THE MEDICAL PROFESSION  
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The seasonal allergens start arriving in early February, when several species of mountain cedar come blowing in from Texas. After the cedars come our homegrown friends, oak and maple, which turn cars yellow and drive our sinuses crazy. Wet winters (as in 2008) start the home growing season of grass pollens early, making for a generally miserable spring and early summer. In late spring come the ascospores and basidiospores—mushrooms that germinate in the night and, when it rains, release their spores into the air. Fall brings a heavy dose of ragweed; more important for this article, molds like *aspergillus/penicillium* and *cladosporium* become airborne in the fall, too. Judged by outdoor air quality, mold allergies are indeed seasonal. Turn a dead leaf over, and if it is discolored (as most are), it’s likely to be *cladosporium*. The so-called “black molds,” *stachybotrys* and *chaetomium*, are rarely air-borne in transmission; in my years of outdoor air sampling, I have detected them only two or three times per season.

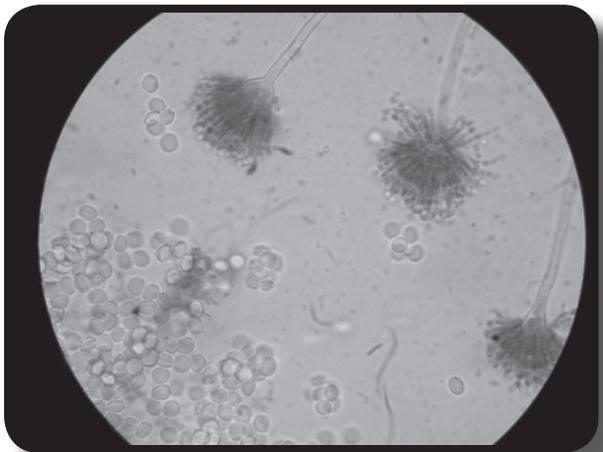
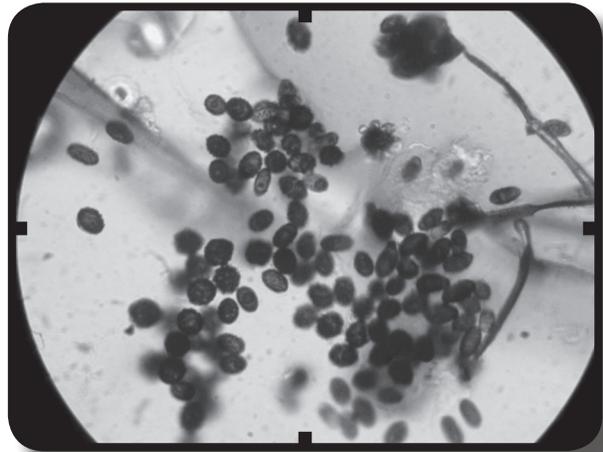
Most mushrooms and other outdoor fungi require a specific environmental host; therefore, they do not grow inside. But the

black molds slowly make their way into our homes, typically tracked in on our shoes. (Eastern practice makes sense: take your shoes off and leave the outdoors “outside.”) Even when tracked inside, these molds remain dormant, until you have a water leak. And then, boy, do they grow. And the water leak that germinates the black molds will increase the indoor humidity, causing *aspergillus/penicillium* to grow as well. As to the medical effects of these molds, I leave it to the good doctor to explain; it was he who referred Julius to me, as he has done with many of his “moldy” patients.

### Dr. Nathan Responds

It seems obvious that microbes (bacteria, viruses, fungi, parasites, and other infective agents) make us sick by infecting us and that treating such disease-causing microbes should make us better. But the medical profession is just now learning that some microbes, even as they are killed by our immune system, *release toxins into our bodies* that can make us even sicker. Since these toxins are made by living organisms, we call them biotoxins (thus distinguishing them from synthetic and heavy metal toxins). We are just now learning that, often, some of these biotoxins are not effectively excreted or destroyed, in which case they remain and accumulate within fatty tissues of the body.

The body’s natural method for processing toxins is to concentrate them in the liver, our main organ of detoxification, where they are bound to bile and sent into the gastrointestinal tract for release in the stool. However, the body’s natural recycling system, which we call the *enterohepatic*



From top to bottom: Two different species of *Stachybotrys*—*chartarum* and *echinata*. 1000X power from scope taken with a Nikon Coolpix 4500; *Aspergillus* sp 1000X power from scope; *Stachybotrys* on sheetrock after a major water loss during construction.

*circulation*, re-absorbs the bile when it reaches the small intestine; then the biotoxin, still attached to bile that had been secreted by the gall bladder, *returns to the liver*. So, even after we've killed the invading microbes, the toxins that they have produced may continue to plague us.

Not everyone is subject to this problem. For most of us, the immune system recognizes these biotoxins as such and produces antibodies capable of destroying them. However, about twenty five percent of us are genetically unable to make these specific antibodies. So we get sick, and then sicker, as the biotoxins build up.

What are the symptoms of biotoxicity? We see deep, persistent fatigue; weakness; chronic muscle aches; muscle cramping; impaired cognition and memory ("brain fog"); disorientation; confusion; numbness and tingling of the hands and feet; shooting sensations whose patterns do not follow known nerve channels; unusual, sharp, lightning-like pains; chest pain and shortness of breath; headaches; sinus congestion; vertigo; mood swings; irritability; depression; anxiety; and increased susceptibility to static electricity shocks.

Some of these symptoms sound a lot like fibromyalgia, or chronic fatigue, or clinical depression, or (in children) ADHD. In fact, many patients with these diagnoses may have unrecognized biotoxicity as either a component or the direct cause of their illness. But keep in mind that only twenty five percent of the population is genetically susceptible, and these people may live or work in mold-infested buildings where no one else has gotten sick. Since the patients alone are sick, family and co-workers often assume that it is "all in their heads." Such

patients feel like no one, their physician included, is listening to them. (And no one *is* listening). It is hard enough to fight a biotoxin illness, and harder still when no one believes you are sick.

Even when presented with the above facts, some physicians dismiss the subject: "In the natural world, we are surrounded by molds, so why make such a fuss?" It is true that our environment is filled with molds—with many hundreds of thousands of species, in fact. And they all produce biotoxins, not to damage us humans specifically, but to keep other species of mold at bay, since each species seeks to claim its own piece of real estate in the natural world.

However, when a species of mold grows *without natural competition*—say, within a damp inner wall or an HVAC system—it simply grows wild, releasing billions of spores and producing biotoxins at alarmingly high levels. While most remain relatively harmless to humans, several common species, including *stachybotrys* or black mold, *aspergillus/penicillium*, and *cladosporium* can make us quite ill.

Such has been the case with Julius, whose symptoms began four years prior to my first seeing him; these included muscle cramps, numbness in his hands and feet, blurred vision, chest pains, unexplained shooting nerve pain, and a chronic sinus infection. Physicians that he had seen gave no explanation, though one suggested multiple sclerosis as a possibility. The fact is that I, myself, had only recently learned to ask patients about their living and working environment. When Julius reported that his home and workplace were, indeed, mold-infested, his range of symptoms became far less mysterious.

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MOLD TOXICITY IS NOT AN INFECTION (OR EVEN AN ALLERGY IN THE "CLASSICAL" SENSE OF THIS TERM. . . ; RATHER, IT IS THE BODY'S COMPLEX REACTION TO THE MOLD BIOTOXINS, WHICH IS, IN ESSENCE, A NEW PROBLEM FOR MEDICAL SCIENCE.

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Classic *Stachybotrys* after water loss



We administered a simple visual screening instrument called the FACT (Functional Acuity Contrast Test). In this well-established test (used by ophthalmologists for many years), the patient looks at a series of grayish lines of decreasing clarity. If the patient is unable to see the lighter lines that normal people can, this indicates poor retinal function, which has been linked symptomatically to biotoxins. We also conducted genetic tests that confirmed what I had already come to suspect: Julius was among that fated twenty-five percent of the population.

Initial treatment was surprisingly simple: three doses daily of one teaspoon of cholestyramine mixed in water. Cholestyramine's active ingredient is a tree resin (hence, a naturally-occurring substance), whose powerful binding properties allow it to attach to biotoxins thus drawing them out of the intestinal tract while the body's bile production returns to the liver. After several weeks on cholestyramine, Julius reported significant though by no means complete improvement of symptoms. Therefore, we tried a more aggressive treatment consisting of intravenous infusions of phosphatidyl choline, followed by intravenous glutathione. (Both intravenous agents are natural materials that have the capacity to bind with

toxins.) This was combined with a special diet and a battery of B vitamin supplements. Julius's symptoms improved further, though an unexpected allergic reaction to the transfusions curtailed this mode of treatment. But perhaps the most important aspect of Julius's treatment lay in his own power: he had to remove the accumulated mold from his environment, which meant remediating his home.

I can confirm that, for many seriously ill patients whom I have seen over recent years, *such treatments do work*. Some of these patients had been given up on by their physicians as being hopeless (or hypochondriacs) or untreatable, yet they have been able to resume their normal lives. In a sense, the problem lay less in treatment than in diagnosis—that is, in *believing* that biotoxins actually exists. Keep in mind that mold toxicity is *not* an infection (or even an allergy in the “classical” sense of this term—although these can occur simultaneously, further confusing the diagnosis); rather, it is the body's complex reaction to the mold *biotoxins*, which is, in essence, a new problem for medical science.

As reported below, Julius's problems were not quite over, but we had at least found an important piece of the puzzle.

### Julius: It Gets Worse

Having cleaned up my body, I turned next to my basement, the dampness of which had previously been unattended and had contributed to my symptoms. I had help. A remediation specialist, Mr. Monty Sowersby, would supervise the “tear out” and “put back.” Mr. Echols (my co-author) was the industrial hygienist who did the mold-testing, in the end giving my home its clean bill of health. And I was helped supremely by my local contractor, Mr. Joe Nolting, who learned everything he could about mold remediation. We did not stop with the basement but proceeded to remodel the whole house, installing a hospital-quality filtration system. Little did I know that the remodeling would bite back.

As my wife and I slept for the first time in our refurbished bedroom, I sensed that the new carpet pad was affecting me, and I suspected that the new mattress was affecting me, too. I thought I could tough it

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THERE IS NO INHERENT REASON AN INDIVIDUAL’S BODY SHOULD, ALL OF A SUDDEN, FALL DEATHLY ILL FROM THE INGESTION OF PEANUTS OR THE INHALATION OF DISINFECTANTS. IF THE BODY, IN FACT, LEARNED TO TREAT A PARTICULAR SUBSTANCE AS AN ANTIGEN, IT STANDS TO REASON THAT THE BODY CAN UNLEARN ITS ALLERGIC RESPONSE.

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out; surely the headache, heart palpitations, and brain fog couldn’t last. But it turns out that solvents in the carpet and mattress had triggered a violent systemic reaction that would snowball to include virtually every “volatile organic compound” (VOC: more industrial-hygiene talk) in my near environment. The fresh paint on my walls, the fabric softener in my clothes, the disinfectant in my bathroom, my old shampoo, my wife’s perfume—everyday things had suddenly become poisonous to my nervous system.

“Your immune system is globalizing, and that’s not a good thing,” said Dr. Nathan, telling me what I already knew. “Multiple Chemical Sensitivities,” he continued, “is a condition that usually doesn’t get better, and it often gets worse.” Again, I knew that; mainstream medicine offers no treatment for MCS except avoidance—which in my case meant avoiding my house, my car, and my clothes. Dr. Nathan continued: “I had another patient who developed similar sensitivities and couldn’t leave her apartment. She took NAET treatments, which gave her relief. Here’s a book she gave me,” he said, pulling a copy of Devi Nambudripad’s *Goodbye to Illness* from his bookcase. “Read it and see if it helps.”

I did read it, and my wife’s internet search led us to Dr. Cindy Beemer, D.C., whose advanced training in Nambudripad Allergy Elimination Technique (NAET) had made her a specialist in MCS treatment. Thus began my twice-weekly trips from Southwest Missouri to Northwest Arkansas, a round-trip of 250

miles. Based in principles of Eastern medicine, NAET combines technologies of acupuncture, kinesiology, and chiropractic. It boggles the Western mind, admittedly, which conceives of the body as anatomy and not as “energy” or free-flowing *chi* (that’s Eastern-medicine talk). Put simply, an allergic reaction to one’s environment is a blockage in the flow of *chi*: unblock the energy, and you eliminate the allergy.

### Dr. Beemer Responds

While aspects of NAET originate in Eastern practice (acupuncture, for instance, and manipulation of the body’s “energy meridians”), NAET can be explained in Western-scientific terms. Julius points to the problem: whereas allopathic medicine treats the body primarily as structure (skeleton, muscles, organs, and so on), modern energy-based medicine approaches the human body through a different paradigm. As quantum physics tells us, *all matter is an expression of energy*. Every material object on Earth, living or nonliving, radiates an electromagnetic field that forms, in effect, that object’s unique energy-signature. We have all seen magnets both attract and repel. In like manner, the energy fields of the earth and its various objects remain in constant interaction, subtly attracting and repelling each other, depending on their energy differences. So, when the body comes into contact with a foreign

substance, their respective energy fields interact; this is a simple enough proposition, but what, one might ask, has it to do with human health?

The body and its various organs remain constantly engaged in interpreting and responding to the substances—or, more precisely, to the *energies* of

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IT’S NOT JUST OUR BODIES, BUT OUR ENVIRONMENT THAT NEEDS HEALING. MOST OF US NO LONGER PICK VEGETABLES FROM GARDENS THAT WE GROW, EAT MEAT FROM CATTLE, LIVESTOCK, OR FOWL THAT WE OURSELVES RAISE, OR DRINK JUICES FROM FRUIT TREES GROWN IN OUR BACK YARDS. WE OZARKERS, RATHER, HAVE JOINED THE REST OF MODERN CONSUMERIST SOCIETY. WE ARE DELIVERED OUR VEGETABLES IN BOXES AND CANS; EAT VACUUM-PACKED MEATS FROM ANIMALS ARTIFICIALLY INDUCED TO MATURE IN SHORTER AND SHORTER PERIODS OF TIME; AND DRINK JUICES, MILK, AND SODAS CONTAINING MIXTURES OF CHEMICALS BOTH KNOWN AND UNKNOWN.

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those substances—with which it comes into contact, often inhaling, ingesting, or absorbing them in some way. And, once ingested, inhaled, or absorbed, how will the body *react* to these substances? Take the liver, the body’s filtering organ. When it encounters an unknown entity (such as the preservatives and food dyes now added to processed foods), it does one of two things: it causes the unknown substance to be expelled from the body as waste, or it stores the entity for some future use.

Unfortunately, many if not most of these substances have no natural function in human biology. As the substance builds up, so does its potential for damage. If the body interprets this entity as benign, its impact on a person’s energy system will be minimal. If, however, the body treats it as an antigen (that is, as “repellent” energy), an allergic response will result. This response may range from an inconvenience—a rash, a bout of sneezing, some tightness of the throat—to more dire symptoms, such as sinusitis and hives, and onto full anaphylactic shock, life-threatening condition.

Though the Ozarks has its share of regional allergies—mold from chicken houses, cedar and oak pollen, ragweed and local grasses being among the most common—the fact is that *anything* can be interpreted by the body as an antigen. In the case here described, Julius’s compromised immune system (precipitated by mold toxicity) went on a rampage, turning common chemicals—household disinfectants and detergents—into so many poisons. By the time his system settled down, Julius had developed a laundry-list of chemical sensitivities which, untreated,

would have left him virtually disabled. But here NAET comes to the rescue.

“Interpretation” is a term repeated above, and it provides a key to understanding NAET’s workings. Doubtless, there are real poisons in the world (such as snake venom or cyanide)

that we should seek to avoid, and no one would argue that molds, chemicals, and even food additives are entirely benign. But there is no inherent reason an individual’s body should, all of a sudden, fall deathly ill from the ingestion of peanuts or the inhalation of disinfectants. If the body, in fact, *learned* to treat a particular substance as an antigen, it stands to reason that the body can *unlearn* its allergic response. In sum, the body’s energy system *can be retrained* in such a way that it *reinterprets* its one-time allergens, treating them once again as neutral or benign. The manner of this retraining is homeopathic, in that like is used to cure like. Briefly, let me explain.

We began our treatment of Julius with kinesiology, a well-studied science of muscle-testing, whereby particular muscles in the body (the shoulder of one’s extended arm, for example) remain strong when in the presence of a benign substance, but go weak when in the presence of an antigen. By means of muscle testing, we were able to diagnose the full extent of Julius’s chemical sensitivities. We then proceeded to desensitize Julius’s energy system to each chemical, one at a time. And each chemical itself—homeopathically—provided the means of desensitization: while Julius

held the substance in his hand, we applied acupuncture to specific meridian points or gates, thus unblocking his system’s energy-flow. Admittedly, this aspect of NAET remains foreign to the Western mind. In a healthy body, energy flows freely within a circular channel or meridian; whereas an

allergen blocks one’s energy, acupuncture applied to a series of regulatory gates serves to restore free energy flow throughout the meridian. Having held the chemical during treatment, Julius then avoided the offending substance for twenty five hours (by which time a full “meridian cycle” had been completed). When Julius returned the next day, a second muscle testing would confirm the treatment’s success. One after another, the energy signatures of various offenders were rendered harmless.

I know, I know. My account of Julius’s success flies in the face of mainstream medicine within whose paradigm MCS remains untreatable. It saddens me to think that people suffering from

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THE CHEMICAL INDUSTRY INTRODUCES APPROXIMATELY 500 NEW CHEMICALS EVERY YEAR. IT IS ESTIMATED THAT THERE ARE NOW 80,000 CHEMICALS IN OUR ENVIRONMENT, OF WHICH ONLY 500 HAVE BEEN ADEQUATELY STUDIED FOR THEIR EFFECTS ON HEALTH. WORSE, THERE ARE VIRTUALLY NO STUDIES ABOUT HOW THESE CHEMICALS INTERACT WITH EACH OTHER.

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chemical sensitivities and other environmentally based allergies are either ignorant or skeptical of NAET. It's a procedure that offers real hope. By its means, we have successfully treated individuals with allergies to wheat, milk, peanuts, and shrimp, substances that most people find wholesome, though they have killed others. To succeed, this type of treatment does not require a belief system, but it does require an open mind.

I am pleased that Dr. Nathan has referred patients to me who have suffered from MCS and other severe conditions. He and I have reached the same broad, sad conclusion: It's not just our bodies, but our environment that needs healing. Most of us no longer pick vegetables from gardens that we grow, eat meat from cattle, livestock, or fowl that we ourselves raise, or drink juices from fruit trees grown in our back yards. We Ozarkers, rather, have joined the rest of modern consumerist society. We are delivered our vegetables in boxes and cans; eat vacuum-packed meats from animals artificially induced to mature in shorter and shorter periods of time; and drink juices, milk, and sodas containing mixtures of chemicals both known and unknown. "You are what you eat," goes the old cliché, but we're no longer sure precisely what it is that we're eating and breathing in and absorbing through our skin. To broaden the discussion further, I yield the floor again to my colleague.

### **Dr. Nathan Responds**

Fibromyalgia, chronic fatigue, autism, ADHD, asthma, cancer, and Alzheimer's—chronic illnesses such as these, several virtually unheard of twenty years ago, have become epidemic. But how and why? I agree with Dr. Beemer and have come to conclude that the causes of such illness reach beyond human biology to include energetic, emotional, spiritual, chemical, and (most important for this article) environmental components.

For most of our species' brief time on Earth, we have lived in some degree of harmony with nature. We've hunted and gathered, fished and farmed, paying careful attention to our impact upon the environment. If we over-hunted a species of game, we had to move on, so we learned to diversify our food sources. If we didn't treat the soil properly, we learned that it would not produce in abundance. But now, rather suddenly (let's say, over a mere half-century), we've lost that care and intimate contact. I take a walk with my family and almost all of the joggers, bicyclists, and fellow walkers are wearing earphones and are plugged in to a virtual, technological world that separates them from the natural world in which they live and breathe.

This dissociation from the natural world is a deeply spiritual disease with real consequences. We can see its local effects in the loss of good farmland through urban sprawl and the pollution of groundwater through waste runoff and chemical fertilizers; we look beyond the Ozarks and see global warming and the eradication of rain forests. As to the use of untested chemicals on our soils



and in our homes and schools, I quote from Rachel Carson's 1962 book, *Silent Spring*:

"For the first time in the history of the world, every human being is now subjected to contact with dangerous chemicals, from the moment of conception until death. In the less than two decades of their use, synthetic pesticides have been so thoroughly distributed throughout the animate and inanimate world that they occur virtually everywhere . . . . To adjust to these chemicals would require time on the scale that is nature's; it would require not merely the years of a man's life but the life of generations."

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WE RARELY DRINK THE WATER AVAILABLE TO US FROM THE TAP. WE DRINK FROM PLASTIC BOTTLES INSTEAD, BECAUSE WE THINK THAT THIS WATER IS PURER. BUT IS IT?

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Carson's "two decades" have grown to six. And although her book led to a ban on DDT, a recent study shows that, even forty years after its prohibition, virtually all of us still have DDT in our bodies.

The chemical industry introduces approximately 500 new chemicals every year. It is estimated that there are now 80,000 chemicals in our environment, of which only 500 have been adequately

studied for their effects on health. Worse, there are virtually no studies about how these chemicals interact with each other. We are swimming in a sea of chemicals that are almost certainly poisoning our bodies—indeed, poisoning our world—and we are making no effort to measure their effects upon us. This should be a terrifying fact, but most of us go along blithely with an indifferent attitude: if these materials were dangerous, surely we'd know by now. But how many years did it take to discover the profound damage DDT has had on the environment and our hormones?

We rarely drink the water available to us from the tap. We drink from plastic bottles instead, because we think that this water is purer. But is it? Currently, we have evidence that many plastics and common chemicals in our environment are xenoestrogens (*xeno* meaning "foreign"). Such chemicals behave like hormones in our bodies, and even in exquisitely small amounts, they block or interfere with our normal hormonal functions. We know that male sperm counts (and fertility rates all over the world) have decreased by fifty percent in the past twenty years. Don't we think this is really significant? No, we gloss over it, hoping that, magically, the problem will go away.

Let's be frank. What is it that caused Julius's illness to begin with? The surface answer is mold toxicity, but the deeper answer is our modern lifestyle, which has changed our building practices

over the past half-century. In the olden days, here in the Ozarks and elsewhere, buildings were drafty, cold in the winter and hot in the summer. They lacked central air conditioning. For the sake of energy efficiency (doubtless a real economic and environmental consideration), we “wrapped” our buildings more tightly and added layers of insulation (many of which are cellulose-based), preventing inner walls from breathing. Once inside in a slow-breathing environment, moisture tends to stay and collect.

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SO I, LIKE MANY OTHERS, BELIEVE THAT IT IS OUR ENVIRONMENT THAT IS MAKING US SO SICK IN SO MANY NEW, CHRONIC WAYS.

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Compounding the problem, we introduced paper-backed sheetrock, whose processed wood pulp *already contained mold spores*. Dare I mention that mold feeds off of cellulose? Dare I mention that an inner wall is an ecosystem? The recipe for uncontrolled mold growth in the inner wall of a typical modern home or public building is ridiculously simple: just add water.

So I, like many others, believe that it is our environment that is making us so sick in so many new, chronic ways. Some of us (like Julius) are more sensitive and susceptible than others, and they are the ones who are coming to my office, seeking relief. I don't think it will be long before their numbers increase dramatically. Those who have felt immune, somehow, to environmental pollutants will have to deal with them in time. (And I mean “pollutant” not only in terms of chemicals, but also of noise, of electromagnetic radiation, and of information, among other stressors). Until now, most people have taken an “I'm okay, so what's *your* problem?” approach. And even when showing compassion, their response has been, “There but for the grace of God go I.” Sorry, but we're all in this together, and there is no rug to sweep this under. It will not go away. Our future depends on an immediate admission of the problem and not delaying in dealing with it. I don't see that we have any choice.

### **Julius: A Happy Ending?**

I still don't like mold, and some odors still offend me. But after eighty or so NAET treatments, I can go back to my old house (for awhile I was virtually homeless, sleeping on an air mattress in a garage); I can drive my old car; teach in my old, crowded, perfumey classroom; and shop in the old hardware store whose aisles reek with VOCs. Without benefit of so-called “complimentary,” energy-based, homeopathic medicine, I would be as good as disabled by now, a hermit isolated from the outside world and its smells.

Surely there's a moral to this story; there are likely several. First, our environment *can* kill us; the construction and healthcare industries need to acknowledge this fact. Second, our environment *need not* kill us; there are modes of treatment that can take over where mainstream medicine ends. Third, we need an active medical partnership between East and West; homeopathic methods may well come to the rescue when so-called allopathic methods fail. Above all, we need to know more—patient and practitioner alike—about the new world of illnesses facing Ozarkers today and the new horizons of available treatment.

For there is much that we—the scientific communities especially—still do not know. Mr. Echols tells me that there are likely more than 1,000,000 species of fungi, of which about 100,000 have been identified. Most molds have yet to be studied for the toxins they produce and the effects they have on us humans and, yes, even on our pets. He tells the following story, which can bring this roundtable to a close: “Seven or eight years ago, I was doing mold testing in a nursing home whose basement (where records were stored) had water damage. A staff doctor called the Center for Disease Control and was informed that ‘black mold does not cause health problems.’” That’s the government talking, folks. The fact is that this very article could not have been published, much less imagined, a mere five years ago. I applaud the editors of *Ozarks Watch* for having the courage to tackle this still-touchy subject.

*Dr. Cindy Beemer, C.D., is a graduate of the Logan College of Chiropractic. In addition to NAET treatment, her chiropractic practice incorporates several innovative technologies, including Bio-Energetic Synchronization Technique (BEST), Brimhall Wellness and Instrument Adjusting, and Nutri-West Nutritional Therapies.*

*Jim Echols of Springfield Indoor Air Quality is a licensed industrial hygienist specializing in mold inspection and air testing.*

*Dr. Neil Nathan, M.D., is a graduate of the University of Chicago Pritzker School of Medicine. He specializes in treating complex, chronic, and difficult to diagnose illness. The current essay excerpts chapters from his book manuscript, On Hope and Healing: For Those Who Have Fallen Through the Medical Cracks.*

*Joe Nolting of One Step Remodeling is a licensed general contractor with an expertise in remediation.*

*Julius Santos is a pen-name of a teacher who lives and works in Springfield.*

*Monty Sowersby of Springfield Quality Services is a licensed industrial hygienist specializing in remediation and restoration.*

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