

THE HEALTHY BUILDING ALLIANCE

Founding Charter of HBA Environmental Experts

A binding statement of diagnosis, position, and operating practice

Preamble

This Charter is the founding document of the Healthy Building Alliance Environmental Experts. It is a working agreement among professionals who have, individually and through their own work, arrived at the same conclusion: the residential building stock in much of the United States is structurally predisposed to the moisture and mold problems that the remediation industry then exists to treat, and the existing industry response is, in too many cases, part of the problem rather than the solution.

We do not write this Charter to start a new conversation. Many of the professionals signing it have already changed their commercial practice in response to what they have seen — building with insulated concrete forms, rammed earth, FASWALL, hempcrete, monolithic reinforced concrete, and other structural approaches that address moisture management at the assembly level rather than chasing it after the fact. Others have devoted their careers to the assessment, remediation, medical, legal, and policy work that the failures of standard practice make necessary. What we have lacked is a coordinated voice and a shared standard. This Charter provides both.

This document is not a marketing statement. Signing it commits the signer to specific operating practices, to a public roster, and to an accountability process under which membership can be lost. We ask members to read it on those terms.

I. Diagnosis: What We Are Confronting

1. Mold is downstream of moisture. Moisture is downstream of design.

The overwhelming majority of residential mold contamination is the predictable consequence of how the building was specified, permitted, and constructed — not of how the occupants live in it. To treat mold as the problem is to treat a symptom while leaving the disease intact. Remediation that does not identify and correct the underlying moisture source produces only temporary relief and frequent recurrence.

2. Code-compliant construction in much of the U.S. is moisture management failure waiting for an excuse.

This is the position the building science community has documented for three decades. It is not contrarian. It is not radical. It is the work of the Department of Energy's Building America Program, the published research of Building Science Corporation, and the lived experience of every professional who has opened enough wall cavities to know what they contain.

Vapor-barrier mandates trap moisture in wall cavities rather than control it. Energy-code-driven envelope tightness without commensurate mechanical ventilation. Foundation details lacking proper capillary breaks. Crawlspace venting requirements that draw humid air across cool surfaces. HVAC sizing and duct design that depressurize occupied spaces. Spray foam roof assemblies that create concealed moisture sinks. These are not edge cases. They are the standard practice that prevailing codes require, permit, or fail to prevent.

The result is a housing stock in which mold formation in concealed cavities is, for practical purposes, structurally inevitable. No amount of surface remediation, biocide application, or post-occupancy diligence will reliably overcome an assembly that cannot dry. The building is the patient. We will say so plainly.

3. The remediation industry, as currently practiced, is part of the problem.

Combined testing-and-remediation under one roof. Free inspections that lead to same-day pressure to sign. Encapsulation marketed as remediation. Clearance testing was performed by the same party that performed the work. Fear-based marketing built around the term "toxic black mold," a media construct rather than a clinical category. Invented credentials issued by the contractor's own affiliated entities. These practices are widespread, and they survive because the industry is largely unregulated. Where regulation exists, it is patchwork. Only a small number of states require any licensing of mold inspectors or remediators at all.

We do not consider these practices to be unfortunate quirks of a young industry. We consider them to be conflicts of interest that the responsible portion of the trade is obligated to refuse and to publicly distinguish itself from.

4. The clinical questions are unresolved — but the standard of care is not contingent on resolving them.

Active research, including the work being done around Chronic Inflammatory Response Syndrome and related biotoxin-illness frameworks, continues to develop the medical understanding of how exposure to water-damaged buildings affect human health. The scientific picture is incomplete and is the appropriate subject of ongoing inquiry. We do not require any member of this Alliance to take a clinical position on those questions, and we do not condition this Charter on any particular medical framework being validated.

What the Charter does require is that members operate to a standard of care that protects occupants regardless of which clinical framework eventually proves dominant. The structural

and procedural commitments below stand on their own merits. They are correct whether or not any specific illness construct is later affirmed by mainstream medicine.

5. Healthier buildings exist. They are not exotic. They are a structural answer to a structural problem.

Properly executed insulated concrete form construction, rammed earth, hempcrete, FASWALL, monolithic reinforced concrete, and similar approaches are documented, code-permissible in most U.S. jurisdictions with appropriate engineering and have track records measured in decades or centuries. The choice many of our members have made to build with these methods, or to specify them in their professional work, is not a stylistic preference. It is a functional response to the structural failure described above. We name them here not to advocate any single method, and not to denigrate well-executed conventional construction, but to make plain that the systemic problem has known and demonstrated structural solutions.

II. Position: What We Stand For

Based on the diagnosis above, the Alliance takes the following positions publicly and without qualification:

- Healthy buildings begin with how a building is designed and built, not with how it is cleaned. Remediation is necessary triage; it is not a substitute for a structurally sound enclosure.
- The separation of environmental assessment from remediation is a non-negotiable condition of professional integrity in this industry. A firm that performs both functions on the same project for the same client has a financial incentive to overstate findings, and no client-side mechanism corrects for it.
- Root-cause identification is a required deliverable of any environmental assessment, not an optional add-on. An assessment report that does not name a moisture source or building-performance condition is an incomplete report.
- Fear-based marketing is incompatible with professional practice. We reject it.
- Members of this Alliance will be transparent about credentials, conflicts of interest, and the limits of what they know. We will not invent certainty we do not possess.
- The Alliance exists to coordinate the responsible portion of this industry, to give the public a means of identifying it, and to advocate for the upstream reforms — in code, in licensing, in disclosure law, in housing policy — that the diagnosis above demands.

III. Operating Commitments

Members commit, in their professional work and as a condition of continued membership, to the following:

1. **Separation of testing and remediation.** A member firm will not perform initial environmental assessment and remediation on the same project under the same engagement or financial arrangement. Where a member firm offers both capabilities in the marketplace generally, they will be conducted on separate projects under separate engagements, never combined as a single offering on a given property.
2. **Root-cause identification and documentation.** No remediation will be undertaken by a member firm without a written identification of the moisture source, building-performance condition, or other underlying causes that produced the contamination. Where the cause cannot be definitively determined that fact will itself be documented, along with the steps required to determine it.
3. **Independent post-remediation verification.** Clearance assessment will be performed by an Indoor Environmental Professional independent of the remediating firm. Self-clearance is incompatible with this Charter.
4. **No fear-based marketing.** Members will not employ “toxic black mold” framing, same-day pressure tactics, manufactured urgency, or imagery designed to provoke fear rather than convey information. Communication with prospective and current clients will be factual, calm, and proportional to the conditions present.
5. **No encapsulation as substitute for removal.** Painting, sealing, or biocide application over visible mold contamination is not remediation, regardless of how it is described in marketing or contracts. Members will not represent such practices as completed remediation and will not perform them in lieu of removal where the standard of care requires removal.
6. **Honest scope.** Members will not recommend assessment, remediation, or rebuild work that the conditions do not warrant. Findings will be reported in plain language. Where the appropriate next step is monitoring, source correction, or no further action, that is what the report will say.
7. **Verifiable credentials only.** Members will represent only credentials they hold from accredited, third-party bodies. Self-issued credentials, designations from non-arms-length organizations, and academic-sounding titles without verifiable basis will not be used in member representations.
8. **Standard of care for hypersensitive occupants.** Where occupants are known or reasonably believed to be immunocompromised, environmentally hypersensitive, or otherwise at elevated risk, members will apply protocols appropriate to that risk regardless of whether the project budget would otherwise call for them.

9. **Disclosure of conflicts of interest.** Where a member has a financial relationship with a tested product, recommended specialist, downstream contractor, laboratory, or referred firm, that relationship will be disclosed in writing to the client at the point of recommendation.
10. **Cooperation with the accountability process.** Members will participate in good faith in the complaint review and dispute resolution process maintained by the Alliance, including providing documentation reasonably necessary to evaluate complaints filed against their work.

IV. What the Alliance Will Advocate For

The diagnosis above implies upstream work that no individual member can do alone. The Alliance will pursue, as a coordinated body and on behalf of its members, the following reform priorities:

1. State licensing of mold assessors and remediators in all fifty states, structured around the mandatory separation of those two functions.
2. Formal adoption of ANSI/IICRC S520 as the operative remediation standard at the state and federal level, building on the precedent established by its inclusion in the 2026 National Defense Authorization Act.
3. Code reforms at the state level and within the International Residential Code addressing the structural moisture-management failures we encounter daily — capillary breaks at foundations, climate-appropriate vapor management, mechanical ventilation paired with envelope tightness, and conditioned-crawlspace standards.
4. Mandatory disclosure of prior water damage and remediation in residential real estate transactions, modeled on existing lead and asbestos disclosure regimes.
5. Repeal or limitation of non-disclosure agreements that prevent occupants of unsafe housing — military and civilians from speaking publicly about their experience.
6. Funding and institutional support for independent research on mold-related illnesses, including but not limited to the Chronic Inflammatory Response Syndrome framework and adjacent biotoxin-illness research programs.
7. Recognition, in code and in lending, of structurally healthier building methods — ICF, rammed earth, FASWALL, hempcrete, monolithic concrete, and others — as legitimate and insurable alternatives to conventional light-frame construction.

V. Accountability

The Alliance maintains a public roster of members in good standing. Membership is not tenured; it is a current claim about how the member operates.

Members who, after review through the Alliance’s established complaint and dispute-resolution process, are found to have violated the Operating Commitments above will be removed from the roster. That removal will be made public. We consider this commitment to public removal to be the single most important credibility signal the Alliance offers, and we are not willing to soften it.

The Alliance does not operate as a guarantor of any individual member’s work. It operates as a body that holds its members to the standards stated above and that publicly identifies those who fail to meet them.

VII. Signature

By signing below, I affirm the diagnosis, position, and operating commitments set forth in this Charter. I agree to operate in accordance with them in my professional work, to participate in good faith in the Alliance’s accountability process, and to be listed on the public member roster on that basis. I understand that membership may be revoked through the process described in this Charter and that such revocation will be made public.

Printed name

Credentials and primary practice area

Firm or organization (if applicable)

Signature

Date

*Founding Charter — Working Draft v1.0
For review and revision by founding members prior to public release.*