Dr. Jill

Your Functional Medicine Expert®

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148: Dr. Jill interviews mold inspection expert, Brian Karr on Assessing Homes for Mold Toxicity.

Dr. Jill 0:12

Well, hello everybody. Welcome to another episode of Dr. Jill Live! I am so excited to talk about my favorite topic again with a repeat guest, Brian Karr. Brian is a second-generation indoor environmental consultant who specializes in working with hypersensitive individuals with complex medical conditions. He's the kind of environmental specialist that we'd like to work with because a lot of times in this industry—we'll talk a little bit about this—it's hard to find the kinds of remediators like Brian and his company, We Inspect, that really understand how sensitive some of our patients are and really go to the lengths that are needed.

Dr. Jill 0:50

Again, we'll dive into all that today. So if you are suffering from a mold-related illness or have a question about mold in your home or workplace, we're going to talk. We're going to get into the details today with Brian. He helps patients or clients understand if mold, mycotoxins, or other pathogens exist in their homes. And we'll talk about all the types of things that can exist and the things that can contribute to health conditions. As you know from hearing me talk, a lot of these things are invisible. And we were just talking before we went on. Often, patients are like, "No, there's no mold in my home." So we're going to talk about why you might be missing the source of your health condition.

Dr. Jill 1:25

Brian has become a go-to mold and biotoxin resource for many medical practitioners across the country and has helped over 5,000 hypersensitive individuals worldwide create healthier living environments. Brian is the co-founder of We Inspect and an expert at identifying indicators of mold growth, including but not limited to strategic sampling, validating, and developing remedial strategies for mold growth and biotoxin production in all areas of the home or building, including walls, floors, ceilings, cross spaces, basements, attics, and HVAC systems. Welcome, Brian! It's great to see you again today.

Brian Karr 2:01

That is so long. I've got to fix that. That is out of control. I'm surprised you even got through all that.

Dr. Jill 2:07

You know, I'm the same way. I'm like, "Oh my gosh, please shut up about me already."

Brian Karr 2:11

I know. I'm just like, "Yes, and here we go." It's my bad. I've got to get that fixed. But hey, thanks for having me. I'm super excited.

Dr. Jill 2:18

You're welcome. So we have talked before, but let's just give a brief background. We all have a story. How did you get into the mold remediation business?

Brian Karr 2:27

We're actually not in remediation. We're in inspection. It's a super common thing to confuse because everybody kind of thinks of it as the same thing. It's very, very much not the same thing. It's a good place to start, kind of. Actually, I'll start with what you asked, and then I'll go into that. So my background: I have a story, like a lot of other people do. Mine didn't involve me getting nearly as sick as a lot of people do, but it involved some health reactions to things that were going on. Basically, I lived in an apartment building in LA. There was a leak in the ceiling in my apartment building. It almost fell on top of me while I was sitting on my bed. I dove out of the way; it falls down and I have this massive thing—the pipe for the bathroom upstairs. Long story short, I'm working with the landlord, trying to get it figured out. Then they get somebody in there to look for mold. They're like: "Oh, there can't be mold. We've dried it now. There's no mold there. It's fine. Everything's fine." In the meanwhile, there are still big old freaking water stains on my ceiling. They didn't even paint it. That's how bad it was.

Brian Karr 3:29

Months go by. Time goes by. I start having symptoms. I start not being right. First, I'm not as quick. I'm pretty quick-witted and stuff, and I wasn't as quick. Then all these things happened. One day I wake up, I go in the bathroom, and I have eczema, psoriasis, or whatever you want to call it on my face. I'm like: "Holy crap! What the hell is going on?" So luckily, my wife, who I was dating at the time, her dad is one of the best well-known guys that does this in the whole country. She connected me with her dad. He came over to my place. He was at my 800-square-foot apartment for about four hours or something. He found my ceiling issue. It might have been dry right around where the problem was. What happens is that when water hits a horizontal surface, it goes sideways. It went all the way across my ceiling and all the way down all four of my walls.

Dr. Jill 4:26

Oh, you were in a cave of mold.

Brian Karr 4:30

I was like in a toxic mold box, basically. I was sleeping in it, and it was all this stuff. So he basically figured that out. He found a couple of other things in my apartment. I was just blown away by how that went and the significant difference between a local inspector Joe guy and then this guy, who's a nationally... This guy knows what he's doing. So I got connected with him. I loved it. I asked him on the spot if I could work with him because—I don't know—I just felt like I had to. Fast forward, and here we are. And that's kind of it.

Dr. Jill 5:02

Unbelievable. Yes. It takes a very unique perspective. And my medical stuff, it's the curiosity for helping the patients get to the root cause. But in your place, it's the same skill set, really, this curiosity to go a little bit deeper. So we could go in so many directions. But one of the things I would love to start with is that clinical visit. I'm with a patient. I see markers on the labs that make me a little nervous. There might be mold, maybe some inflammatory markers, a new autoimmune disease, or a change in health when they move to a new location. You know the story. Then I'm asking them, and I know that if I say, "Do you have mold in your house?" Ninety-nine percent of them are going to say, "No, there's no mold." Or they might even say, "We thought there might be mold because we had this thing happen"—a leak, whatever—"and we had an inspector come and there was one air sample and it was normal." So we know that backstory. I know I'll often ask much more detailed questions. But tell us why that's often the case and why mold is so often hidden. Let's set the stage for why your job and mine can be so hard. It's not usually that obvious. And yet, it can cause a massive problem.

Brian Karr 6:07

Yes. Can you see the flu? Can you see COVID? Can you see any of this stuff? No, this is all microscopic stuff that you can't see. Mold and bacteria are not different. They're just not a virus. They're mold or bacteria. We breathe it all in the same way. We breathe it all in the same way. And it's funny; literally, if you search COVID, I think all of us now know what that little protein spike thing looks like. So basically, they create an image that you can then associate with whatever it is because people don't understand stuff they can't see. So [as] a marketing tool, anybody who wants to market something [should] figure out a way to have somebody visually connect with what they're talking about. They can now have a better understanding of it because we all rely on our senses to do things.

Brian Karr 6:54

That's why the COVID spike thing with the orange and purple colors—everybody knows exactly what it looks like. Nobody knew what it looked like before, but everybody knows what it looks like now. So with mold, it's kind of the same thing. If you search "mold" online, what do you see? You see black covering the walls. I'll tell you one thing: The little COVID guys are not that big and purple and green and flying around here, where I can see them. And mold is not covering your walls, but they do that because they're selling mold cleaning products, and they're selling this, and they're selling you a tile mold cleaner, and all that stuff. And how do they sell it to you? You have to connect where somebody can see what they're purchasing and can wrap their head around something they can see better than a concept that they don't understand. So that's why people think that mold looks like that.

Brian Karr 7:37

But the reality is that this is what mold looks like: There's a little bubbling paint on a wall under a window. My baseboard is just pulling off the wall a little bit. My floor in front of my dishwasher is bowed just a little bit; it's warped a little bit. There's a little stain that's this big on my ceiling. That's what mold looks like, because what mold needs to grow is water. Those are the signs of water damage that we can see. And our eyes can actually see those things. We can't see mold. So the way that we go through a house is to understand what water damage looks like, and not water right now. Water from 10 years ago that warped your floor can still have a hidden mold problem under there if it wasn't remediated. And that's the big secret to this whole thing: To not actually look for mold when you go into a house, but to look for signs of water damage and ask the right questions to understand what's happened historically to the house as well. You put all that together. It's just like what you do. It's just like what you do.

Dr. Jill 8:31

Yes, gosh. It's a great explanation because it really is most of the time very hidden, and it could be, like in the case of your box of mold in the apartment in LA, like you're living in this place that is absolutely exuding mycotoxins. Let's talk a bit about that.

Brian Karr 8:45

There was nothing on the walls, by the way. That room looked just like this. That's the thing.

Dr. Jill 8:50

That's the thing, right? And what you said, I think, is such a great analogy. I've never heard that, but I love the viral flu analogy because these are 2.5 microns and less when you look at viral particles and microns of mycotoxins. So with the mold spores, they're pretty large. They don't actually go into our bloodstream through our lungs—they're too big. Even our

good filtration systems, like HEPA, are going to pull out the spores. If there are any spores in the air, they are pretty large, and those are not dangerous things. Those are even more visible.

Dr. Jill 9:17

The invisible mycotoxins, which are what mold secretes, can go right through the wall and can remain after the mold is taken care of or cleaned up. Those mycotoxins are 2.5 microns or smaller. It's the same as viruses. Literally, the only kind of filtration system that will take that out is a VOC filter. So with all this invisibleness... Obviously, people who listen to my podcast know about mold; a lot of them have suffered from mold. Where would you start? Say I have a client. I see all these signs, and I'm like: "Call Brian. Let's see if we have something in your environment." And they call you and say: "Brian, come over; I'll pay for you to inspect and look at this." Take us through the house with them. How would you walk through, and what would you be looking for?

Brian Karr 10:01

We'd have a 30- to 60-minute conversation before we even showed up. So, everyone, think of this the same way. When you go and work with Dr. Jill, there's like an onboarding form with all of your medical history. And there's all this stuff she needs to know before she can sit down with you and say: "Okay, here's what I'm kind of seeing to start with. Now tell me what's going on with you." And okay: "Here's what's going on with you. Okay. Here's the test that I think we need to run based on your history and what you're telling me is going on with you." Cool. Then I get the results back from the test. Okay. "So here's what we found in the test. We know what's going on now. Here's a plan in a priority form of order of how we attack this problem." We do the exact same thing. It's literally the same exact thing except [that instead of] inside a body, it's inside a house. But a house is a living system, just like a body. It's all interconnected, and if something's happening over here, it can have an effect over here the same way [it does] in the body.

Brian Karr 10:57

So the first thing is the conversation: What's going on? Why are you even reaching out about this? Usually, people who get to us are sick. That's the reputation that we have. Everybody knows: "I've been looking for this for five years and can't find it"—they'll find it. So that's kind of where it starts. Then we start talking about what kind of symptoms there are. What's going on?—because the testing panels, in terms of what we're doing in the house, are not like a cut-and-paste sort of thing. What is your symptoms set? What's going on? So if you're somebody who has a multi-system, multi-symptom problem: "I've got symptoms. I've got brain fog, and I've got skin stuff. My hair is falling out, and my seven-year-old is peeing the bed all of a sudden randomly, and all of these things are

happening." Well, at that point, we know we're expanding our testing panel to [take] a larger look at water damage, toxins, and components that could be contributing to that.

Brian Karr 11:51

If you're someone who's way on the other side, like: "I don't know. I'm just concerned about it and I have a sniffy nose" or whatever, then do you need to do as much? It probably doesn't align with your goals so much. So it's [about] understanding why you're reaching out, what your goals are, and then talking about the history of the house. When I say the history of the house: Where have there been leaks that you know of? This is the one thing I say to everybody. And they always save the big thing; "Oh, I had this pipe leak and this one." "Cool. Tell me all that stuff. I want to know all that stuff." Now that we've done that, "Tell me all the teeny tiny things that you didn't think were a big deal." "Well, I had a drip under my sink cabinet, and I noticed it after a couple of weeks. Then I just put a bucket under there afterward." All right. That's a problem because you're dripping into a cabinet for a couple of weeks, right? "My kids splash out of the bathtub, and the baseboards near the tub look a little weird and funky." All right, cool. That's water hitting it.

Brian Karr 12:45

The thing that we do a lot as people is normalize stuff that happens all the time. So instead of us having a unique one-time reaction to something, if it happens over and over and over again, we kind of numb and dull ourselves to that, right? So our reaction isn't as strong as it would be the first time, right? That means we start hearing: "Oh, well, sinks leak. It's normal. Whatever." "Kids splash out of the tubs. There's no fixing that." Side note: There is; my kid doesn't splash out of the tub because I taught her not to splash out of the tub. All these areas of normal water things that happen, we dismiss them because they're normal. But those are the areas we should be most concerned about because there's a higher probability of the water thing happening.

Dr. Jill 13:31

Or my college kid takes a shower for an hour and doesn't turn on the exhaust fan, and there's condensation. Like, that's kind of "normal." Yet, as we know, it's [inaudible] the wall surface and wallpaper, or whatever—that condensation.

Brian Karr 13:44

Yes, 100%. So to wrap it up, tell me all of these things. Let me get a list of all these things. So I know certain things from a history perspective [while] going in that we're going to want to check out. Then we do a deep dive of the house. We're usually at a house, depending on the size, for anywhere from four to eight hours, probably on average, depending on how big it is. Every room, every closet, crawl space, attic, and

basement—open up every air conditioning system. You have five of them? I guess we're opening them all up. You get all of that stuff because it's all connected and part of what's going on.

Dr. Jill 14:16

I love that you're describing this because people can realize—and obviously, I understand what you do—how thorough it is and how much it takes. You have someone come in who comes in in an hour or two, glances around, and then takes an air sample. There's nothing wrong with their samples. It's one piece of data; it's a good piece of data. But as you and I know, it can miss things, just like any test that we're using can miss things. But I want to say this because I have a lot of patients who come in. I am sure from the labs there's some mold somewhere, and they said: "Oh, we had a mold inspector. Oh, we had two or three mold inspectors, and everything was fine." I get that so often. So I want to differentiate [between] the kind of work you do and people who really know what they're doing in the inspection world versus someone who maybe has the base. Tell me this too: With this industry, I understand there's not as much regulation, so you don't always know what kind of inspector [we're dealing with and] the qualifications [that they may have]. Is that true?

Brian Karr 15:10

It's totally true. Actually, the whole thing is kind of ridiculous, from top to bottom. There are state licenses. The states don't even care if you're certified. It's a money grab by the states to get you to just pay for a license. So if you wanted to be licensed in New York, Florida, Texas, or something, you just had to jump through a couple of hoops and get your license. It has nothing to do with whether you actually know what you're doing. And there are separate certifications that are specific to our industry that are not state licenses that at least teach you a little bit more, and they don't even require that. So the state licensing thing doesn't really mean a whole lot other than that somebody went through and did it. And then our industry certifications are all based on stuff that was written like 20 or 30 years ago. So imagine, in your field, if you just stopped learning 20 years ago; you wouldn't even be doing what you're doing right now.

Dr. Jill 16:00

You wouldn't even acknowledge that mold exists, probably.

Brian Karr 16:02

I know. So it's really tough, and it's hard. And I understand it's hard because if I'm somebody who's out there, it's like, "Well, then how do I find somebody?" The through line is, are they certified with a particular certification? When I look at the site, it means that they have two years or eight years and they know X, Y, Z, or whatever. The problem is that

it's not hard to get any certification. I actually stopped getting certifications because they mean absolutely nothing, and I don't want to waste my time because I have other stuff to do. So I have, but there are people who are loaded with certifications, and it's kind of funny to me. I just don't really understand the point of it unless your job is: "I'm going to go out and be a legal expert, so I need all the certifications to be an expert witness." That's the deal.

Brian Karr 16:50

The thing to keep in mind, and you're saying it too, the story that you told is a story that happens all the time. I see it all the time, too. A doctor tells someone that they're sick. First off, someone is sick. The doctor doesn't get it. It takes them 2 years, 5 years, or 10 years to find the doctor who's like: "Okay, here's what's going on. It's a mold thing." So however long it took for you to get there—let's assume you just started today and [they] found you. Cool. Got a mold thing going on. So then, what do you do? You go out and you look. Where do you go to look for anything? You go to Yelp or wherever because that's where you look to find stuff. "Hey, this guy's got five stars." Call him up. "Oh, yes, it's $800. We include three samples. We come out, and we do this. We give you… " Cool.

Brian Karr 17:32

So they come out, and they do exactly what you said. This happened in my apartment. They come out, and they do two samples. They do one outside. They do one in one room. Maybe you're lucky; they do one or two in another room if you're lucky or whatever. Then they come back, and those samples pretty much always say, "There's no problem." Why do they say there's no problem? Air samples are a good tool if they're used in the right way. You should pretty much never use an air sample in the middle of a room for an air quality test. It is not what it is good at doing. So what it is good at doing is knowing: Is there a hidden problem behind the wall that's not visible? And can I put a tube through this wall and collect air from behind the wall, right where I think the problem is?

Brian Karr 18:13

For air samples, the further away you get from the source—exponentially—the less effective and accurate they are. I did an internal study for like a year on this. I won't go through the ins and outs of it. But if I thought there was mold in this wall, I would then come over here and take an air sample three feet away. Seventy percent of the time, that sample gave a false negative when there was a problem right here. So first off, if anyone's watching, I've had somebody come in and they did air samples; everything was "fine." I'm sorry, but that doesn't mean anything, unfortunately. A mold inspector should inspect something for the love of God. Maybe just go out there and try a little bit.

Brian Karr 18:51

When these guys come in, they're like, "Air sample," "Air sample," "Air sample," and they're out in 45 minutes or an hour. Where did you look? And if that sample came back and said there was a problem—let's say it did. Let's say it was 30% of the time where it did show something that was there. Then what's the answer? Where did it come from? What do you do? They'll give you one of two answers. One, "Gut your entire room because I have no idea where it's coming from." Or two, "I have a magic fog that just gets rid of everything, and then it'll never be a problem again." And that doesn't work either.

Brian Karr 19:23

So you have to find the source. You have to find the root cause. You have to know where it's coming from, or else it's going to keep coming and coming. It's relentless, and it's going to keep beating the hell out of you. It's like you walked into a house and some dude punched you in the face. Would you just keep walking into the house and letting him punch you in the face? No, you'd be like, "Yo, get this dude out of my house so I stop getting punched in the face." Like, that's what's happening to you guys. So that's what we're trying to figure out, and that's kind of the difference in the approach from top to bottom.

Dr. Jill (pre-recording) 19:50

Hey, everybody. I just stopped by to let you know that my new book, *Unexpected: Finding Resilience through Functional Medicine, Science, and Faith*, is now available for order wherever you purchase books. In this book, I share my own journey of overcoming a life-threatening illness and the tools, tips, tricks, hope, and resilience I found along the way. This book includes practical advice for things like cancer and Crohn's disease and other autoimmune conditions, infections like Lyme or Epstein-Barr, and mold- and biotoxin-related illnesses. What I really hope is that as you read this book, you find transformational wisdom for health and healing. If you want to get your own copy, stop by ReadUnexpected.com. There, you can also collect your free bonuses. So grab your copy today and begin your own transformational journey through functional medicine in finding resilience.

Dr. Jill 20:46

Yes. Even I am not the expert [on mold inspection], and I will always admit that. But I know just enough to ask some of the right questions. Or if I were walking outside, [I would] know the places to look. Again, I'm a novice. I am not the expert. But that inspection—the actual looking at undersinks, in baths, and crawl spaces—I've done that. If I looked at homes to buy, I'd have someone come in and go into the crawl space and look at those places because the visual inspection, which is what you're saying, is really the core of finding the

route. And you can still be human and miss those things, but there's no inspection without a really good, knowledgeable visual inspection.

Dr. Jill 21:24

And like you said, just to reiterate, a lot of times there are these spores and things contained behind the walls. You and I know that the really toxic black molds love a water source, and they love to stay put under floorboards or behind walls. It is extremely rare to get Stachybotrys or Chaetomium in air samples unless you have a post hurricane, completely flooded home that's filled with those things. So it's actually even more concerning because the really toxic molds that are causing the neurological and immune issues are even less likely to be in the air samples. So, obviously, there's air sampling. I still like the qPCR because I feel like sometimes that gives a historical [perspective]. Is that something you typically do as part of the inspection?

Brian Karr 22:05

Absolutely. I'll kind of walk you through it. There are basically two goals of an inspection. The first one is to figure out where the source is. The second one is to figure out how the source has migrated into the living space, which is what you're breathing. So imagine a factory. The factory is the source. Smoke coming out of the factory—that's the cross-contamination. If you live in a house over here, somebody might tell you: "Oh, you live in a place with a pollution problem. You're breathing all the smoke from this factory." I live in a place with a factory problem. That's my problem. My problem is the factory, but this is the direct impact on me from the factory. You have to address both things. You can't only go after the smoke because more smoke will come. You can't only go after the factory because the smoke is still there and you're still going to breathe it. You have to go after both things. So from a source perspective, we talked [about] targeted air samples. I probably bash air samples all the time because most people use them incorrectly. If you're using them properly, they're one of the best tools that you can have.

Dr. Jill 23:01

I agree. I love that you said that. So we are really clear that they can be very, very appropriate. It's just knowing, like you do, how to use them appropriately.

Brian Karr 23:11

We use them in every single inspection, but they're never just sitting in the middle of a room. They're in an isolated cabinet. They're in a wall. It's just targeting as close as you can. So that's why I always call them "targeted" or "source air samples." And I always differentiate them—an ambient middle of the room sample from a source targeted air sample. They're different. So you have one of those, or you have some sort of surface

testing. There's something you think is going on. You swab it, you tape it—whatever you do. That's your source ID. Those are literally the only two things you do for source identification. That's it. You figure out if there's a problem there. Now the next piece is: How is the smoke coming out of these factories and moving through your house? If you think of your house, it has three levels. The top level is your heating and air conditioning system. Your heating/air conditioning system is like the lungs of your house. It sucks air in from the house and then breathes it out everywhere else, except [that rather than] having one mouth, it has [something] like 50 mouths for all the vents and everything. So it's sucking everything in and spreading it out. Your air conditioning system can either be its own source or it could become cross-contaminated and just start spreading stuff around all over the place. It could be either one. It just depends on how impacted it is. So you have that.

Brian Karr 24:18

Your second level of your house is all your structural surfaces—walls, ceilings, floors, cabinets, and all that stuff. That's where the sources are. Then the third level of the house is the settlement that comes down onto all the surfaces in the house. So think about it. You sit down on your chair, you bump your desk, you do whatever. You're popping up little particles constantly in your breathing zone. This is called the personal cloud effect. There are research papers. There are literally home science papers on this stuff. This is how you get exposed to things. So you have all three levels of the house. That means that in a proper inspection and remediation plan, you have to address all three levels of the house if the goal is to not be exposed to it anymore. So that's the idea.

Brian Karr 25:00

So when we're talking about the air conditioning system and settlement in the house, that's where you get into dust testing. That's where the research papers are that I'm talking about. Basically, what it's saying is that as you move around the house, did you ever watch Charlie Brown and that little kid, Pigpen, with the dirt around him all the time? It followed him everywhere. That happens to every single one of you walking through your house, except instead of dirt, it's invisible particles that are following you. And that's what you're breathing over and over and over. So dust collection is the best way to get your eyes on that.

Brian Karr 25:27

PCR for mold shows you not only the spores—we just talked about the spores being bigger, but the spores are not really the problem—[but] the tiny particles and fragments that break off the colonies. Why are they the problem?—because our filtration system in our body, which is meant to protect our lungs, can't protect against particles that are that small. It's

like a net, right? And the particles go right through the net. Right through the net. They go right into the lungs, and that's where they can get into the bloodstream. So PCR picks up on anything with the DNA signature, which includes the little particles. And it doesn't matter if they're alive or dead to trigger the immune response. So the question, "Oh, well, is it alive or dead?" Who cares? Most of the stuff in the house is actually dead or dormant. And you know what? Everyone is still reacting to it. So that's the deal. So PCR there. Then you can also do chemical and dust analysis for mycotoxins, bacterial toxins, and stuff like that. And that's how you build up a plan.

Dr. Jill 26:21

Oh, fantastic. I think we talked about this before—the dried flower arrangement where you disturb this stuff, and if you flick it or blow on it, you'd fragment it. And those fragments—I just want to reiterate because you said this for patients that are suffering from mold-related illness—of dead, dried old mold will still trigger an immune inflammatory response, which is why you do this inspection. You find the source. And that's your factory analogy. But then, whatever was there in the environment in your HVAC system, in your air conditioning system or your heating system, or just the dust in your home, if you don't take care of that after the remediation, people still don't get well. And that's part of the process as well.

Brian Karr 27:01

And then they think that it didn't work. This is the problem. This is why if you're one of the hundreds of thousands of people in the SIRS and toxic mold Lyme group this, and the Lyme Mold and this Facebook group that, and all the groups with all the mold stuff, and they all say: "It's impossible. You have to live in the woods. I have to live in a trailer." It's not impossible. There are three things you need to do in a house, and if you don't do all three of them, it doesn't work. You're going to walk in and feel exactly the same. If you only handled the sources and left the settled stuff in the house and the air conditioning system, when you walk in, the smoke is still there. If you only did one or the other... This is why remediation only doesn't work for two reasons. One, you didn't find the sources, and two, you just didn't clean it all up right. It works all the time because I see it work all the time. So for all of you who are feeling down, hopeless, and defeated, it's not that it doesn't work. We feel like that because we don't understand why it's not. We're just like: "Ugh, it can't ever work." I'm telling you this is why it doesn't work, which means if you actually do it the right way, it does work. You just weren't doing it the right way.

Dr. Jill 28:10

Gosh, I couldn't agree more. And I want to also reiterate something you said earlier that I think is a big misnomer. Someone comes in and says, "Oh, we'll just fog and clear it out."

That will take care of that dust. The pigpen effect [will only last] temporarily; it will not get to the root. And why it's probably felt like it's worked is [because] people feel better temporarily because that dust burden and that particulate in their environment are a little bit better for maybe a month, maybe a few weeks, but it all comes back if you haven't gotten the source.

Brian Karr 28:36

That's always the timeline. It's a month or two later. And remember, as I said, live or dead doesn't matter. So, digging into that a little bit more, first off, let's pretend that it killed everything. Cool. It doesn't matter. It's all still there. They didn't remove it. It's all still there, right? The second thing: Mycotoxins are not alive. They are a chemical. So there's this magic fog. Don't let anyone sell you on this magic fog that's going to get rid of your mold and that's also going to somehow denature a chemical compound, because it apparently does all of those things. And it's going to somehow get behind your walls, get in there, and do all that too, making it all just disappear into nothingness. It doesn't exist. It doesn't exist.

Dr. Jill 29:21

I love that we're talking about this because this is a common theme. I want to say that there is one caveat to that. If you are really suffering—you can't move, you have a landlord, you're stuck, you don't know the source, you don't have time—and you fog, you can temporarily buy some time. It costs a lot of money. But say you fog and do a small particulate cleaning, and you haven't found the source; you will feel better for a few months. So, again, it's money. But if you have the resources and you don't have the option to leave or remediate immediately, it could buy you time, but it is not getting to the root [of the] problem. So I love that you said that.

Dr. Jill 29:55

It's interesting. I want to talk [about] the pigpen thing. Back in my original experience with mold exposure, my contractor brilliantly put up this 1970s building. He remodeled my office, and there's this old, horrible carpet, probably full of toxins, mold, and things. My office was remodeled right over an unfinished crawl space that had standing water. I didn't know any of this, but they put a beautiful new bamboo floor right over that carpet instead of tearing it up. Can you imagine? Bamboo is a very soft wood. So every step, as I got sicker and sicker and there turned out to be a massive mold issue, I was walking on this soft bamboo flooring that was put over this 20 year old carpet. Can you imagine? I mean, it was just toxic. But I laugh now because now that I know, I'm like, "How crazy is that?"

Brian Karr 30:40

The shortcuts that happen—I mean, it's not just in one industry. Every industry has shortcuts. Your industry does, and my industry does. Guys who do bug stuff—I had a whole podcast on the guy who was doing my insect whatever in the backyard. I was so upset because all he did was spray. Then I go and look under these light canisters, and I see all the spider eggs like sacks. It's the same thing. "I sprayed" instead of finding the source. You know what's going to happen? All these freaking spiders are going to break out and be everywhere because you didn't actually go figure out where they're coming from. It happens in every single industry.

Dr. Jill 31:12

It does. And it's the same here, right? You have rheumatoid arthritis: "Here's methyl trexate. That'll cover up your symptoms." But it doesn't go to the root of: Why do you have arthritis in the first place? Oh my gosh. I always love talking to you, Brian. And the time goes by like this. One last thing I want to talk about is that there are a couple myths. I want to be a mythbuster today. In new homes, multi-million dollar homes, people are like, "Oh, well, I bought this really expensive home," or "my home is brand new," or "I bought a new condo that's a brand new build." How often are you seeing mold issues in new builds and newer buildings compared to older structures? What [are your] thoughts on that?—because obviously no place is perfectly safe.

Brian Karr 31:55

It's tough because when you get into this, the reaction from somebody listening to it says there's no hope anywhere. Now we're back to the trailer and the woods. I talk about it carefully. The point of these conversations… I know I get really excited, like: "This doesn't work. This does work." Sometimes people are like: "Ah, Brian—he doesn't help. He just says what doesn't happen—what doesn't happen." The point is to let us understand what the reality is so that we can start making decisions based off of the truth of how it works instead of not.

Brian Karr 32:26

First of all, any home can have a mold problem. Any home could have a mold problem. Let's talk [about the] pros and cons of new homes. That way, it's not just all negative. Pros and cons: No history. So the dishwasher that flooded 40 years ago when grandma lived in the house wasn't properly handled—that can't have happened. The more history a house has, the more improperly handled water events are now ingrained in the house, and you inherit that when you get that house. So that's a pro on the new house side is that you're not inheriting all this stuff that happened before that went on with that.

Brian Karr 33:06

On the downside, outside of the mold front, there are a lot of new building materials in there. There's chemical off-gassing. There's another thing that you sort of have to deal with on that side. So some people have mold triggers, but they haven't gotten all the way to the point where they're chemically sensitive yet. So maybe that's okay, and they can deal with that because they're not so far down. Other people have triggered MCS and a host of other things off the end of having mold issues. So then the new house can't really work for them either because of all the off-gassing.

Brian Karr 33:33

The other thing with new homes is the way the homes are built. I literally just talked to a client today; I'm going to their house tomorrow. Their house, when it was built, [because of] the roof, [it] took two months to close the house. It snowed and rained into the house—who knows how long?—and they were pushing it out with push brooms from the inside of their house. Now we're wondering why the kids and everyone else in there are having all of these problems. They were told, "Oh, this isn't an issue. This isn't an issue. We've had multiple inspectors. This isn't an issue." So in the build, your house isn't always sealed and covered. There could be elements that happen at the time, and it rains in and causes a problem. That could be one thing.

Brian Karr 34:25

The other thing is that the lumber and stuff that's being used is stored. If you ever drive by a site, it's literally just sitting in the dirt outside. Where do you think mold grows? Like, that's where it starts. Then they take the wood up, and there's mold on the wood, and they build with it. So if you're able to, if you're involved in the process from start to finish and you can see it all happening, you could try to insert a space in the middle where, before they close with drywall, you come and just have the whole thing remediated. You can actually get off the studs and off of everything. You can get all the mold and everything treated and off of there. Then, when you close, you don't have anything back there, and you're starting from a clean slate. Now let's say you're going into a house where you don't have that ability. It's a track place, or maybe it's like two years old or something, or they just built it and it's fully built, and now you're ready to move in and you can't see it. There are a couple of little tricks that you can do to get a feel for the type of wood that was used and maybe some of the elements that might have happened.

Brian Karr 35:20

Keep in mind that you can't know everything. But if there's an attic, go in the attic and look at the wood up there. Is there mold all over a lot of the wood? They use the same wood to build your whole house. So if you go up there and you see a number of areas that [have] a significant mold issue, you could kind of assume they're using the same wood to build the

rest of the place. For me, I'm out of that place. Like, "No, show me another one. Show me another one. Let me go up and look at another one." Then, if you are going to go into a place, you can run a dust test and see what the load of mold is in there.

Brian Karr 35:59

So when they're building, what are they doing? They're disturbing, they're hammering, they're pounding, they're doing this. So if there's mold on the framing, on the building material, and all this stuff, it's going to get out just like the smoke from the sources. And nobody fine-particle cleans a house before they give it to you. They cosmetically clean a house, which means all that stuff is still in there. So even if you move into a new house, you absolutely should be doing a fine-particle clean. Definitely, if you're somebody who is sensitive, you should be doing that. But you could do a dust test in there, and you could see how bad the load is. You can even test for mycotoxins; you could do the whole thing in there if you want to. The other big thing that you have to be careful of in new homes is the air conditioning systems. They run the air conditioning systems in the houses because the workers get hot. They're running the air conditioning system. All the walls are exposed, and they're banging all the stuff that we just talked about and it goes into the air conditioning system.

Brian Karr 36:52

I had a client years ago. A $5 million house. A nice house in LA. I went up in the hills somewhere to this house. A beautiful house. I didn't find one thing that looked like a source anywhere in the house. I get into the attic. There was stuff in the attic, like I just talked about. They have three air conditioning units. Every unit lives in the attic. I tested all three of the units through dust testing on the interior of the units and tested the attic and the framing and stuff that was in there. Every air conditioning unit was heavily contaminated with mold issues. It doesn't mean you can't avoid it. It just means that you have to know what to look for, what to test, and what to do before you get into a multi-hundred-thousand-dollar, million-dollar thing. Once you're in, you're like, "Ah, now I have all this money in here."

Dr. Jill 37:41

And then you move all your things in. I love that you said that because my thought now is that I'm in this condo and I love it. Someday I may move to a home because multi-level... I don't think I mentioned it here, but I've mentioned it before. Last summer, my neighbor above had a fridge leak. It went down into my condo, and of course, I had no control over that—kind of like your landlord [with your] LA apartment. But I wanted to say that as I'm looking for homes in the future, I have decided there's probably going to be some issue with almost anything I want to buy. So what am I willing to risk and take care of?

Dr. Jill 38:15

I'm going into it as someone who's mold sensitive, knowing that no matter what house I want to purchase, I just have to find out: Is this something I'm willing to deal with?—because there's probably going to be some pieces of remediation even with a new build, like you said, that I'm going to do. So I actually like to empower people that way because, like you said, it can be really discouraging. If you're mold sensitive, you just have to know you're in this environment. Number one, if you listen to some of the other podcasts, we can build resilience so that you aren't as sensitive. That's a whole other topic. But number two, like you said, Brian, you can go in with the mindset [of]: "Okay, I need to find all the issues." And then, "What am I willing to pay for, remediate, or deal with? And there are some big issues, like foundational issues, that I wouldn't mess with. Sump pump—maybe, maybe not. But maybe a window needs replacing—easy, right? And fogging the house. So I like thinking about it as: You're probably going to run into something. And what am I willing to deal with?

Brian Karr 39:07

Can I give a quick game plan on how to do that?

Dr. Jill 39:10

Please.

Brian Karr 39:11

Okay. I used to work with a lot of people when they were looking for new homes when I only worked in LA. So I was able to do that. I had this one particular client; we ended up looking at 12 different homes. She was really sick—the whole thing. We looked at 12 different places. She was just so discouraged at the end of it. It took a year and a half or whatever to look at all this stuff. She ended up buying the worst place. Then she gutted the whole thing. She's like: "I'm over it. I'm buying the worst one that I can get the best deal on, and I'm just gutting the entire thing. We're remediating and starting from scratch." Now, that's not the point of the story. Not everybody can do that. But the point of the story is what I learned going through all the houses with her and how to identify stuff to save money. Because when it started, I was going through it the same way I would go through a house that somebody lived in. We've got to test all the sources. We've got to know where everything is because you need to know what you're in for. We've got to do all these things because you have to know what you're in for before you commit. You know, in LA, it's like a million dollars, right? And there was validity to that. You need to know what you're in for.

Brian Karr 40:16

But there's a way to phase into knowing what you're in for that I learned on house three or four throughout this process. The first thing is you do a straight visual. I've done this for multiple people since then. You do a straight visual. First off, you inspect your own house. You have to do this. If you're looking for a new house, you have to inspect your own house. Why do you have to do this? You have to know how bad it is where you are because what you said is true: Everywhere is going to have a problem. So if you're leaving and you're saying, "Oh, I'm just going to go find another place," but we know every place has a problem—well, how bad was your place? Is the problem you're moving into the same level of problem? Is it worse? Is it not? You have to know where you are right now, and you have to know how bad it is. Okay. This is your starting point.

Brian Karr 41:02

Your goal is to not make a lateral move. Your goal is to make a better move. That's the goal. So then you go through the hustle. Let's say you go through and inspect your house. You say, "I had nine source areas of problems that were found," [such as the] sink cabinet—this, that, whatever it was. There were nine factories that were found. Plus, you have an idea of what the dust stuff is and what your exposure looks like. You're like, "Okay, here's my starting point." You go and start looking at houses. The first thing you do is a visual. You learn what water damage looks like, which we can teach you how to do. So you learn what water damage looks like. You go through the house. All you need is a flashlight; you need nothing else. It's literally all you need. And you could screen out houses just by looking at them if you knew what to look for and where to look. It's really not that hard once you know what to look for. I literally taught people in Japan how to do this, and they've done it and found like 30 things in their house. It's not hard to do. If you see more than the nine things, leave. "Cool. I'm out. I didn't have to spend a dollar on testing this house because the first thing I did was look. I learned what to look for, I got empowered, and I figured it out."

Brian Karr 42:06

So now let's say you go through a house; you go through six, seven houses. They all have seven, eight, or nine things. Seven isn't good enough. If you were at nine, and seven is the answer, it's not good enough. Get better. Five, three, four—that's what you're looking for. So you finally find a place, you go through it, and you say, "Okay, there are a few things here." Keep in mind that you're probably, at minimum, always going to find somewhere between three and five things in a house. It's probably not going to be any less than that. Okay, cool. So now I know what this is.

Brian Karr 42:33

Now the next question you ask yourself... You turn this into training, a demo, or something. Something you ask yourself: "What are the areas with water damage?"—before you test anything. You're still really just looking at it. What areas are they? Are they isolated areas, or are they areas that look systemic and massively impacted?—because there's a cost to fix it. Is it a sink cabinet? That's an easy fix. Is it the ceiling below an air conditioning unit? That's a massive problem. So not every single water damage thing is equal in terms of the cost to fix it, right? So that's the next thing. So then you look at it before you test anything and say, "Okay, could I handle remediating these five things if they were all bad?" Yes? Cool. Okay.

Brian Karr 43:15

Next step: I'm going to do a dust test in the house, and I'm going to test the air conditioning system. The dust test in the house shows you how much because you might not have found all of them. Let's say you didn't find all the spots. The dust test of the house is going to give you the overall load of everything that's been in that house that you're going to be exposed to. You need to have done a dust test in your own house so you can get a comparison. This is the point. So, you see it. You do that. You do the same thing with the air conditioning system. Is it really badly contaminated? If it is, you're looking at [spending] 20–30 grand to replace the entire air conditioning system. Know that. Is that feasible? Is it not feasible? If not, walk. If you find mycotoxins in any of them, walk. So you ease into the testing. You do visual first, and you just do basic screen testing before.

Brian Karr 44:03

Now, if the screen tests come back and they're good, like: "Okay, no mycotoxin. Sure, there's some mold, but that's going to be everywhere. I can deal with this. There are only four sources. This isn't super bad." Then you go in and do all the source testing in the house, and in between here, you place your offer on the house. You do the visual. If the visual looks good, put the offer in. Do it right there. Then you have a contingency that's anywhere from 10 to 14 days. Then each day, you do your dust testing right away. You send it out. It takes seven days to get that. You'll get those results back before your contingency is up.

Brian Karr 44:37

Everyone, if you don't know this, you can get 100% of your money back if you back out for any reason within your contingency period. You could back out because you said you saw ghosts in there, and it doesn't matter. They'll give you all of your money back. What you want to do is lock it down, and then you systemically work through the testing flow all the way through. Then the nice little kicker on this is if you do find, which you will, a mold elevation in a dust test—it's always going to be there, it's just a matter of how much—then

you go back to the seller and say: "Hey, listen, I really like this place." You're already in the deal with them now. You're already in the deal. They want the deal to go through. There are no other offers sitting here, right? They want the deal to go through with you. Say: "Hey, I really like this place. I have a mold allergy." Use phrases that people can relate to, right? Don't say I have toxic mold syndrome.

Dr. Jill 45:25

Right. They're like, "What is that?"

Brian Karr 45:27

Say: "I'm a little allergic to mold, and I see that there's some here. I'd just love to get some testing. Can we extend this for, like, five days?" They'll all say yes; they want to close the deal. Then you source-test everything. Figure out how bad it is. Then you go back to them because now you have testing data tied to the house that they have to disclose to whoever's coming in next. Now you say: "Listen, there are sources here. There's this. I like this place. I'm willing to do it. I need X amount of credit in order to do it." Or, "By the way, if I walk away, you now have to disclose all of these problems that I found to the next person that comes in." You have leverage. It's just about easing into it, taking the leverage, and manipulating the system for your benefit. So this has been a training I've been wanting to do for a long time.

Dr. Jill 46:14

Oh, Brian, these are pearls of such great wisdom. Yes. Oh my goodness. This is so great. I know if you're listening out there, this is such valuable information because no one's talking about it. One last little clarifying question—you talked about air conditioning in all places you're going; you're doing that—are you cutting out a piece of the filter? Are you doing a PCR? What are you doing, with the units of air conditioning, to test?

Brian Karr 46:35

If we're going in, we're going to where the actual unit is, and we're opening it where the blower fan is. It spins around where the coil is in there, and we're actually in there testing.

Dr. Jill 46:46

Are you doing an air sample in there?

Brian Karr 46:52

We're doing dust testing in there. Most systems don't have mold growing in them. Some of them do. If they do, you swab it; you take it. You do what you do. Most of them don't have mold. Most of them just look a little dirty. It's the composition of the dust [inaudible].

Dr. Jill 47:04

Got it. Okay. I just want to make sure that it was clear because that's a really, really wise thing. Oh my goodness. As always, you are full of such great information. So, people are dying to know where they're going to find you. You've got some things coming out. Tell us a little about what you're working on. I just want to say to those listening, Brian is brilliant, and I love that you're helping us as doctors in this industry because you're making our job easier to help heal the patients. What I love is that you're constantly [explaining]: How can people themselves be more empowered? You've got lots of things going on. So tell us about that.

Brian Karr 47:37

Yes. If you want us to come to your house, we can. We do that all over the country. That's what we do. YesWeInspect.com. That's our website. You can get a free phone consult. Just click the button so that that's what it is. As far as what's going on, we have two services out now, and within about a month or so, [we'll have] the third one, [which] we're testing right now. I'm super pumped about it. It will be out.

Dr. Jill 48:02

Me too.

Brian Karr 48:03

I know. First, we'll literally go anywhere. We fly all over the country. I have inspectors strategically placed in different cities in the country to make travel easy. The big question comes up: Are you outsourcing your inspectors? No, I am literally training all of them myself. They understand our flow and our sequences, all under our umbrella. So that's one thing. A couple of years ago, I created a program called "Mold Finders Method." This is a training program. It was a 100% training program to teach people how to go through and find all of these things on their own, like I mentioned. In there, it tells you: What are the five signs of water damage? Where do you look for them in every room? This core program is what people on six different continents have used to find all kinds of problems in their houses. We're not coming there, right? It's a DIY program. So it's kind of like you do it on your own, but it's an entire training program. You can do it. It's so much more affordable than having somebody come out. The downside is that we're not there. There's no consulting back and forth—you know, all of it, right? So there's a balance in between.

Brian Karr 49:02

Well, in the meantime, I've been trying to figure out how to make some sort of hybrid version of that. So two years ago, at our company meeting, I put out that our goal was to be able to provide a service and help every single person, no matter where they live in the world or how much money they have. That has been something we've been working on for a couple of years. Now, we're not cheap to fly somewhere and do all the testing you need. And sometimes it discourages people, and I get that. But you shouldn't have to be independently wealthy or happen to live in a location where you have more options. Like, what if I lived in the middle of Idaho? Why can't I get help? So that's what we've been working on.

Brian Karr 49:47

So basically, we've built out our entire framework for how you go through every single room of your house. The core was built off the "Mold Finders Method" training program, and then we merged in a lot of the stuff that we do in person as well. We put it together in an app that goes on your phone. The way that it works is that if you're concerned about certain areas or whatever is going on, literally room by room, it will show you exactly what pictures we need to see. So the nice thing about this is that you don't have to learn how to look for anything. The "Mold Finders Method" was a training program. You had to put some time and some sweat equity into it. But if you did it, it really worked. Can you take a picture of this, this, this, this, and this? Are you capable of doing that on your phone? You are awesome. Do that, send it in, and we will look at it and tell you where the problems are. And that's what's coming out in, like, a month. We've been working on it for two years, and frankly, it's going to change the entire industry. Also, frankly, a lot of people are going to be pretty pissed off that we have it offered, and there's going to be a lot of that happening out there. But I kind of don't care because it's not about what our industry thinks about us. It's about what we can do to provide access, knowledge, and price availability to everybody, wherever they are on their stage.

Brian Karr 51:03

So now think that you're a renter who is concerned about, [say], one or two rooms. You want us to look at your house. But it doesn't make sense to fly us out to your house to inspect a place that you don't own and spend that kind of money. Now there's going to be an app where you can just inspect two rooms, and it's going to be a fraction of the cost. So there are all these different ways that it's going to work. But no matter where you are and what your goals are—and this is why we have to have these conversations upfront about what you're looking to achieve and what it is—we have something that's going to work. It's all based on the same process of finding the problem, validating the problem, removing the sources, and cleaning up the mess they made.

Dr. Jill 51:43

Wow. I love it, Brian. I'm so grateful that years ago, I'm sorry that you had a bad experience in LA, but what a blessing you have been to practitioners like myself, patients that are listening, and so many [other] people. This will impact the world. It's always why I love talking to you. I want to say too that your analogies of how you describe [things] are so helpful because a lot of this invisible stuff—people are overwhelmed and they don't get it. And you do a great job of making complex things simple. Thank you, as always, for being here. Thank you for joining me today. I will be sure to link up with YesWeInspect, that comment, and everything that's coming out, wherever you're watching this podcast or listening.

Brian Karr 52:19

Thank you, everyone. Sorry I talked for so long, but thank you.

Dr. Jill 52:22

It was awesome. Thank you.