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Was the coroner misled by expert opinion at the inquest of Awaab Ishak?



Awaab Ishak post mortem confirmed death from mould exposure.

What did that mean?

The sad death of the two year old Awaab Ishak was confirmed attributable to “Environmental Mould Exposure” and “Acute airway Oedema with “Severe granulomatous tracheobronchitis” but what did the coroner mean and what was learnt?

The pathologist Dr Philip Lamb who carried out the post-mortem confirmed Awaab’s throat and windpipe were swollen to a degree that compromise his breathing. There was also evidence of fungus in his blood. Basic clear information but it wasn’t actionable, and it didn’t apparently reveal the cause of death ?

Honorary Professor Malcolm Richardson, a leading clinical mould expert at The NHS “Aspergillus Centre” who reported on the mould in the building, also provides surveys for insurance companies and landlords. Professor Richardson’s evidence reportedly and simply stated, “ the mould had been there for some considerable time”. This conclusion presumably reached by the extent and possible species present but what use was it to the coroner?

Wouldn’t the report have had more significance in a coroner’s court if it had stated ***“The specific moulds identified are known to produce some of the worlds most powerful poisons and toxins and or cause inflammatory response, likely to be attributable to the victims’ symptoms? “The actions or recommendations of landlords to remove mould with bleach would have increased the health hazard and inflammatory response of the mould!***

A simple review of US Government CBRN response guidance shows one toxin produced by typical household mould species has similar lethality as Ebola but kills faster! (At very high levels)

More importantly, wouldn’t it have been helpful if the court were informed that it wasn’t the mould on the walls that killed Awaab, but the airborne and respiratory risk of dead non-viable fragments of desiccated or dead mould? This significant factor would warn the public and landlords that simply painting over or bleaching mould is not the answer as it would create a greater hazard and risk.

Any consultants’ future opportunities with landlord and or insurers might be tempered if they acknowledged the health hazard of both viable and non-viable mould and their fragments, and I

Tel: 0800 0843 083

Mob: 07990 500 999

W: www.buildingforensics.co.uk

E: jeff@buildingforensics.co.uk

7 Wagtail Walk Beckenham, Kent, BR3 3XH

Company Registration Number: 8837566

have many reports from experts stating that *Aspergillus* and *Penicillium* genus are the most common moulds on the planet. They never state that some toxigenic species, invariably found in water damaged homes are invariably below detection levels in ambient air

Perhaps if the landlords used competent independent and balanced, Indoor Environmental Hygienist instead of Microscope jockeys or Environmental Health Officers with just two days training, they might get a more useful report?

The first question is What is balanced opinion?

A survey of a property should include environmental conditions and identify possible factors conducive to mould and bio amplification. This could include lifestyle or building defect, leaks, condensation, insulation, and ventilation. One suggestion opined at the coroner's court was to move the family out. Incredibly this would leave the same deadly conditions for the new occupier. Another suggestion was demolition but is this a serious alternative in a country short of housing and a clear deficit in competent building maintenance or construction design?

A personal review of all surveys undertaken by landlords' surveyors shows most reports blaming tenant's lifestyle while most tenants claim its building defect but in all cases the occupants were displaying health symptoms associated with mould.

Most of the "independent" mould remediation and survey companies recommend solutions their companies normally supply , but none are standalone solutions and most offer only short-term solutions and some even increase the problem

What if experts were qualified, competent and independent and provided a useful accurate risk and hazard assessment with perhaps recommendations? Would the NHS cost fall together with complaints?

The mould on the walls didn't kill Awaab

Visible mould although unsightly, isn't usually licked or eaten. Awaad coroner's report identified inflammatory response symptoms, were likely to have led to his death. The post-mortem identified fungus in Awaad's lungs and there was a clear inflammatory response in his trachea.

The inflammatory response was likely caused by sub-micron particulates released from dead or desiccated mould, resulting in the body producing IgE -IgG, which are the regulators of Mast Cells, the bodies defence system.

The human body has no defence against the tiny sub-micron dead or desiccated fragments of spores containing inflammagens which can enter the blood stream through the lower respiratory system, dramatically increasing dose by 40 times (ref WHO) .

National Landlords Failure

The coroner at Aswaads inquest saw landlords' acceptance that they were wrong to conclude lifestyle issues were to blame for poor family health and this must lead to the question how or why was this misconception arrived at?

There are current laws and legislation which is clearly ignored or misapplied

The Housing Health and Safety rating System (HHSRS 2004) is a distinct culprit

A two-day course certifies delegates in how to identify and logarithmically assess 29 differing risks and hazards ranging from asbestos to mould, slip trip and fall and damp. You might think this is quite an achievement and as a professional in risk and an impossibility in terms of competence.

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Even this worthless regulation and its implementation in mould assessment has a Guidance document which specifically states the HHSRS should NOT be used for biological assessments which now guides the certified surveyor to only one conclusion or option, and that is “if he can’t see it , it’s not a risk”.

This conclusion means compliance will revolve around visual mould which is not what killed Awaad and had the mould been painted or bleached it would have increased exposure and certainly not resolved causation

These Environmental Health Officers (EHO) certified by local authority may simply tell a landlord to paint over or bleach mould within 21 days which would be compliance but a clear health and safety issue

Who are at risk

As an independent Indoor Environmental hygienist, most of my work emanates from NHS , Nutritionists, or just sick people who despite years of treatment for inflammatory response see deteriorating health. The conclusion that their home may be the causation is often realised by the luxury of a holiday where symptoms sometimes improve.

The misconception that mould removal will relate to improved health is often a fallacy and contamination will remain for years unless properly removed.

Why I take mould illness seriously

As a result of surveying mouldy homes for 30 years and wearing inappropriate PPE during decontamination projects, I developed mould illness, identified as Chronic Inflammatory Response (CIRS)

I found I couldn’t walk, my speech was so bad I was twice taken to hospital for suspected stroke, two times in intensive care for suspected heart attack and warned I could go blind overnight if I didn’t take a massive dose of steroids. Diagnosed with ADHD and Bipolar at 70 years and brain scans showed brain inflammation and atrophy. My daughter mistakenly diagnosed with leukaemia by University College London who were about to start Chemotherapy when I realised, she had the same bad HLA genes as I did, and like me, she made a miraculous recovery just by avoiding mould and the therapy.

A missed opportunity

The sad death of Awaab Ishak and inquest, may, inadvertently prevent thousands of deaths and poor health, but it’s my belief the coroners court failed to identify the very significant and life-threatening hazard of dead and invisible mould fragments which were, in my opinion, likely responsible for Awaab’s death.

Jeff Charlton MCIEH-MBSEM- Hon Fellow BDMA-CIEC -WLS-CR-CMH- AMRT

Building Forensics provide professional support regarding investigations, decontamination and mould management.

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