



Buildings Are Our Best Medicine

Stephanie Taylor, M.D., M Arch.

Summer Camp
XXIV



Hello! I am honored to be here to speak with you.



HARVARD
MEDICAL SCHOOL

Research

- Massachusetts General Hospital Infection Control
- Harvard Medical InCite Health Fellow

Stephanie Taylor, M.D., M Arch.



ASHRAE

- Distinguished Lecturer
- Epidemic Task Force
- Environmental Health Committee
- Presidential Award Winner

Building4Health



- CEO and Founder

& Luigi

Acknowledgements

- **M. Colin Tasi, MD, MBA:** Massachusetts General Hospital, Brigham & Women's Hospital, Harvard Emergency Medicine Program
- **Stan Finkelstein, MD:** Harvard Medical School, Massachusetts Institute of Technology for Data, Systems & Society
- **Lisa Robinson, MPP:** Harvard T.C. Chan School of Public Health, Center for Health Decision Science
- **John Levy , PhD:** Boston University School of Public Health, Department of Environmental Health
- **Building4Health:** Peter Taylor, Olivia Saber, Yaron Yaniv, Francis Caruccio, Gene Lochart, Oliver Zimmermann



Today's Discussion

- ① What can we learn from a species-jumping Coronavirus?
- ② The interrelations between IAQ, microbes and human health
- ③ We must manage buildings for energy efficiency and occupant health

Today's Discussion

- ① What can we learn from a species-jumping Coronavirus?
- ② The interrelations between IAQ, microbes and human health
- ③ We must manage buildings for energy efficiency and occupant health

My journey to you starting in Papua New Guinea, 1983



Non-hygienic appearing conditions, yet few infections



Wewack General Hospital, Papua
New Guinea 1983



Yet, in USA 1,700,000 patients/year get a Healthcare-Associated Infection



Harvard Medical School Chief-of-Surgery, M. Judah Folkman, M.D. working with medical student S. Taylor



“Never under-estimate the role of the environment!”



Harvard Medical School Chief-of-Surgery, M. Judah Folkman, M.D. working with medical student S. Taylor



The relationship between buildings and human health is complex

800 BC - 500 AC

Housing:

simple sanitation,
in rural villages



1900 AC

central sewage & water systems,
heating, electricity



2022

post-industrial
cities, tighter buildings, dryer and
warmer indoor air



Infectious & allergic diseases

**Infectious
diseases:**

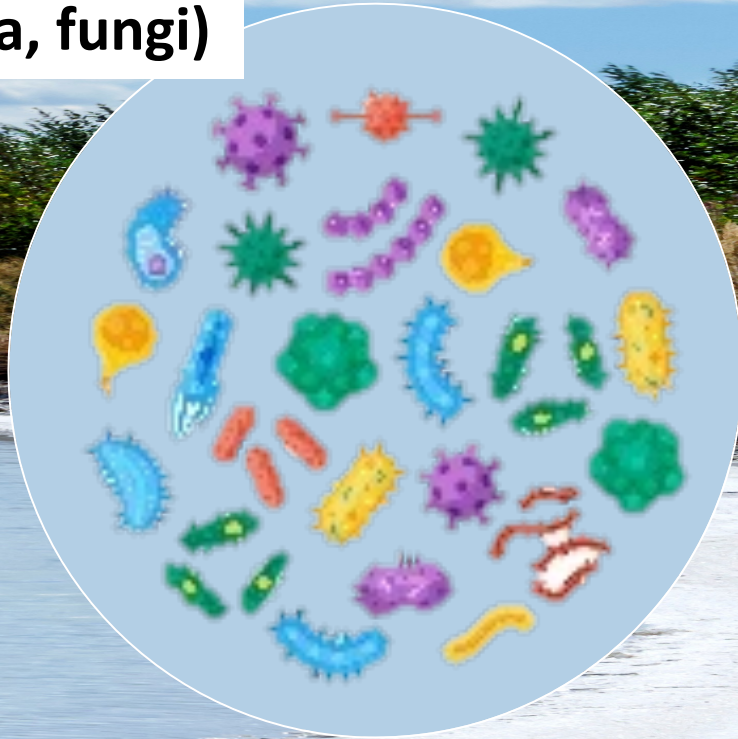
Parasites,
zoonotic infections

Small pox, measles,
1st pandemic
"Spanish flu"

Increasing infections,
anti-resistant bacteria,
COVID-19

Human habitats before the Neolithic Revolution

1. Microbes (viruses, bacteria, fungi)



Diverse microbial populations in soil, water and air

2. The human host



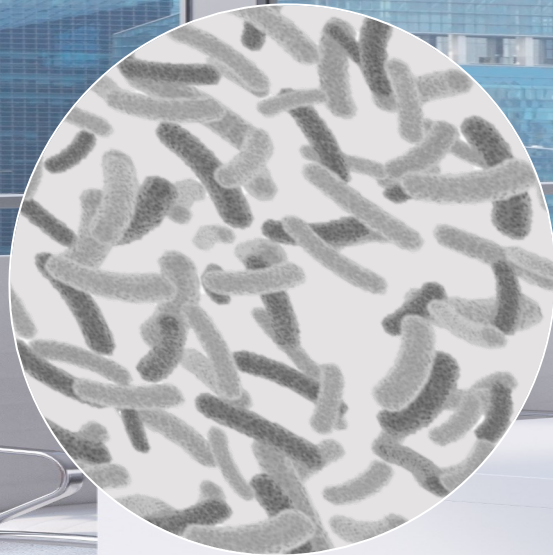
Human microbiome: gut, respiratory system, skin and mucosal surfaces support 100 trillion microbes that are mostly good for us

3. The environment

Balanced temperature and water vapor result in mid range RH

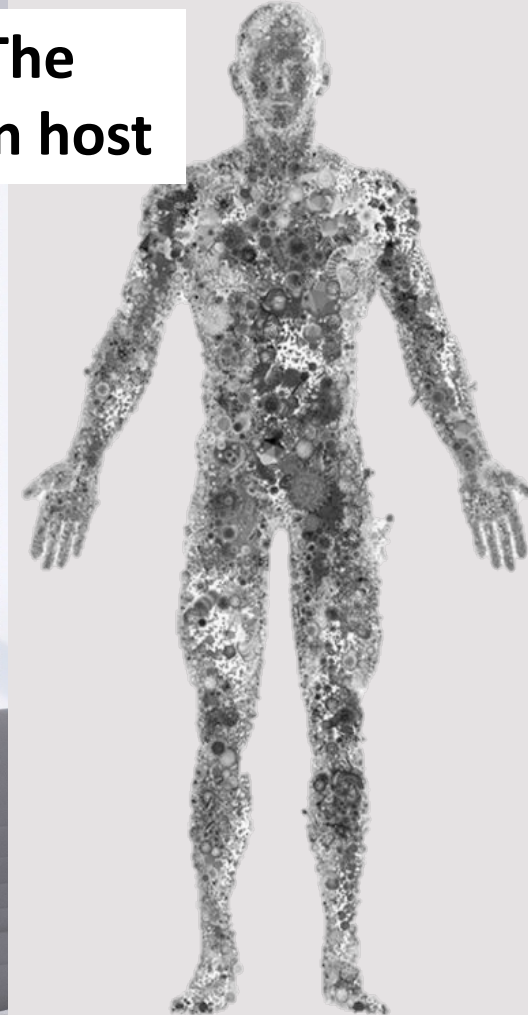
Warm, dry, “disinfected” human-engineered environment

1. Microbes



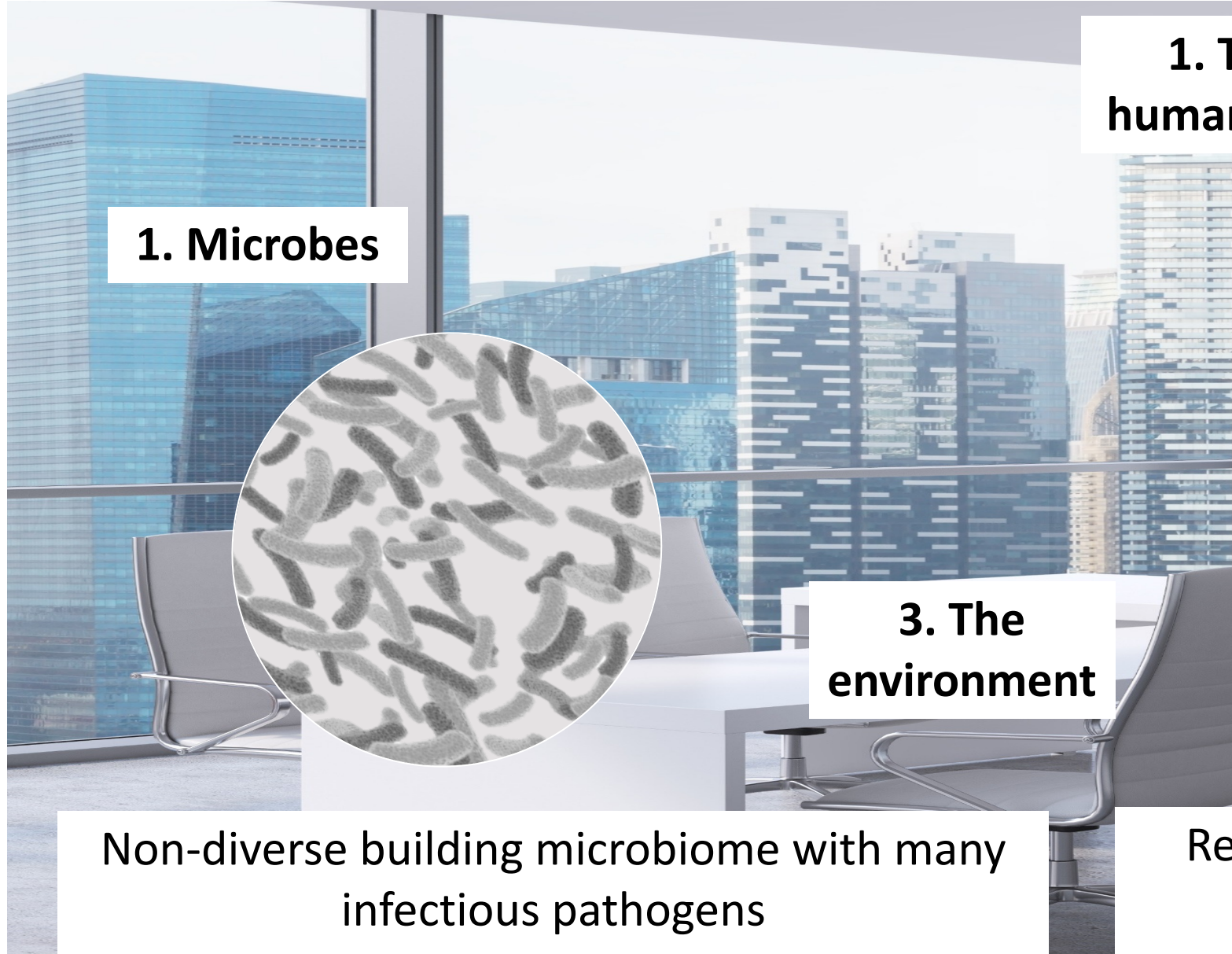
Non-diverse building microbiome with many infectious pathogens

1. The human host



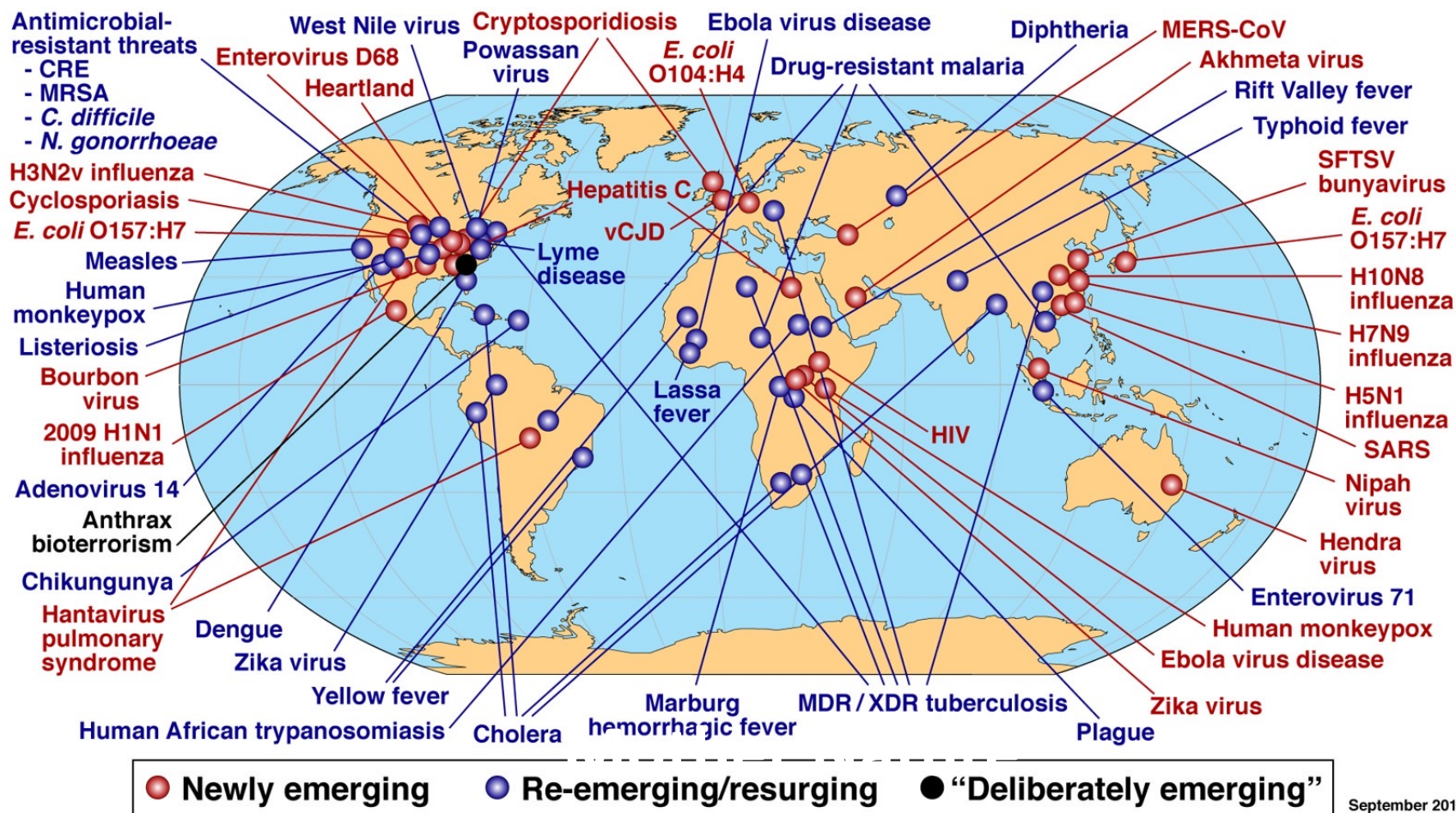
Restricted human microbiome, impaired immunity

3. The environment



I was not [that] surprised by this pandemic! Were you?

Global Examples of Emerging and Re-Emerging Infectious Diseases



I was not [that] surprised by this pandemic! Were you?



**This is not going well
for you humans!**

Mother Nature

The CDC on the question of SARS-CoV-2 being airborne

Not airborne....

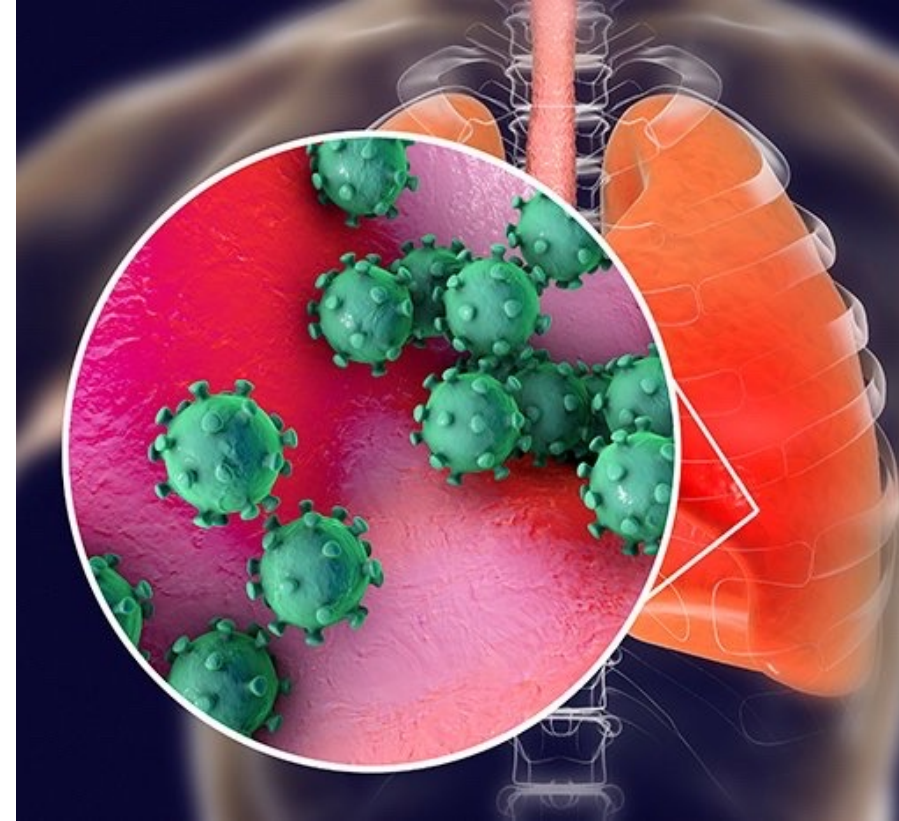


Airborne....

Airborne viruses that can mutate and survive in hostile conditions cause pandemics



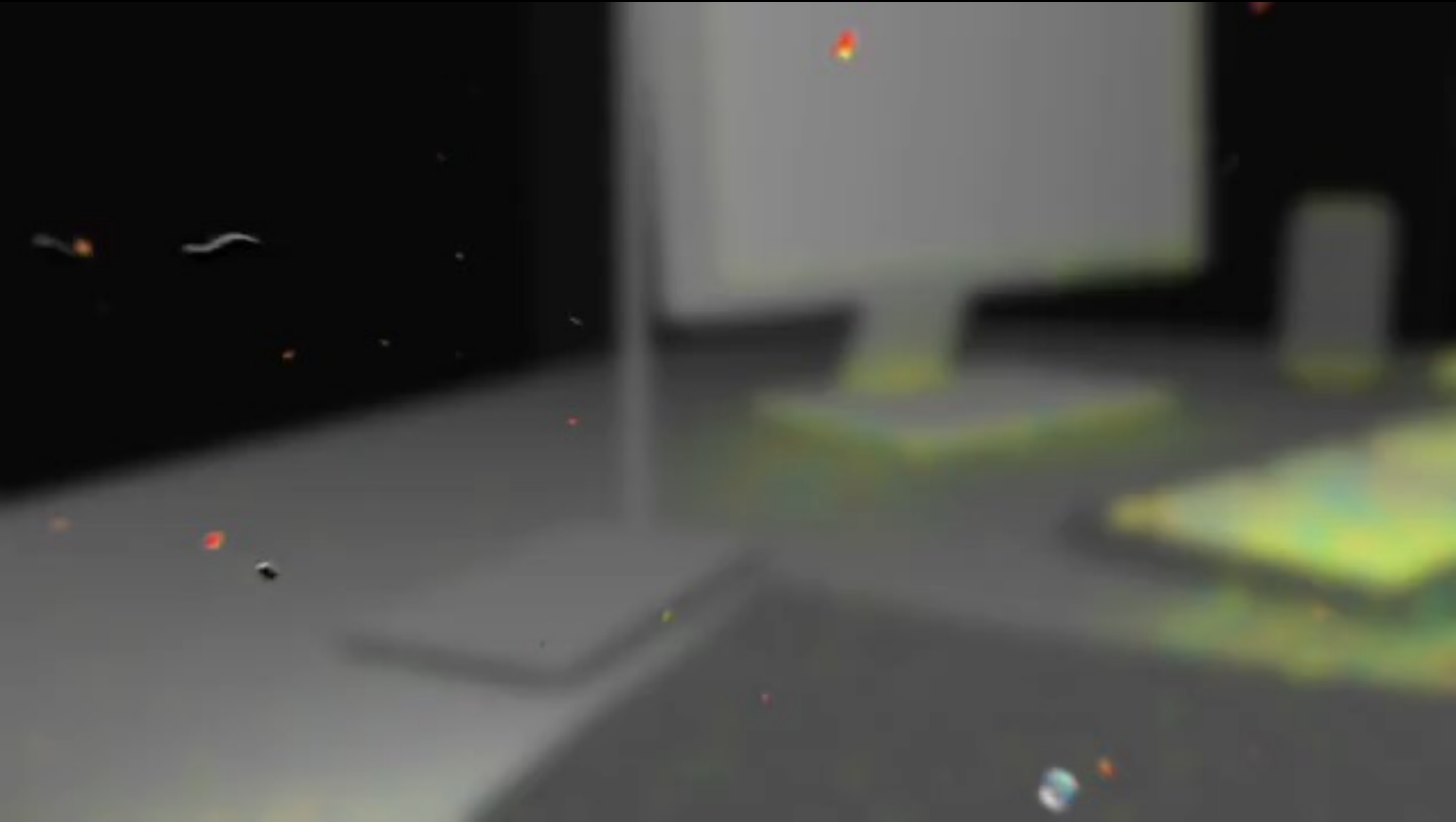
Spanish Influenza 1918



COVID-19

We must manage our buildings to both decrease pathogen infectivity *and* support human immunity.

Humans indoors



A closer look at humans and microbes

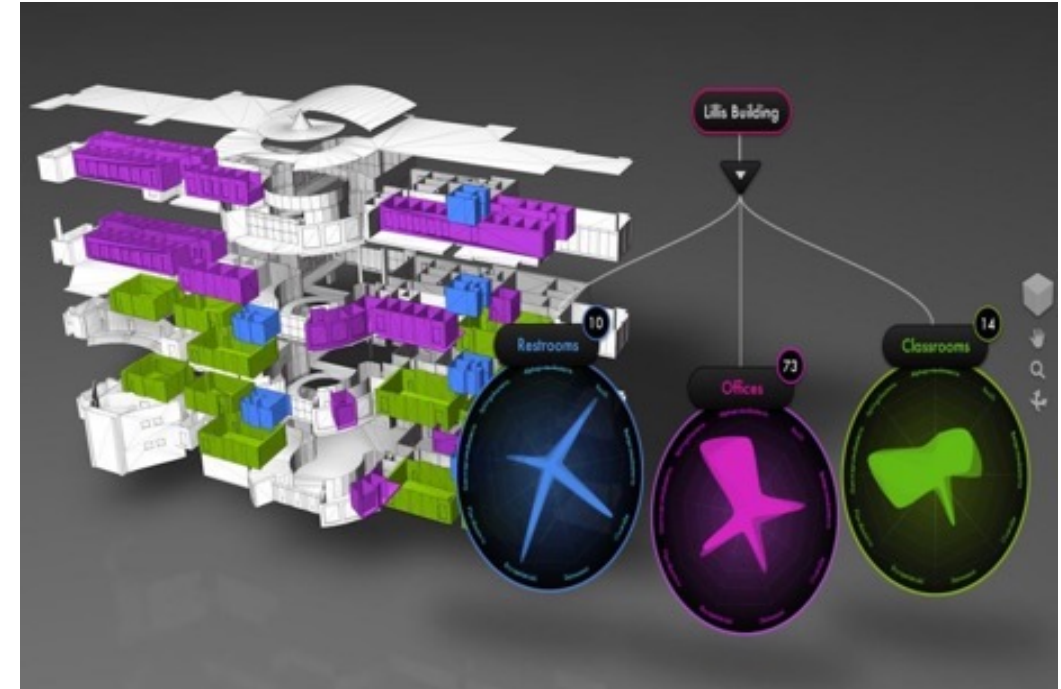
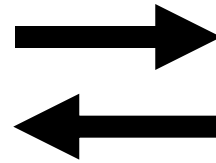


Microscope 1509



Metagenomics 2018

Not surprisingly, human and building microbes intermingle



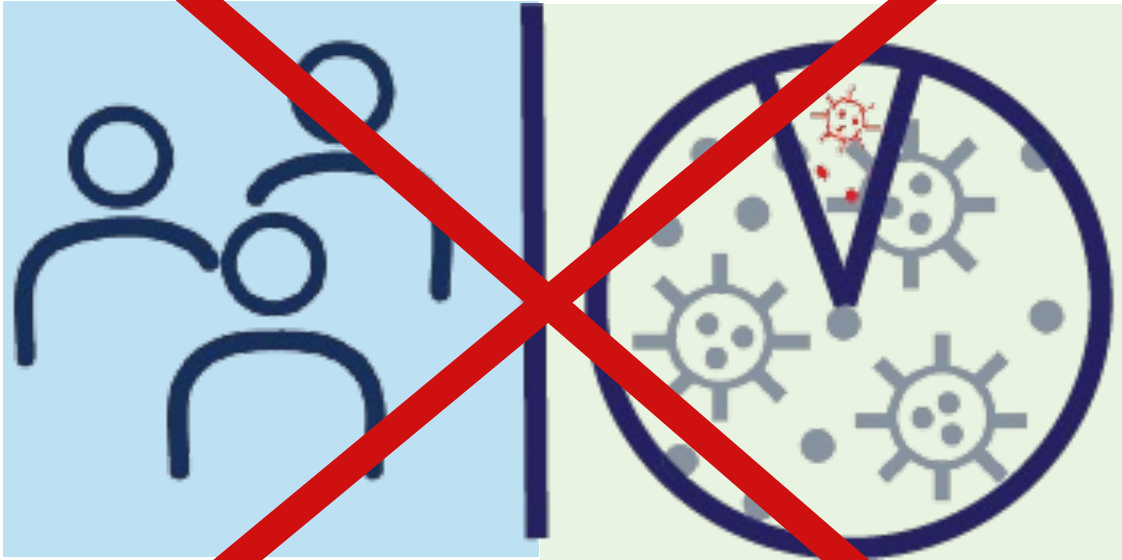
We send our microbes into buildings
(37 million microbes per person per hour)



The indoor environment selects
communities of bacterial, viral and fungal
microbes through “survival of the fittest”

Understand that we need “good” microbes, don’t kill everything all the time!

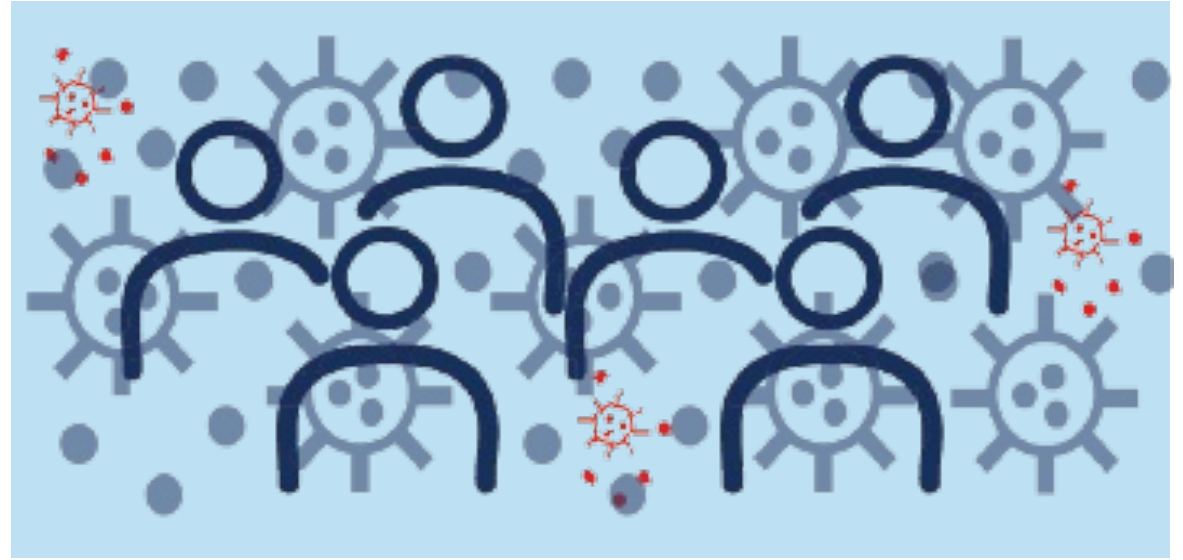
Historical (and Incorrect)
Approach to Hygiene



“All microbes are bad germs that require total eradication.”

In fact, only a small percentage of microbes are disease causing pathogens.

Modern (and Correct)
Approach to Hygiene

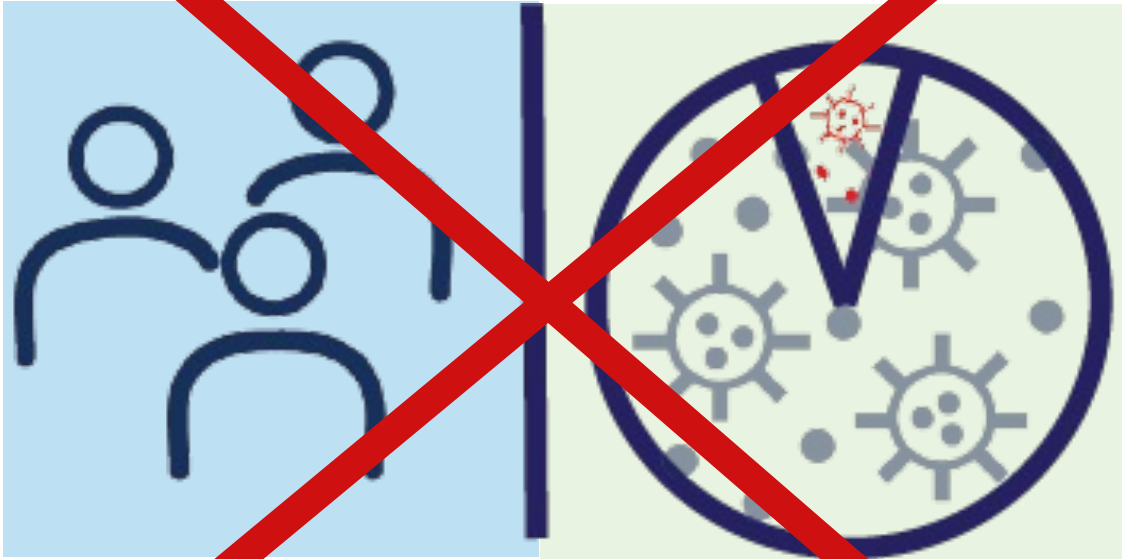


“Good microbes are essential to our health.”

Good microbes actually help prevent disease!

Understand that we need “good” microbes, don’t kill everything all the time!

Historical (and Incorrect)
Approach to Hygiene



“All microbes are bad germs that require total eradication.”

In fact, only a small percentage of microbes are disease causing pathogens.



Good microbes actually help prevent disease!

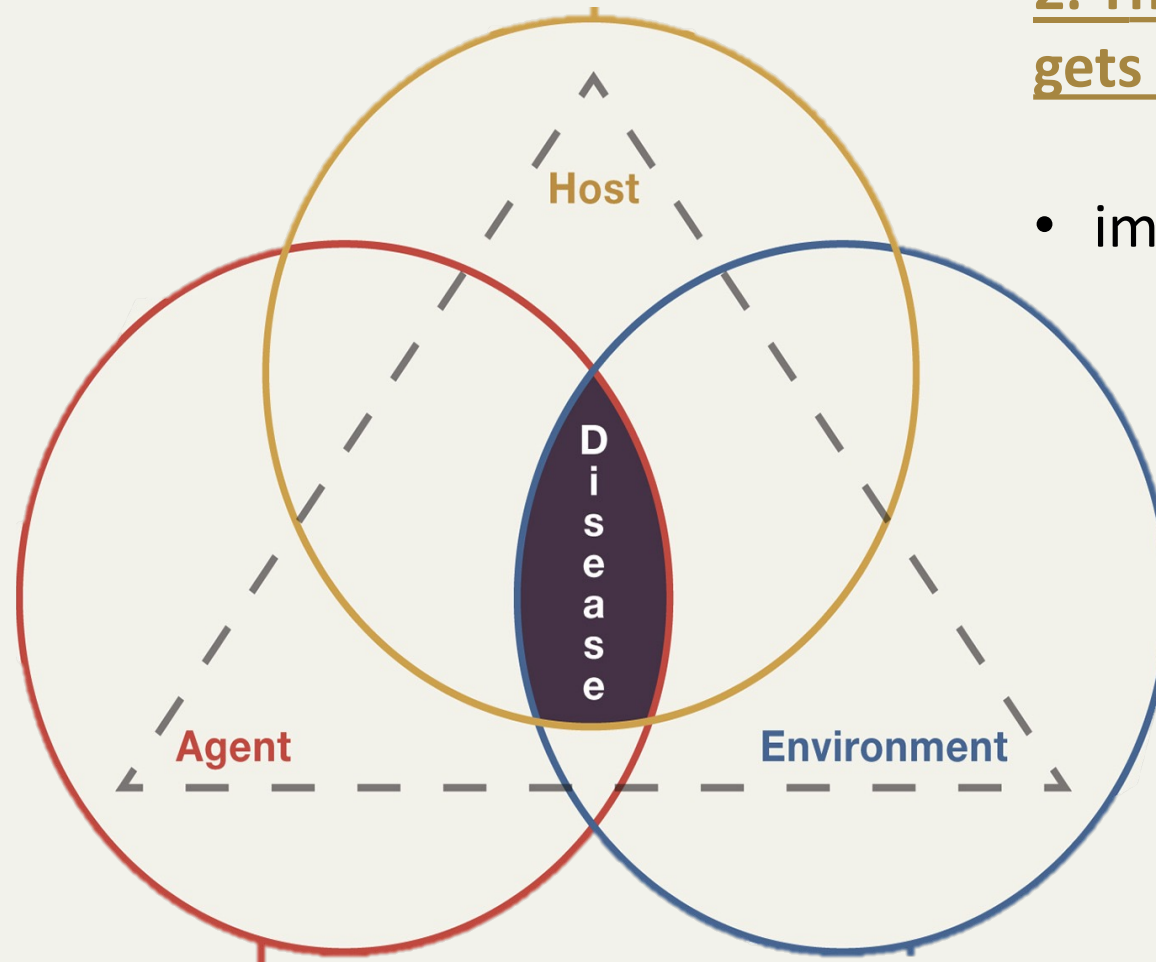
Today's Discussion

- ① What can we learn from a species-jumping Coronavirus?
- ② The interrelations between IAQ, microbes and human health
- ③ We must manage buildings for energy efficiency and occupant health

IAQ influences all three components of infectious (and many) diseases

1. The agent (pathogen, particle, gas, etc.) that causes the disease:

- ability to penetration and disrupt vulnerable tissues



2. The human host (person that gets sick):

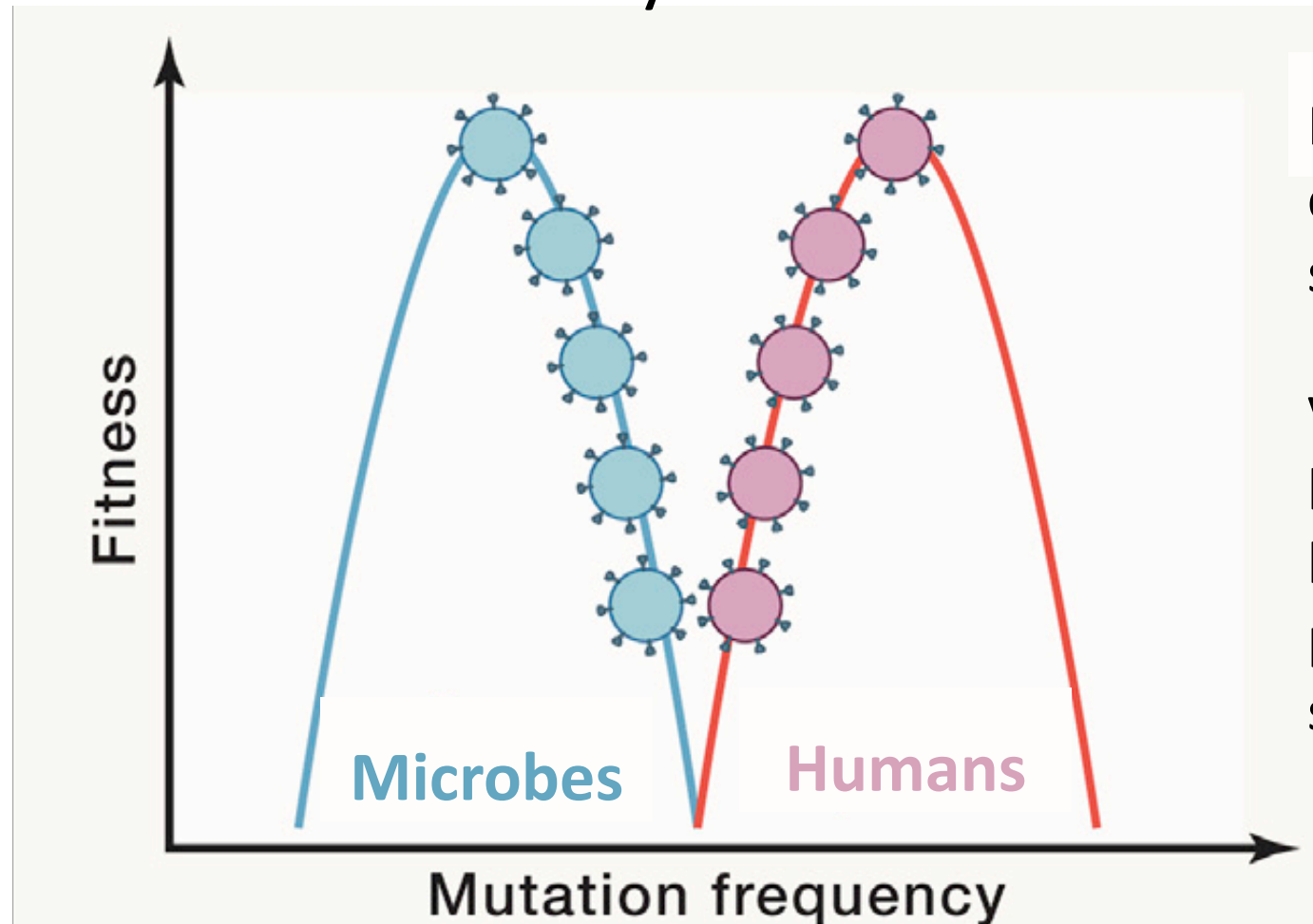
- immune system function

3. The environment where the agent interacts with the host sick:

- exposure to the agent(s)
- transmission routes

Fitness mapping of stable microbial and human coexistence

Healthy situation

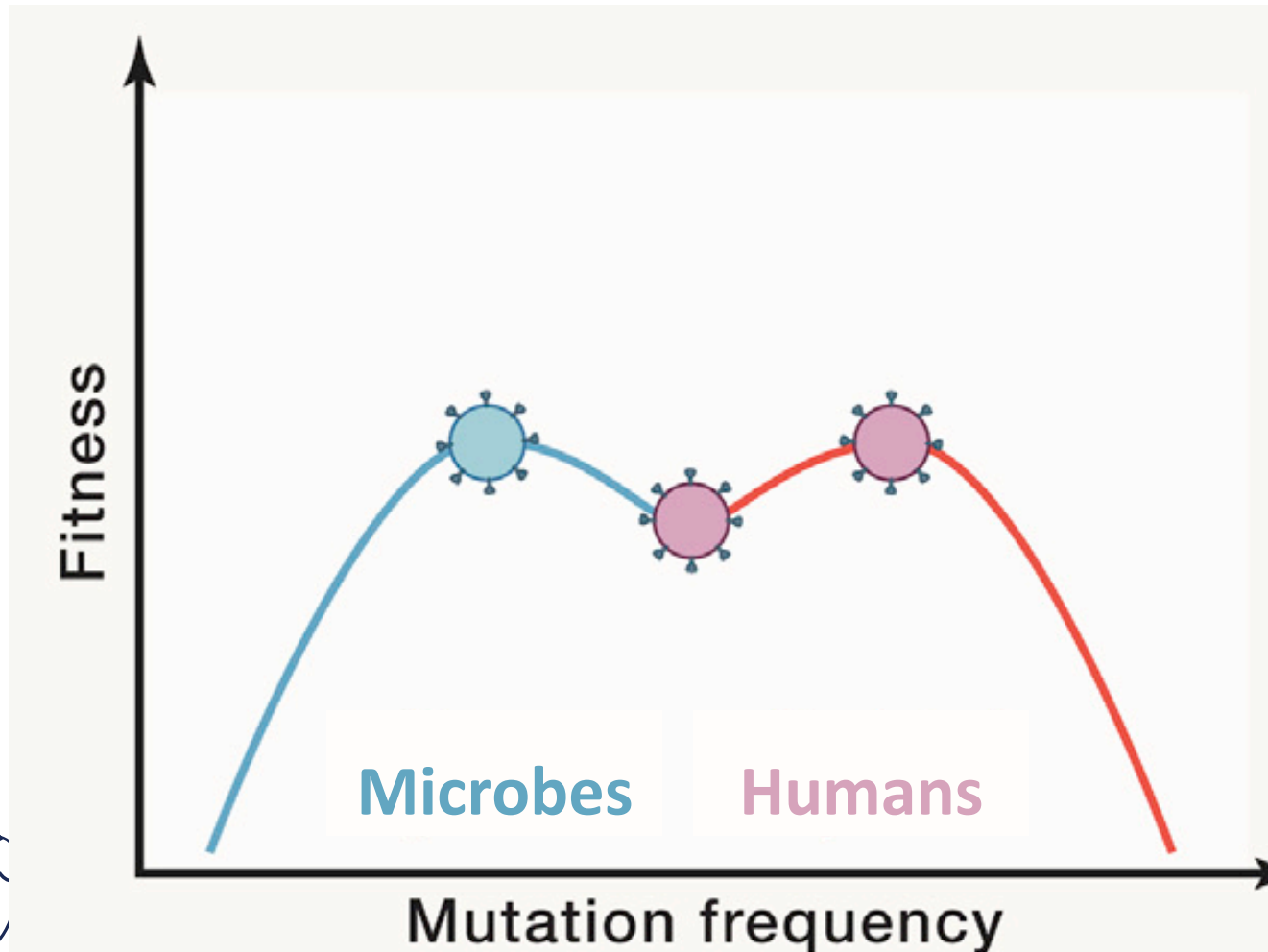


Microbes and humans immune coexist, governed by human immune systems and microbial ecosystems.

Viruses in non-human animals would have to mutate significantly, and human immune barriers become less protective for disease to switch species.

Low barriers for a species-switching virus to cause a pandemic

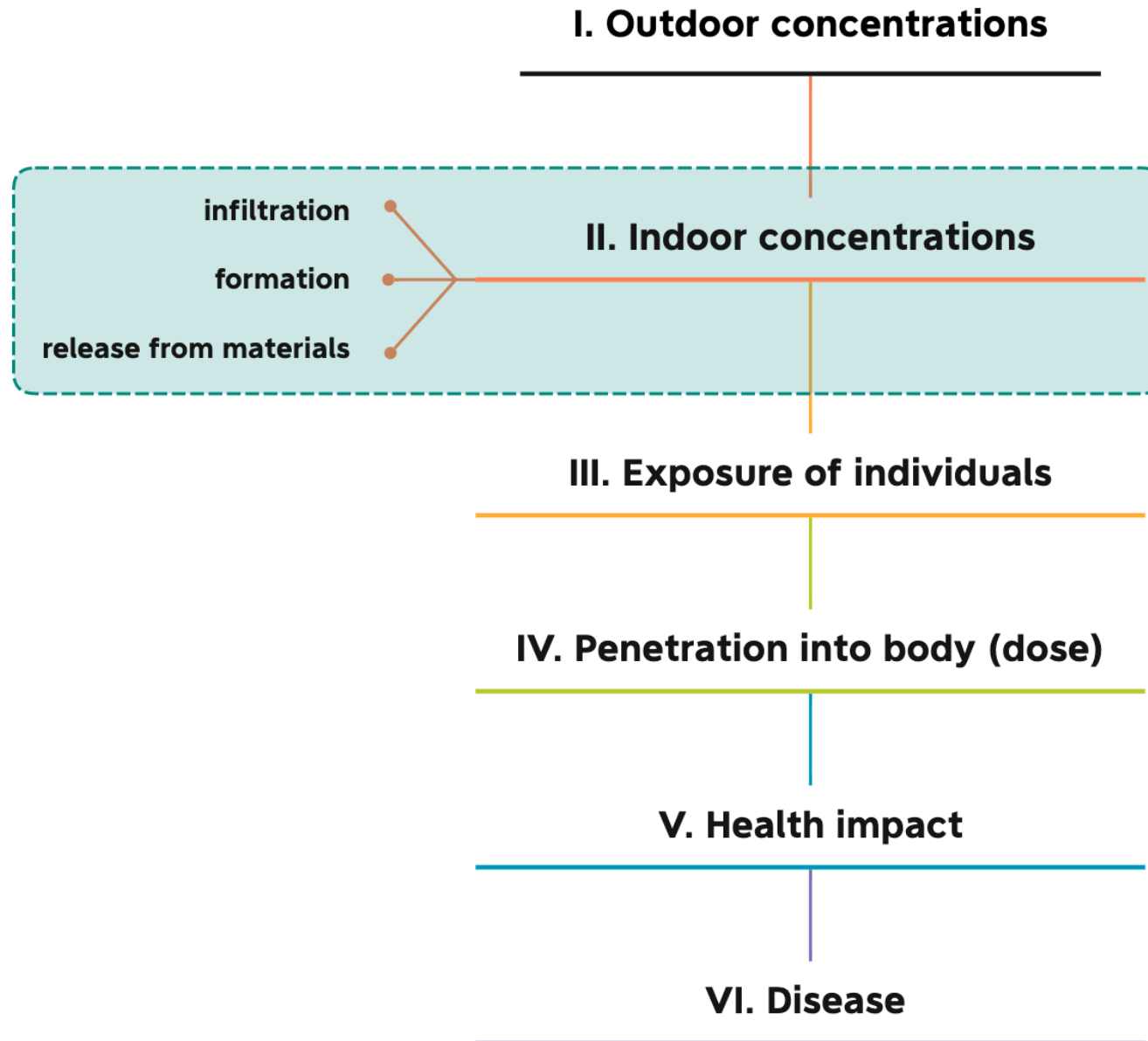
Prelude to a pandemic



In this situation, viruses can jump to another species much more easily

Moving from theory to implementation

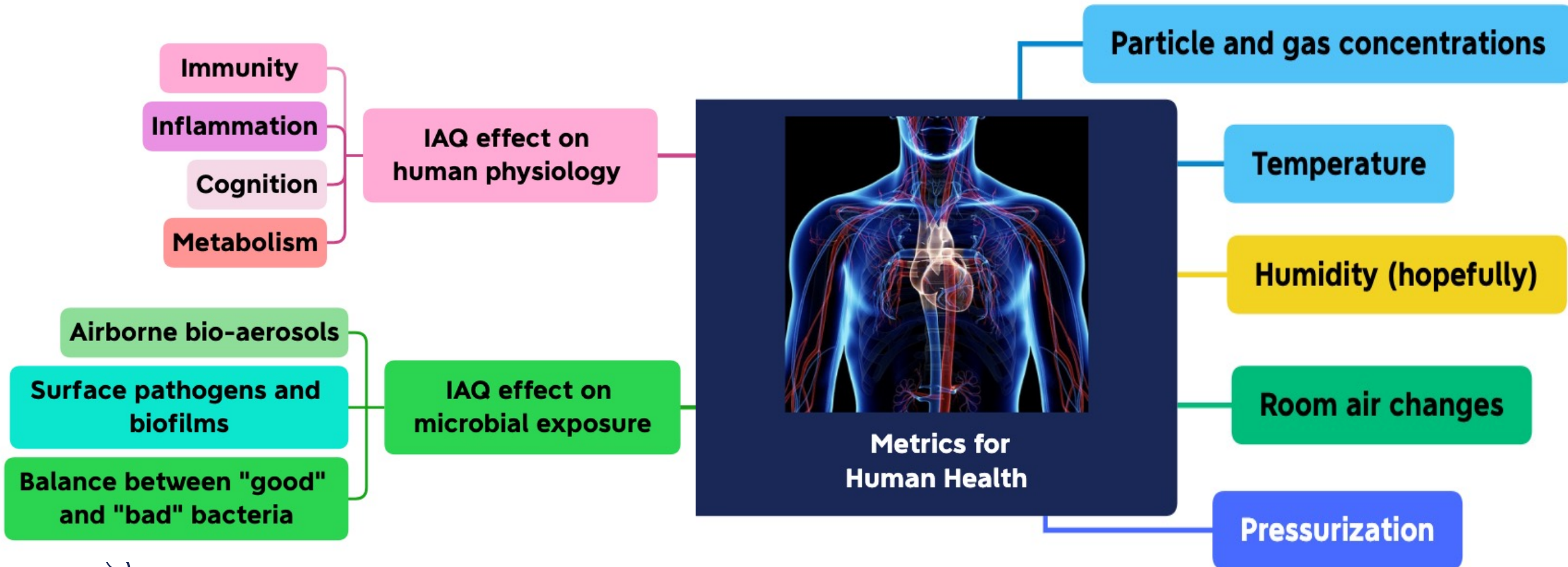
Starting here



Data needed to manage IAQ for energy and occupant health

Optimize occupant health

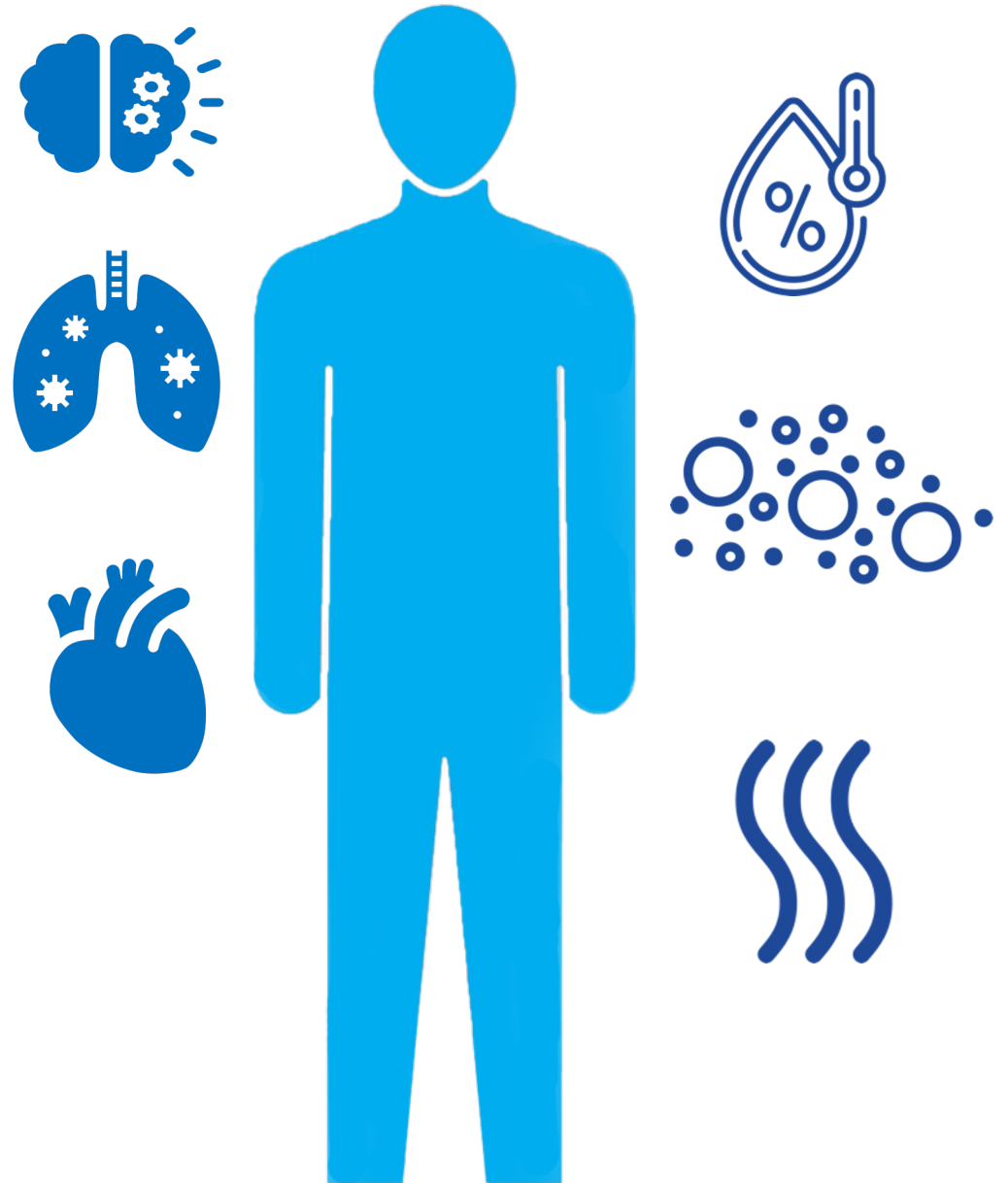
Optimize energy savings



Identify the essential IAQ components that impact health

11 indoor metrics and secondary compounds formed through interactive indoor chemistry have **quantifiable physiological impact** on occupant:

- Brain function and productivity
- Infections and inflammation
- Heart function and blood clotting
- Metabolism and hormones



Our strategy to quantify the health impact of IAQ

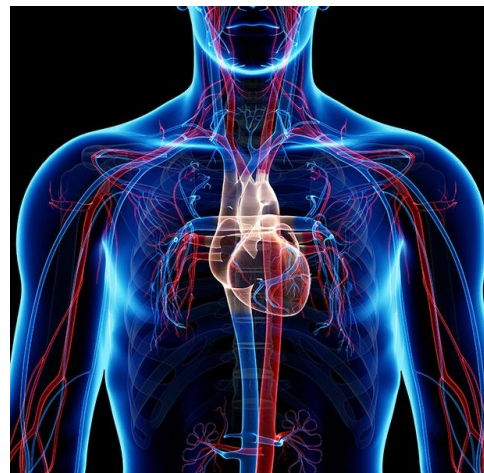
Our multisystem construct gives visibility to the biological risk and burden of stress from indoor constituents that impact:

- cardiovascular health or disease
- metabolic homeostasis or dysregulation
- inflammatory and infectious disease
- neuroendocrine homeostasis or dysregulation

Reactions including oxidation, hydrolysis, acid/base interactions, photolysis, decomposition, and dehalogenation between measured constituents contribute to the health impact the indoor environment.

Examples:

- short-lived radical species
- secondary ozonides
- oxygenated VOCs
- secondary organic aerosols



600

605

Human Health Impact of Measured Indoor Factors

	Health Impact	Immune system	Respiratory disease	Cell/tissue damage	Organ dysfunction	Microbiome disruption
Indoor Metric						
Carbon dioxide					630	
Ozone			620	620	620	
Total VOCs		620	620	620		620
PM10		620	620			
PM2.5		620	620			
PM1		620	620			
Carbon monoxide				640	640	
Nitrogen dioxide		620	620	620		
Sulfur dioxide		620	620	620		
Relative hum.		620	620	620	620	620
Temperature				620	620	620

610

640

FIG. 8



1. Follow the Data... *Continuously* Monitor and Measure

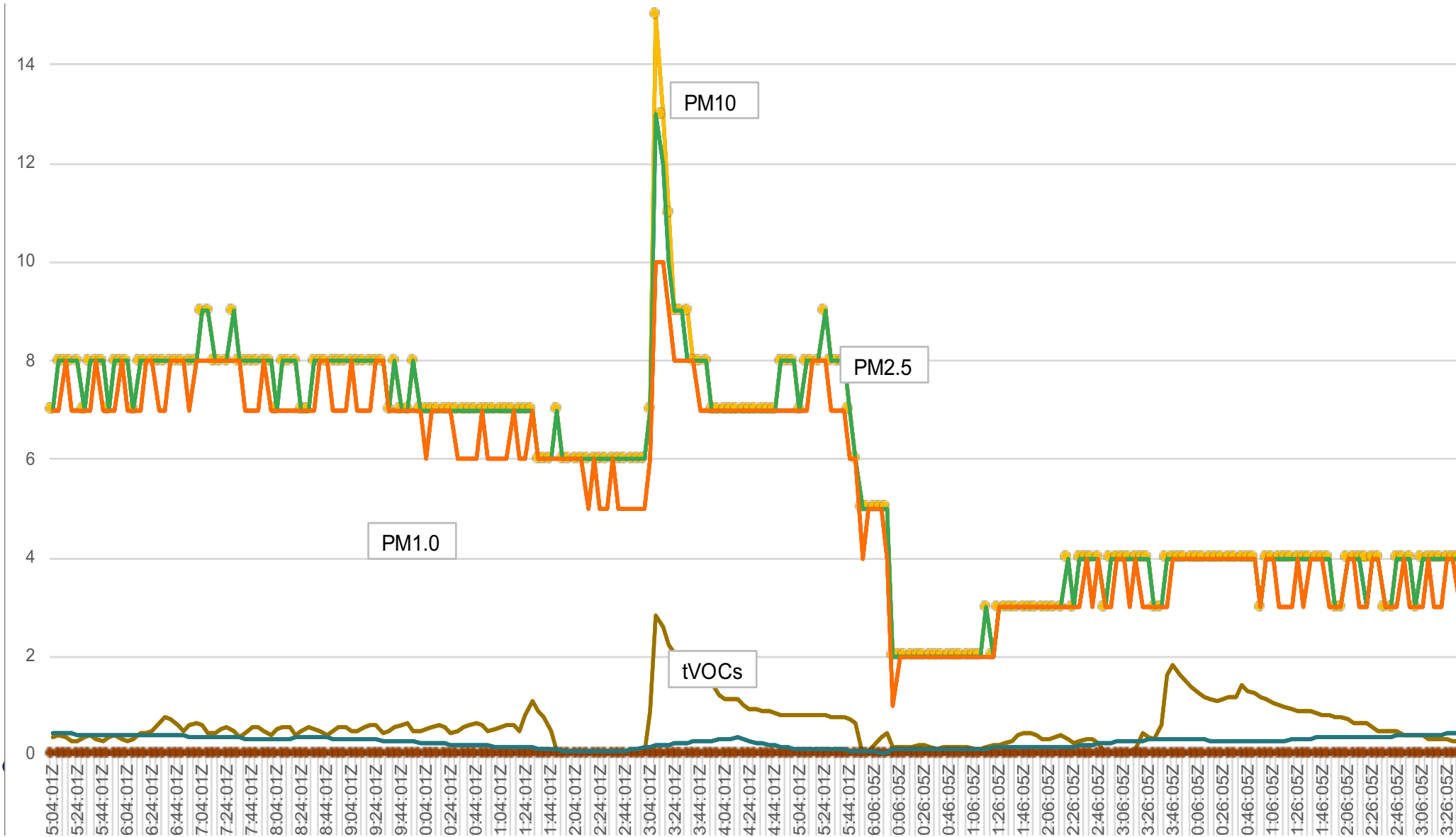


Sensors continuously monitor ten medically-verified variables:

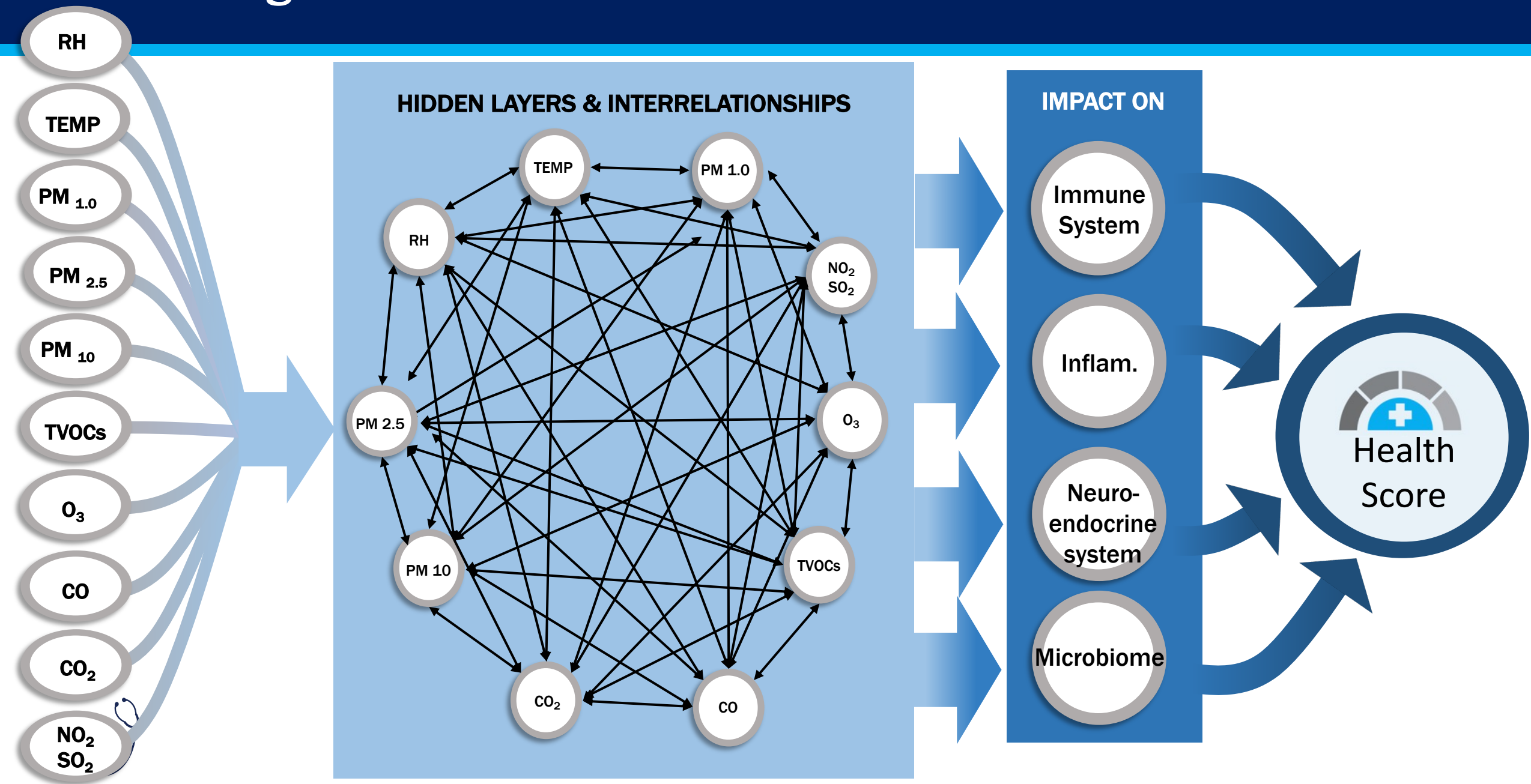
- Indoor thermal metrics (e.g. temperature, relative humidity)
- Particle counts and densities
- Volatile organic compounds (e.g. benzene, formaldehyde)
- Other relevant gases (e.g. CO, CO₂, NO₂, SO₂)



2. Collect and compile data that underlies our B4H.Dx health score



3. Integrate sensor data into real-time health score



4. Display real-time B4H.Dx health score and remediation recommendations

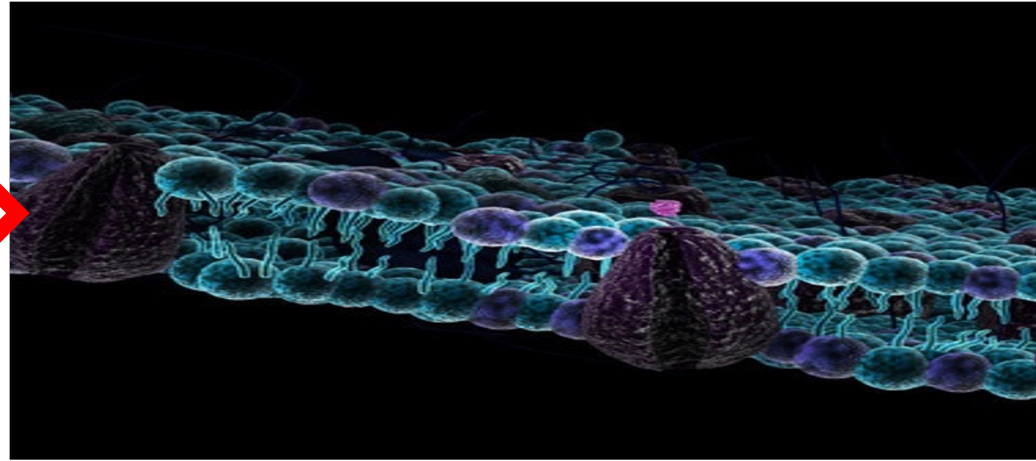


The comprehensive **Health Score** and its components are reported in real-time

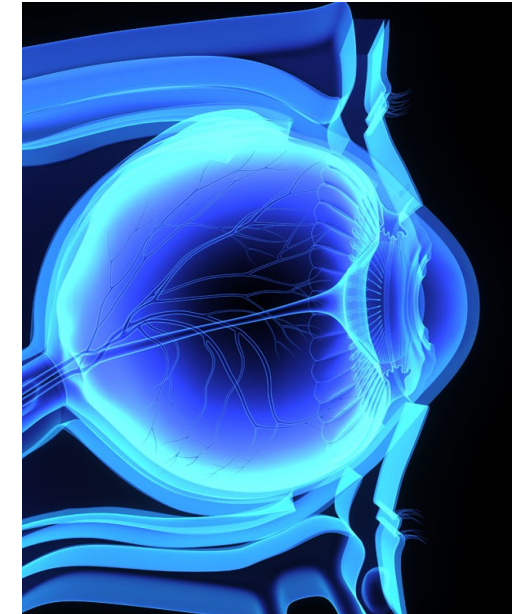
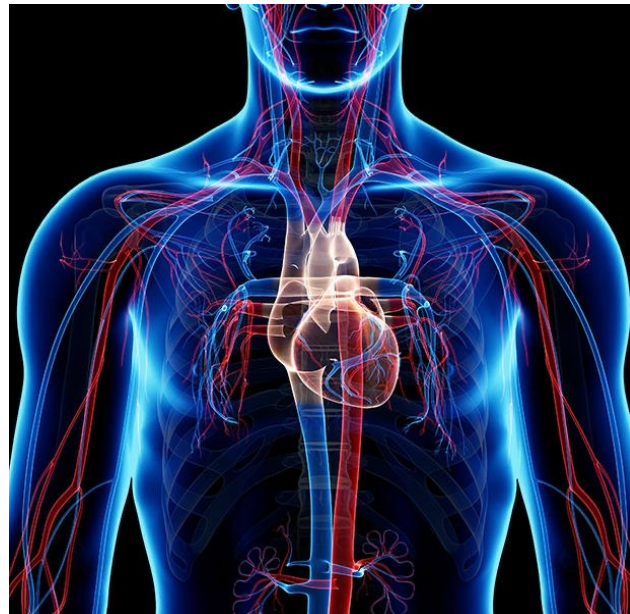
Interventions such as humidity control, increased ventilation or filtration, etc. are monitored and reported for efficacy

Lessons learned... Once again, RH 40-60 is key to health!

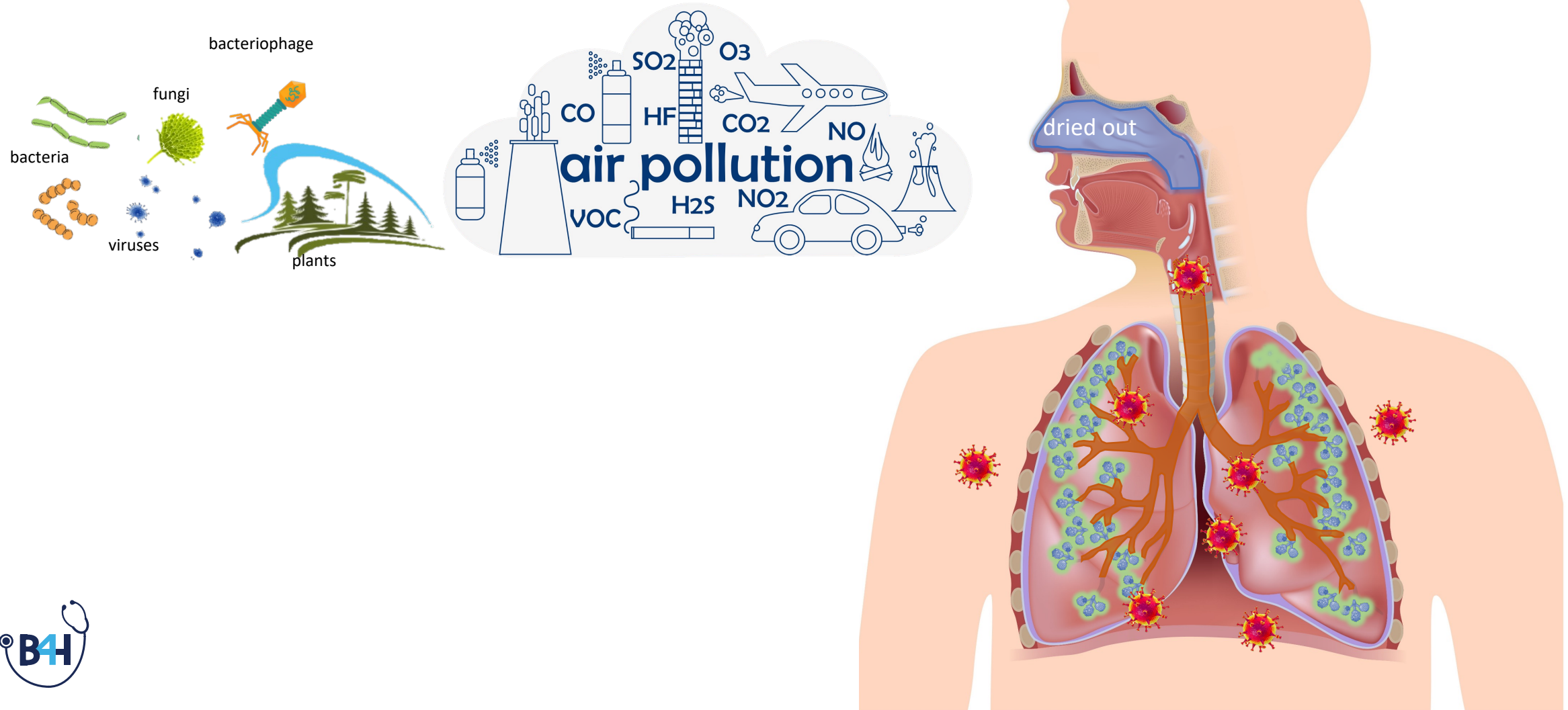
NO₂, SO₂, carbon dioxide, carbon monoxide, particles, ozone, radon, volatile organic compounds can penetrate our bodies



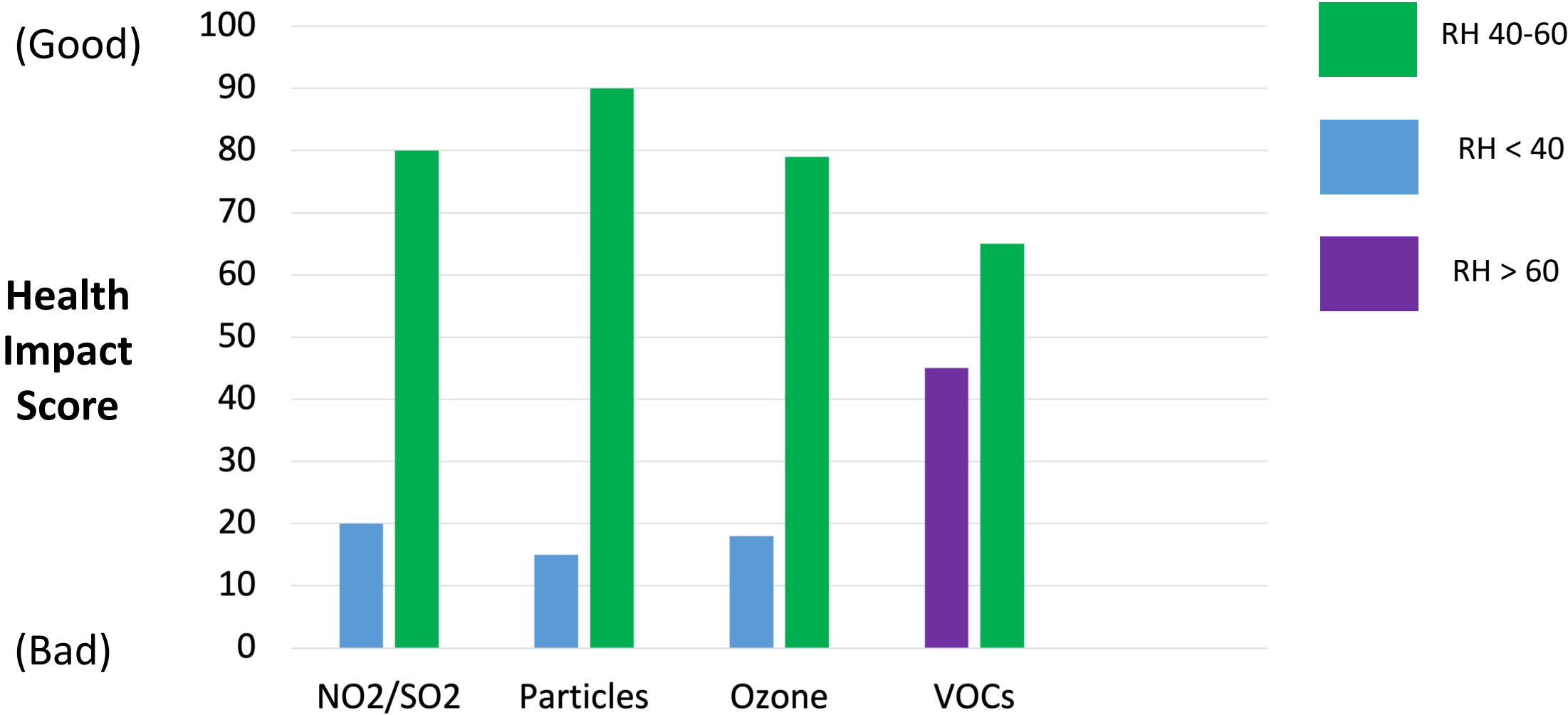
Water vapor, however, protects the membranes surrounding our cells, reducing serious illnesses in multiple organ systems



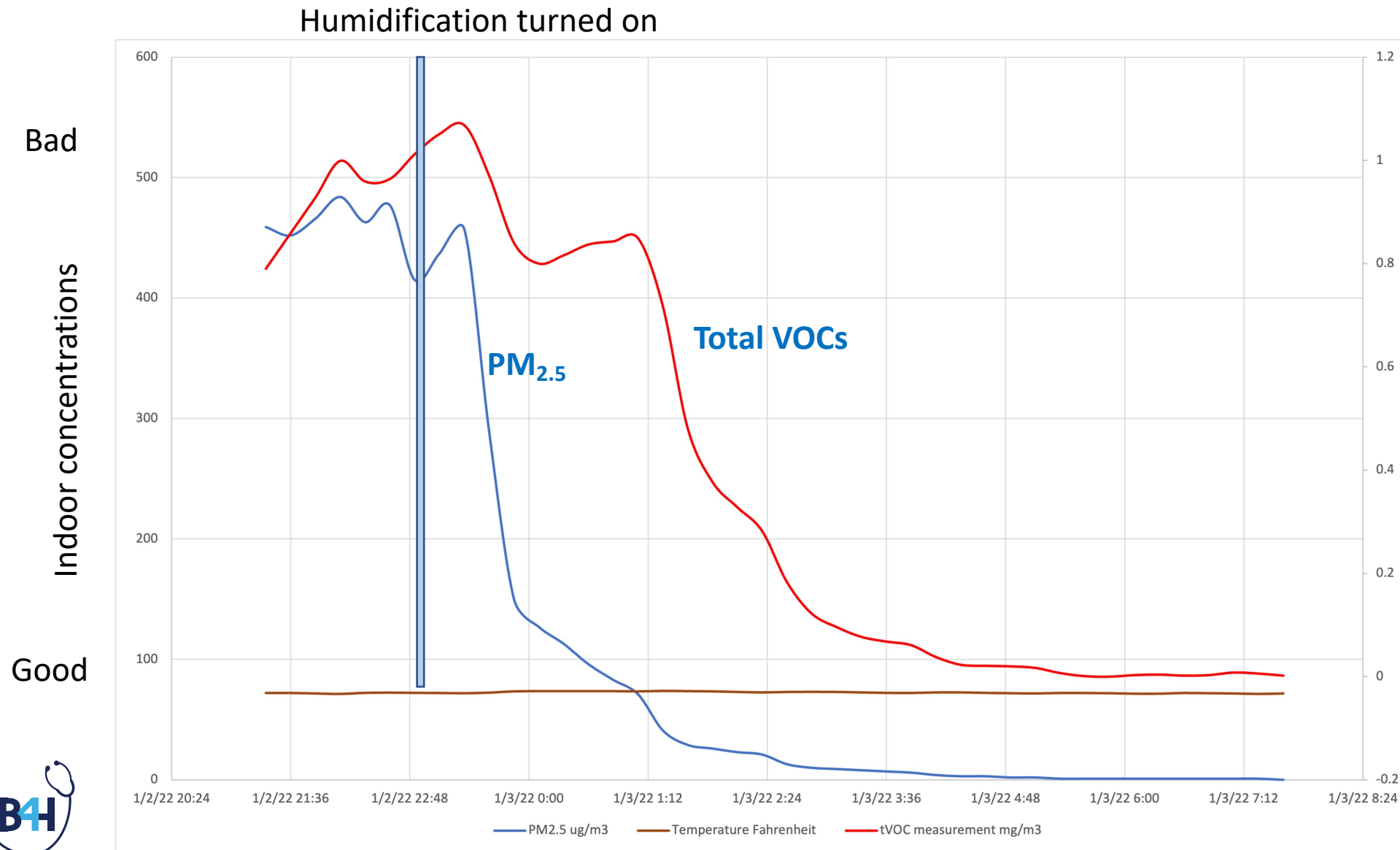
Dry mucus membranes are “open doors” for airborne pathogens and pollutants



RH 40–60% protects occupants from harm from many other indoor pollutants

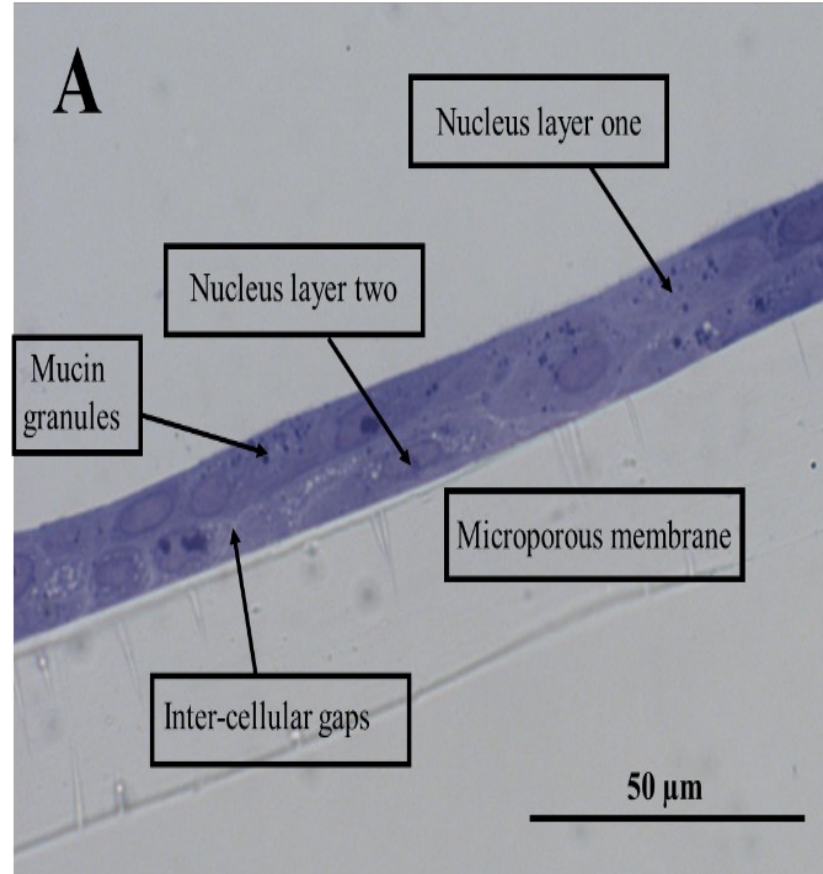


Humidification reduced particles and VOC's within 15 minutes

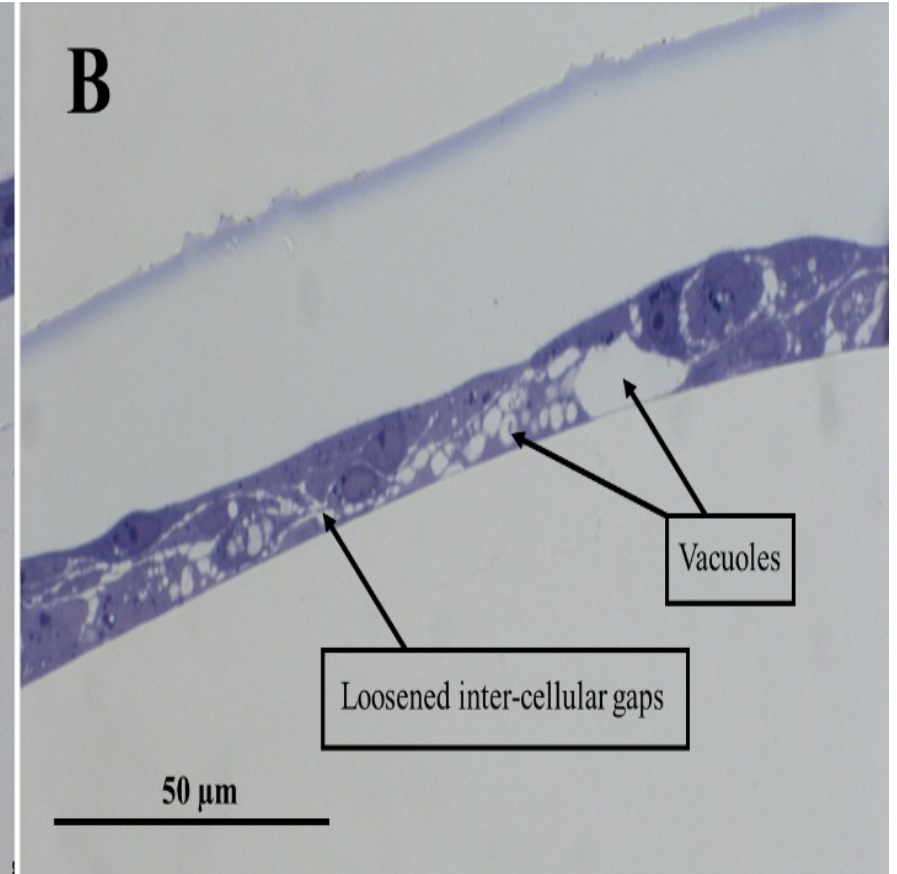


Low RH worsens damage in our upper airways from particles and gases

Low RH exacerbates harm from inhaled ozone (O_3), and nitrogen dioxide (NO_2) induce loosening of inter-cellular junctions



RH 50%



RH 20%

**“Low ambient humidity impairs barrier function
and
innate resistance against influenza infection”**

Proceedings of the National Academy of Sciences, USA. May 19, 2019

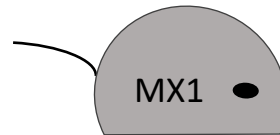
Eriko Kudo, Eric Song, Laura Yockey, Tasfia Rakib, Patrick Wong, Robert Homer,
Akiko Iwasaki



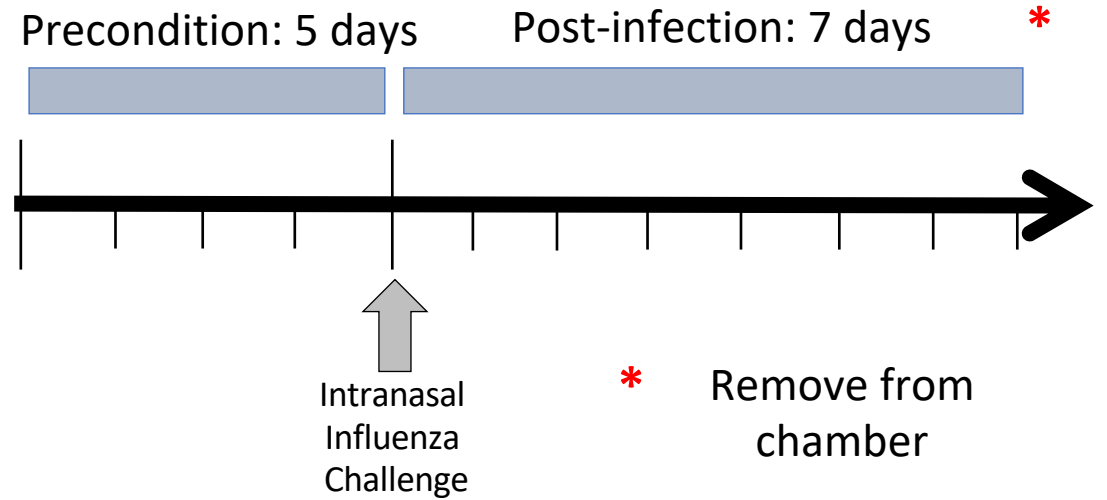
Study setup



Chamber conditions
Temp = 20°C



Mx1 mice have functional Type I IFN responses



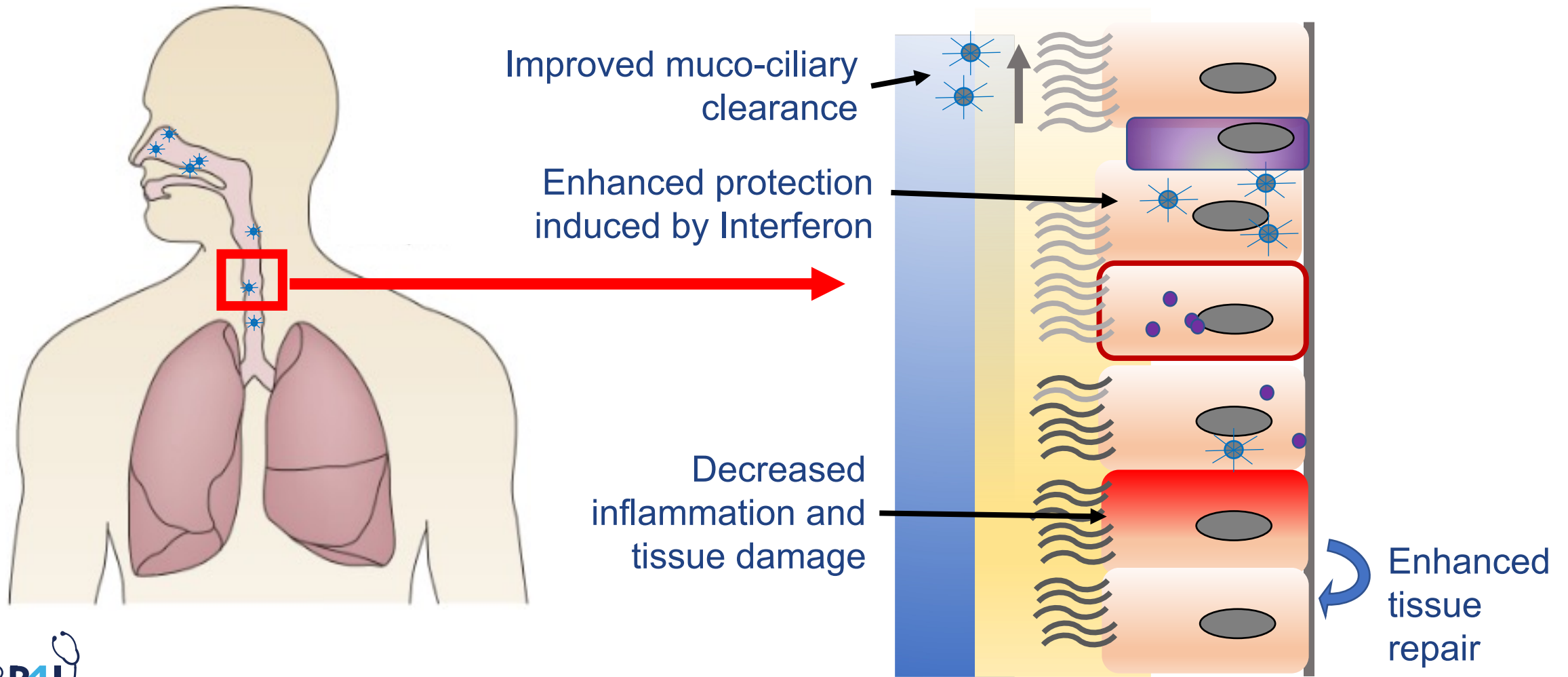
20%RH
3g/m³ AH

or

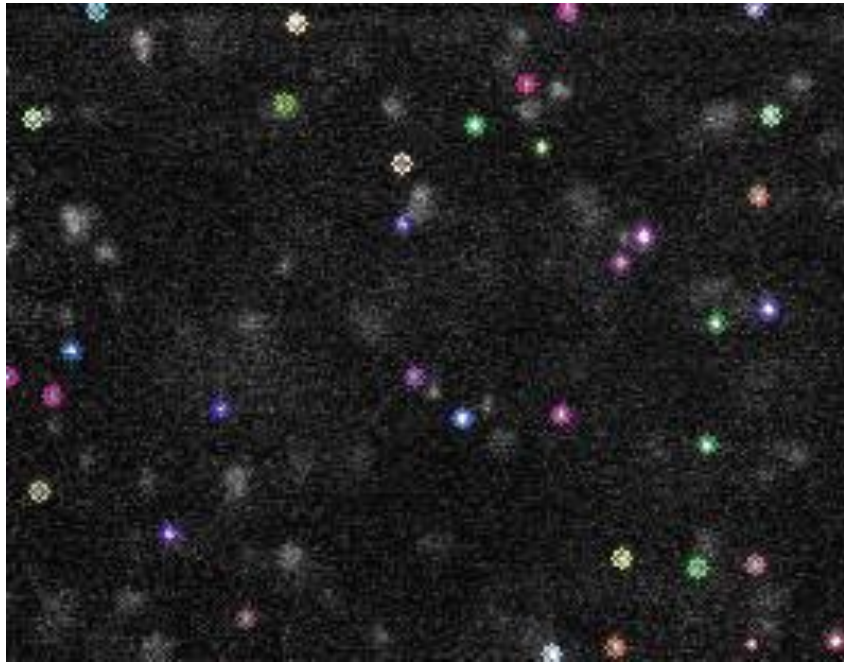
50%RH
9g/m³ AH



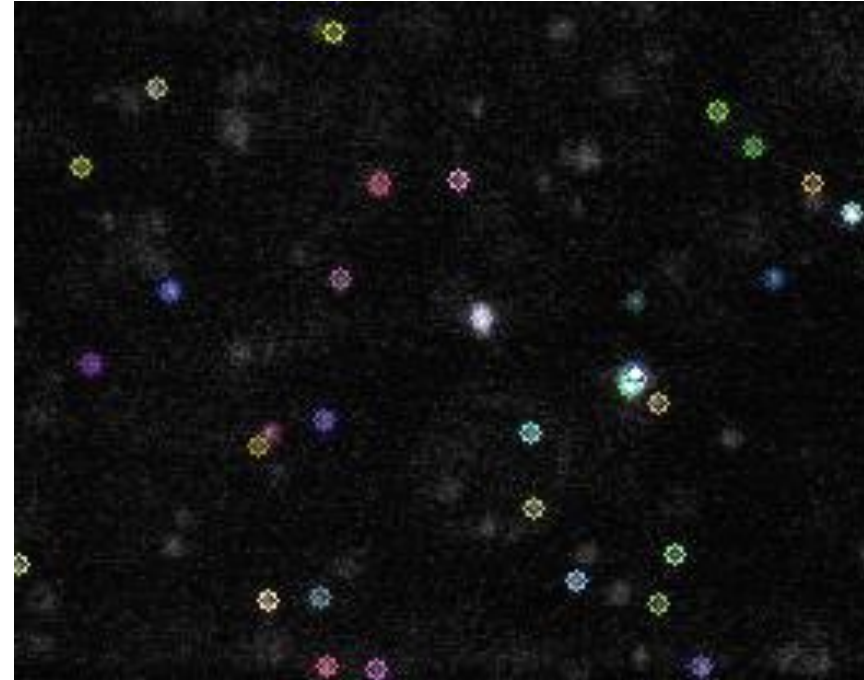
Respiratory immunity was optimal at 50% RH, and impaired at RH 20%



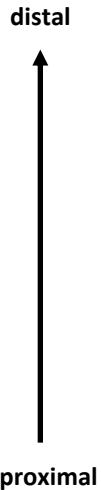
Video-microscopy of muco-ciliary clearance in mice trachea



mice after 5d exposure to **10-20% RH**,
20°C in climate chamber



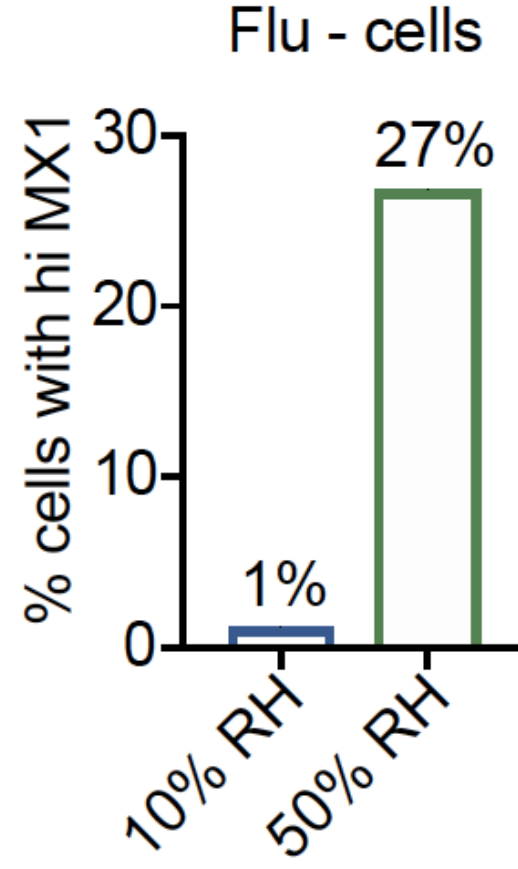
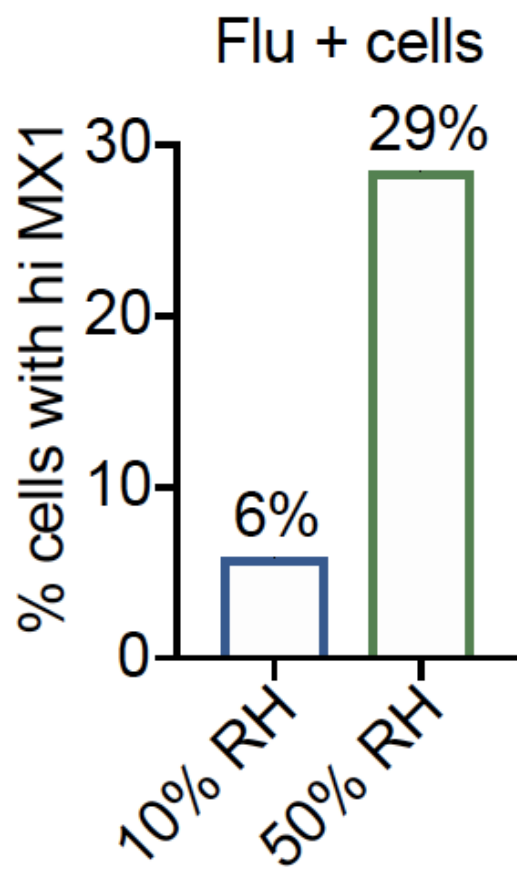
mice after 5d exposure to **50% RH**, 20°C in
climate chamber



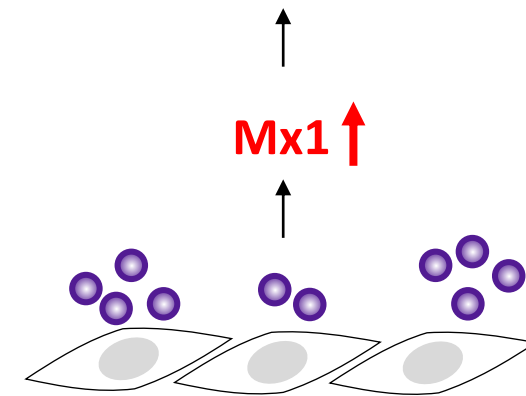
mucus speed reduction
 $12\mu\text{m/s} \rightarrow 4\mu\text{m/s}$

After exposure to aerosolized Influenza viruses, all mice kept in low relative humidity died within 5-10 days

Low RH suppressed interferon protection in both infected & uninfected cells

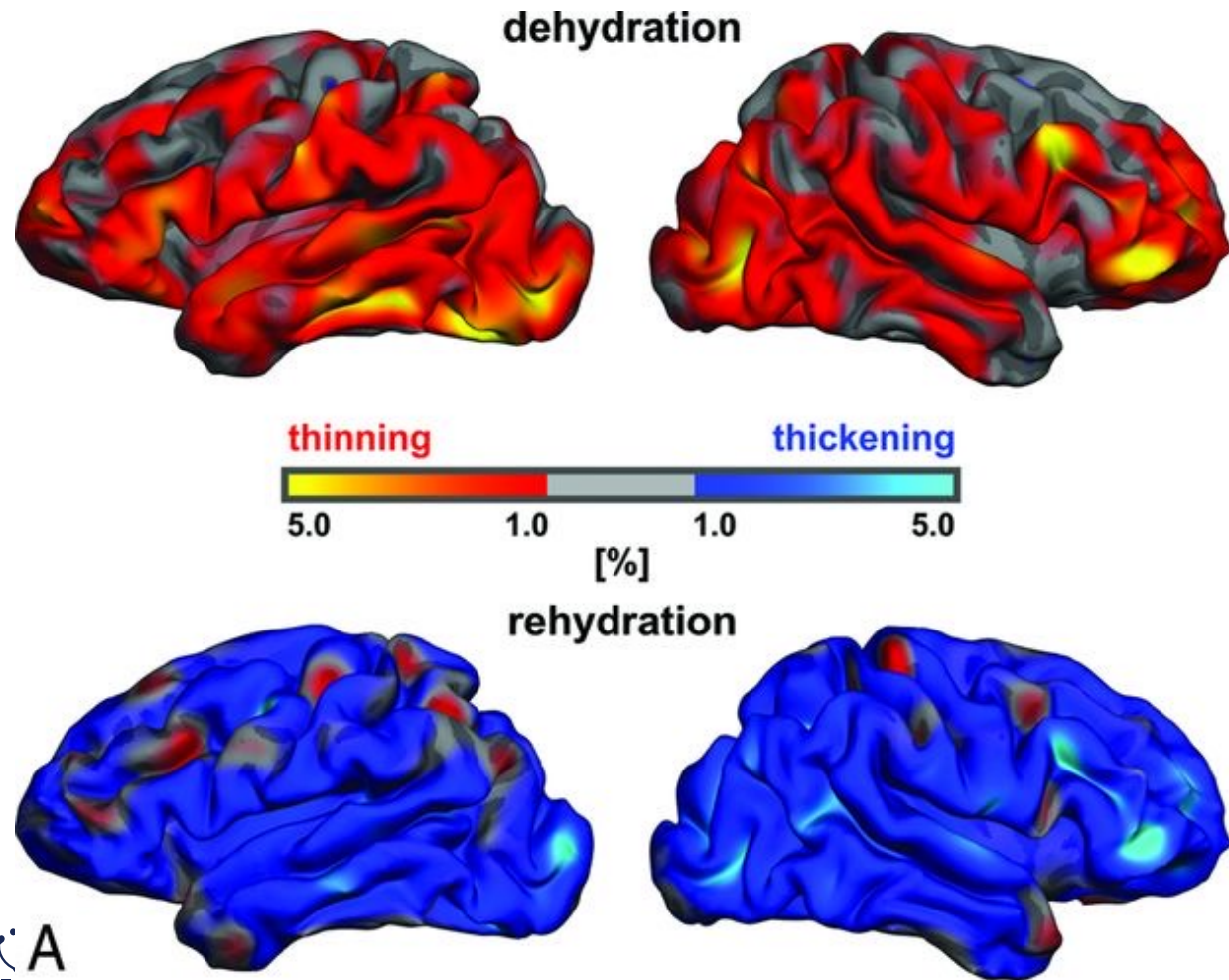


Antiviral effect through interferon



50% humidity enhances antiviral response.

Even mild dehydration leads to impaired balance and cognitive functioning

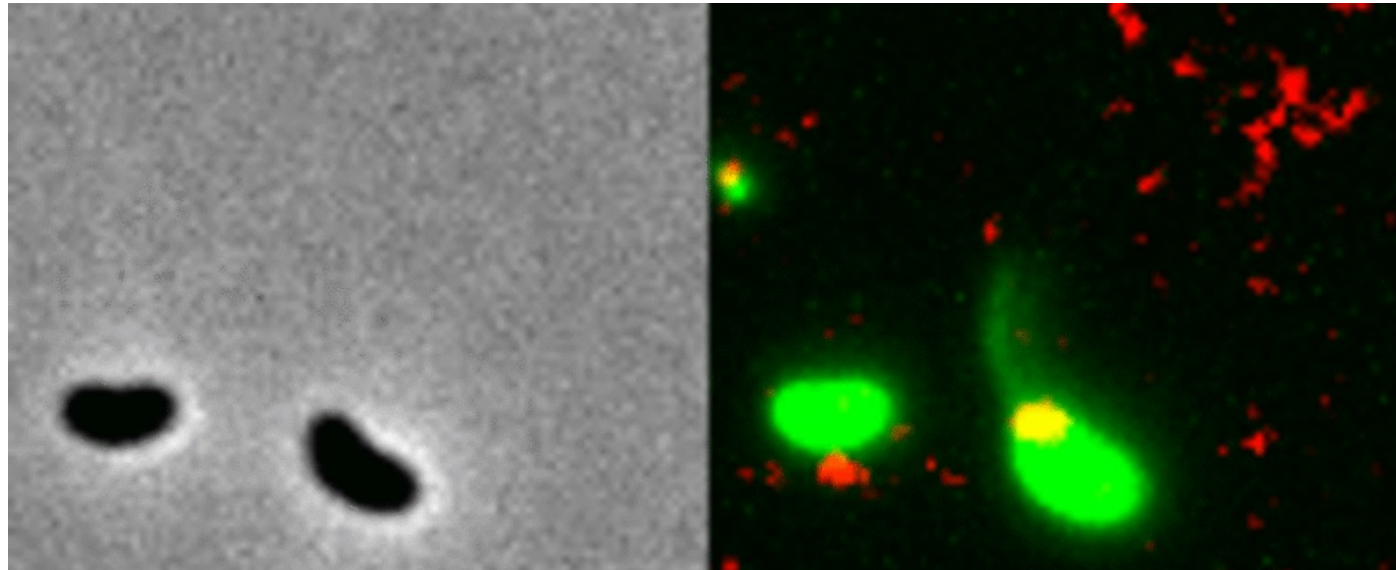


1 percent dehydration has measurable consequences for the brain.

This was a startling and very important finding

"Antibiotic Resistance Can Spread Through The Air, Scientists Warn, And
Yes - You Should Be Terrified"

July 26, 2018

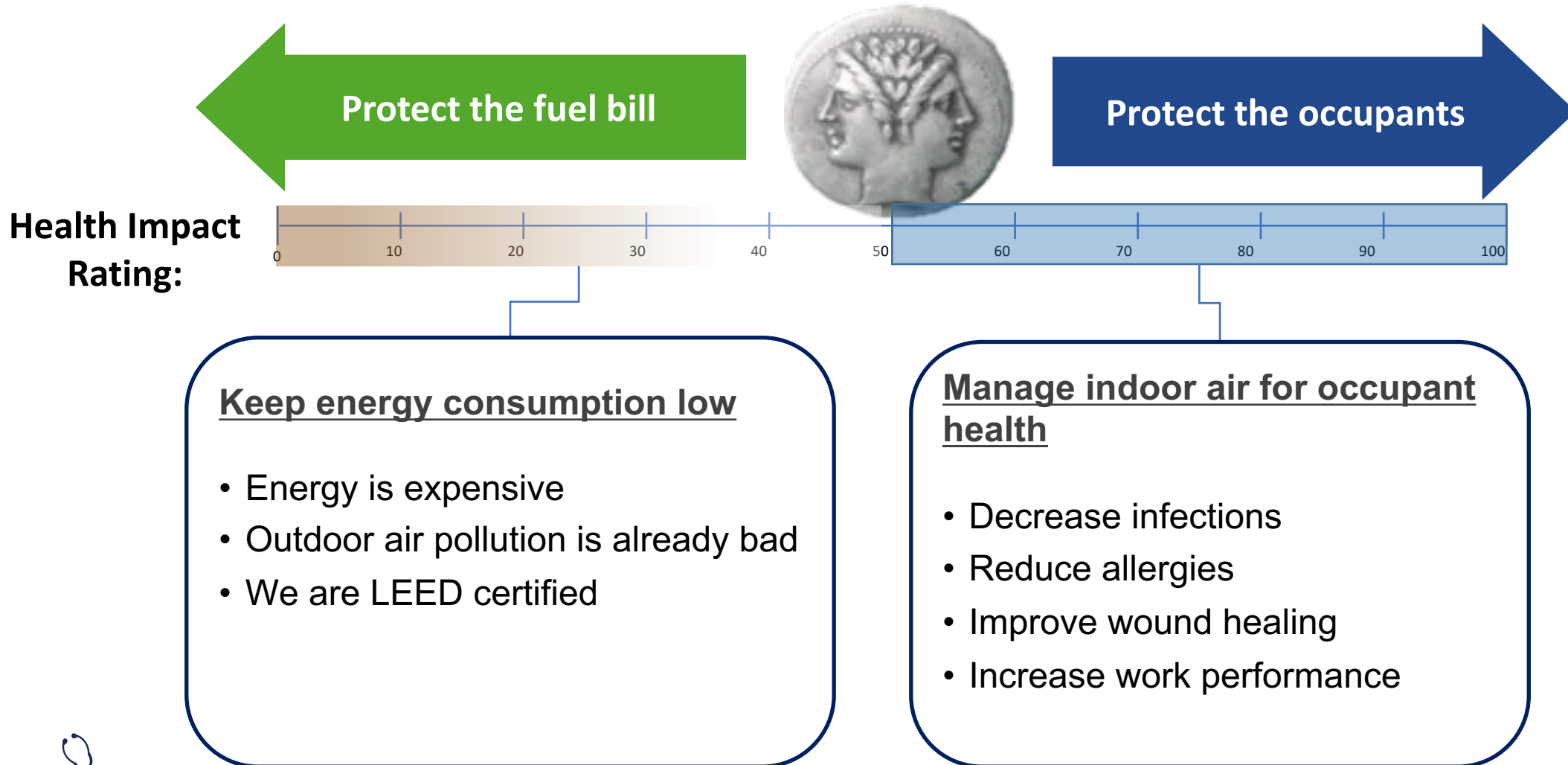


Poor air quality increases the airborne transfer of antibiotic resistance genes

Today's Discussion

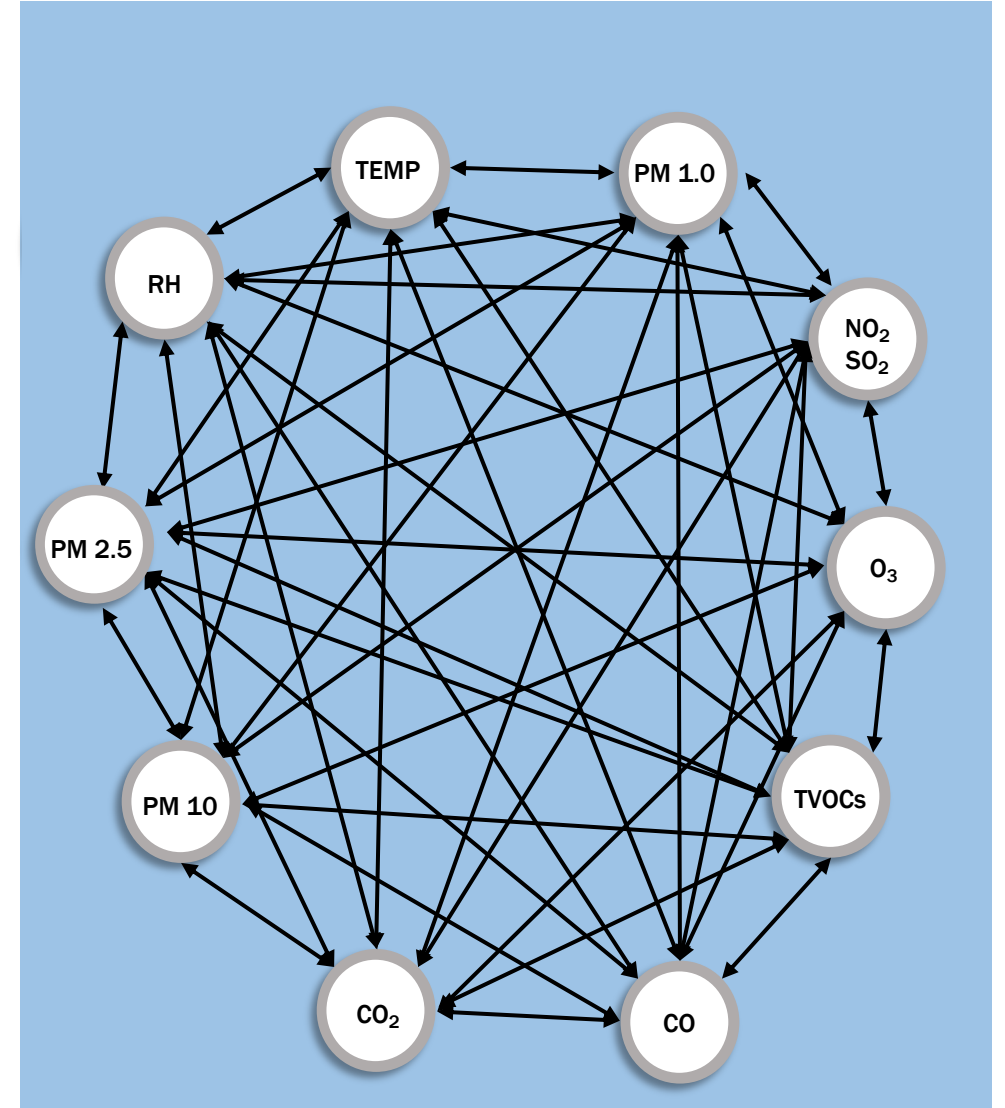
- ① What can we learn from a species-jumping Coronavirus?
- ② The interrelations between IAQ, microbes and human health
- ③ We must manage buildings for energy efficiency and occupant health

Can we resolve this debate?



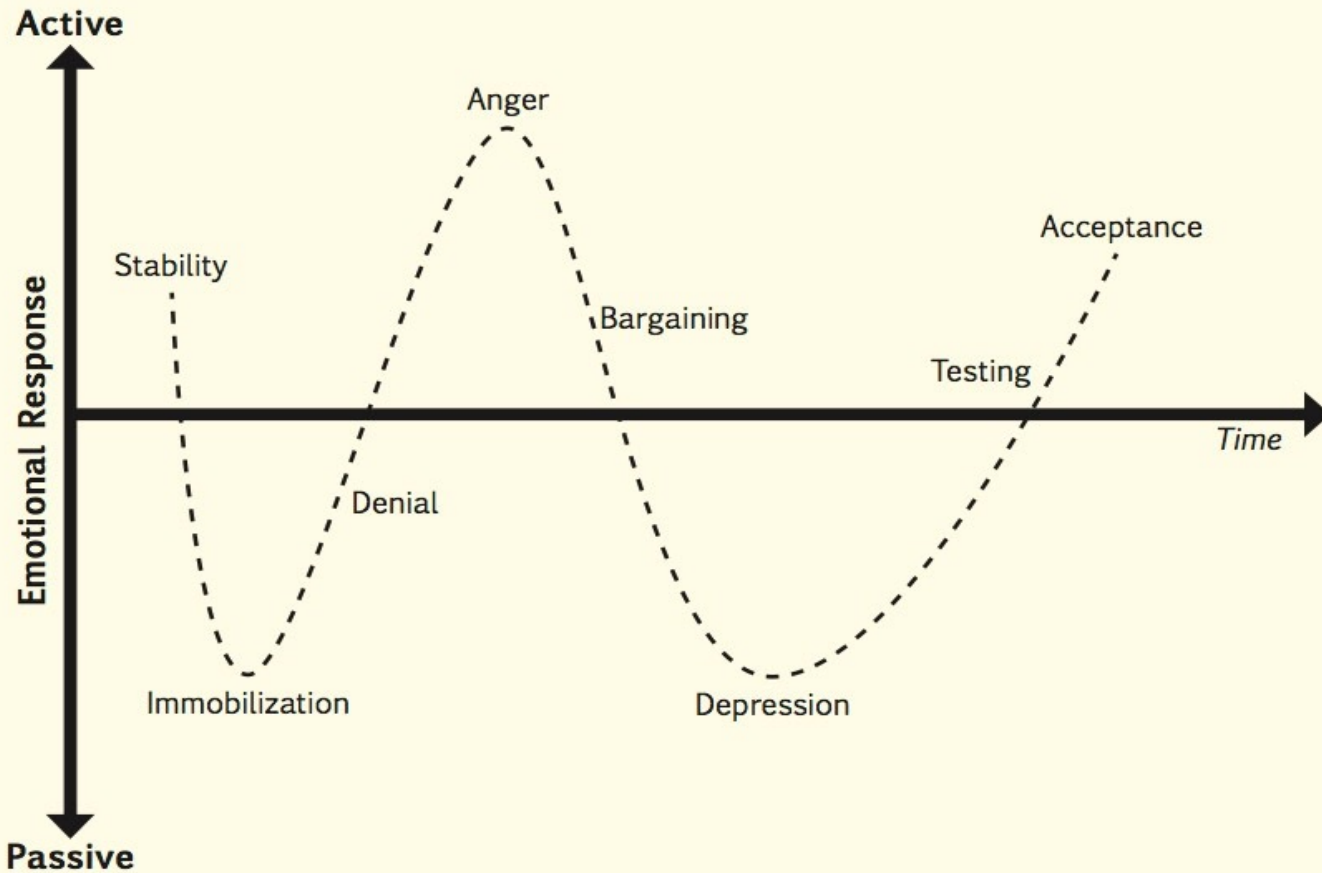
Remediation flexibility can save energy

These interrelations allow for both flexibility and precision in where and when remediation is needed. This means a clearer idea of what is needed, and fewer expensive and high-energy fixes.

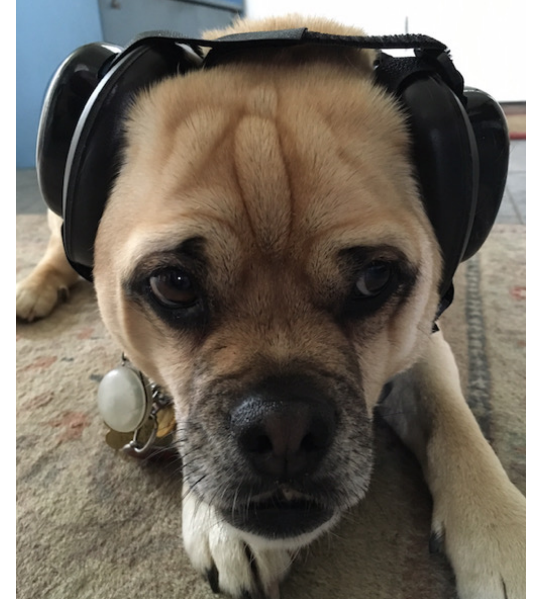


Old Habits Die Hard!

STAGES OF RESISTANCE TO CHANGE



1. Energy focus will be challenged.
2. Building owners resist capital costs.
3. Will health related IAQ data open the door to litigation risks?



Healthy occupants create positive economic returns in every type of building



Commercial Businesses

Communicable respiratory illnesses cost the workforce over \$225 billion per year due to absenteeism and presenteeism.¹



Schools

Poor IAQ reduces individual student grades by 3-7% and lowers the number of students performing in the highest standardized test categories in both math and reading by 3-4%.²



Senior Care

Optimized indoor environments decrease acute illnesses requiring transfers to hospitals, improve patient memory and balance.³

Value of improving IAQ for employee productivity

Total company cost of lost productivity/year	\$	481,250
company cost per employee	\$	4,813
<u>Company statistics (Can be modified)</u>		
Number of employees		100
Average annual salary	\$	70,000
Work days per FTE		250
<u>Calculations</u>		
Lost days cost/employee/year	\$,925
Partial productivity cost/employee/year	\$	2,888
Total number of sick days per employee		6.88
Total number of ill-at-work days/employee		20.63
Lost work day equivalents/employee		10.31
Sick Days/employee/cold		4.25
Sick Days/employee/sinus infection		2.25
Sick Days/employee/flu		0.375
Ill-at-work days/employee/cold		12.75
Ill-at-work days/employee/Sinus infection		6.75
Ill-at-work days/employee/cold/flu		1.125



ROI of reducing HAI's by 10% with humidification in 250-bed hospital

BENEFITS - Year One		Dollars	Q4	
Increase	Increased Revenue	Maximize per day bed value by decreasing LOS Decrease non-reimbursable HAI costs	\$ 1,310,126 \$ 764,890	,126.00 ,890.00
Cost Avc	Cost Avoidance	3% CMS penalty for re... CMS Quality Index penal... Joint Commission c... Employee absenteeism HAI litigation by patients	\$899,880 \$899,880 91,787 TBD TBD TBD	,787.00 TBD TBD TBD 166,803 167,212
INVESTM	Quarterly total		\$2,166,803	-
NET VAL	Cumulative value		\$2,166,803	(23,850) (34,573)
INVESTMENTS				-
	Gas			58,423
	Installation & Integration of New System		(\$1,198,500)	142,194
	Maintenance		(23,850)	108,380
	Operating Cost		(34,573)	125,018
	OR & PT Room Down Time		(10,000)	
	Quarterly total		(\$1,266,923)	
	Cumulative investment		(\$1,266,923)	
NET VALUE				

\$7,225,018
1st Quarter
500.97%



Do humans have a dollar value outside of the hospital and workplace?



These human corpses are worthy of excellent IAQ



“Arrrgghh, Why didn’t we manage our RH sooner?!?”

Today's Discussion

- ① What can we learn from a species-jumping Coronavirus?
- ② The interrelations between IAQ, microbes and human health
- ③ We must manage buildings for energy efficiency and occupant health

Conclusions

- By giving visibility to the health impact of the indoor environment, we have a scientific basis for managing IAQ to support occupant health, productivity and learning
- By knowing the interactive chemistry, attainable remediation can diminish the harm of interacting indoor pollutants
- Humidification to RH 40%–60% is a **foundational step in** supporting health
- Healthy people increase the profitability of businesses and the success of our species



If you do not measure it – you can't manage it



My landing with a malfunctioning altimeter



Flying free with accurate metrics

Thank you

Questions?

stephanie@B4Hinc.com

www.B4Hinc.com



Building Clarity | Building Confidence | Building4Health



Partial Bibliography

- Gibbons SM. 2016, The built environment is a microbial wasteland, *mSystems* 1(2):e00033-16. d
- Kembel SW, 2012, Architectural design influences the diversity and structure of the built environment microbiome, *The ISME Journal* (2012) 6, 1469–1479
- Stone W et al, 2016, Microbes at Surface-Air Interfaces: The Metabolic Harnessing of Relative Humidity, Surface Hygroscopicity, and Oligotrophy for Resilience, *frontiers in Microbiology* 7:1563. doi: 10.3389/fmicb.2016.01563
- Ebinesh A, 2017, Conspiracy of domestic microenvironment, bacterial stress response and directed mutagenesis towards antimicrobial resistance: Lessons for health care. *J Infectious Disease Med Microbiol.* 2017;1(1):1-3.
- Helsinki alert of biodiversity and health, *Annals of Medicine*, 2015
- Vandegrift R et al, 2017, Cleanliness in context: reconciling hygiene with a modern microbial perspective, *Microbiome* (2017) 5:76
- Chopra A, Lineweaver, 2016, The Case for a Gaian Bottleneck: The Biology of Habitability, *ASTROBIOLOGY*, Volume 16, Number 1, 2016
- Goffau MC et al, 2009, Bacterial pleomorphism and competition in a relative humidity gradient, *Environmental Microbiology* (2009) 11(4), 809–822



Partial Bibliography

- Goffau MC et al, 2009, Bacterial pleomorphism and competition in a relative humidity gradient, *Environmental Microbiology* (2009) 11(4), 809–822
- Kramer A et al, 2006, How long do nosocomial pathogens persist on inanimate surfaces, a systematic review, *BMC Infectious Diseases* 2006, 6:130
- Noti JD et al. 2013. Higher Humidity Leads to Loss of Infectious Virus from Simulated Coughs. University of Illinois. *Tropical Medicine & International Health*. 2008., Volume 13, Issue 12, pages 1543-1552, 6 Oct.
- Sterling EM et al. 1985. Criteria for Human Exposure to Humidity in Occupied Buildings. *ASHRAE Transactions*. Vol. 91. Part 1.
- Fuchsman et al. 2017. Effect of the environment on horizontal gene transfer between bacteria and archaea . *PeerJ* 5:e3865; DOI 10.7717/peerj.3865.
- Donovan TL et al. 2008. Employee absenteeism based on occupational health visits in an urban tertiary care Canadian hospital. *Public Health Nursing* 25(6), 565-575.



Partial Bibliography

Low ambient humidity and upper respiratory health

- 1 **Proctor DF**, Andersen I, Lundqvist GR. Human nasal mucosal function at controlled temperatures. *Respiration Physiology*. 1977;30(1):109-24.
- 2 **Proctor DF**, Andersen I, Lundqvist G, Swift DL. Nasal Mucociliary Function and the Indoor Climate. *Journal of Occupational and Environmental Medicine*. 1973;15(3).
- 3 **Andersen IB**, Lundqvist GR, Proctor DF. Human nasal mucosal function under four controlled humidity's. *Am Rev Respir Dis*. 1972;106(3):438-49.
- 4 **Andersen I**, Lundqvist GR, Proctor DF. Human nasal mucosal function in a controlled climate. *Arch Environ Health*. 1971;23(6):408-20.
- 5 **Andersen I**, Lundqvist GR, Jensen PL, Proctor DF. Human response to 78-hour exposure to dry air. *Arch Environ Health*. 1974;29(6):319-24.
- 6 **Ewert G**. In the mucus flow rate in the human nose. *Acta Otolaryngol Suppl*. 1965;200:Suppl 200:1-62.
- 7 **Salah B**, Dinh Xuan AT, Fouilladieu JL, Lockhart A, Regnard J. Nasal mucociliary transport in healthy subjects is slower when breathing dry air. *Eur Respir J*. 1988;1(9):852-5.
- 8 **Sunwoo Y**, Chou C, Takeshita J, Murakami M, Tochihara Y. Physiological and subjective responses to low relative humidity in young and elderly men. *J Physiol Anthropol*. 2006;25(3):229-38.
- 9 **Lindemann J**, Sannwald D, Wiesmiller K. Age-related changes in intranasal air conditioning in the elderly. *Laryngoscope*. 2008;118(8):1472-5.
- 10 **Ho JC** et al. The effect of aging on nasal mucociliary clearance, beat frequency, and ultrastructure of respiratory cilia. *Am J Respir Crit Care Med*. 2001;163(4):983-8.
- 11 **Pinto JM**, **Jeswani S**. Rhinitis in the geriatric population. *Allergy, Asthma & Clinical Immunology*. 2010;6(1):10.
- 12 **Sahin-Yilmaz A**, Naclerio RM. Anatomy and physiology of the upper airway. *Proc Am Thorac Soc*. 2011 Mar;8(1)
- 13 **Boss GR**, **Seegmiller JE**. Age-related physiological changes and their clinical significance. *West J Med*. 1981;135(6):434-40.
- 14 **Kalmovich LM**, Elad D, Zaretsky U, Adunsky A, Chetrit A, Sadetzki S, Segal S, Wolf M. Endonasal geometry changes in elderly people: acoustic rhinometry measurements. *J Gerontol A Biol Sci Med Sci*. 2005 Mar;60(3)
- 15 **Sahin-Yilmaz A**, Naclerio RM. Anatomy and physiology of the upper airway. *Proc Am Thorac Soc*. 2011 Mar;8(1)
- 16 **Paul P et al**, The Effect of Ageing on Nasal Mucociliary Clearance in Women: a Pilote Study, *ISRN Pulmonology* 2013 Vol 2013 Pages 598589, <https://doi.org/10.1155/2013/598589>
- 17 **Yadav J**, **Singh J**, **Ranga RK**. Effects of Aging on Nasal Mucociliary Clearance. *Clin Rhinol An Int J* 2011; 4 (1):1-3.

