



DIVISION OF
STUDENT AFFAIRS
OFFICE OF THE VICE PRESIDENT

2108 Mitchell Building
College Park, Maryland 20742-2552
301.314.8428 TEL 301.314.9606 FAX
www.studentaffairs.umd.edu

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Delegate Adrienne A. Jones
Chair, Education and Economic Development Subcommittee,
Appropriations Committee
312 House Office Building
6 Bladen Street
Annapolis, MD 21401

Dear Delegate Jones and Members of the Subcommittee:

I am writing to you today as the Vice President for Student Affairs at the University of Maryland, a position I have held for 18 years. In this role, I oversee 14 departments, including the University Health Center, whose staff treated the adenovirus cases, and Residential Facilities, whose staff addressed the mold. In addition, I supervise Resident Life, Dining Services, Transportation Services, Conferences & Visitor Services, Stamp Student Union, University Recreation & Wellness, Fraternity & Sorority Life, Student Conduct, Development & External Relations, Counseling Center, Career Center, and Parent & Family Affairs.

I appreciate the opportunity to respond in writing to Ian Paregol's February 21 testimony. Before responding, I again want to express my deepest sympathy and condolences to the Paregols for the loss of their daughter, Olivia.

Some of Mr. Paregol's comments addressed the presence of mold and adenovirus at the University of Maryland during the fall 2018 semester. I hope the following information will clarify these issues.

MOLD

Mold is a substance that commonly and naturally occurs in indoor and outdoor environments. It is not unusual for the university to respond to 250 reports of mold in residence halls in an academic year. The fall 2018 semester was highly unusual, however. After three weeks of intense and prolonged rainfall, high heat, and sustained high humidity, we received 1,750 reports of mold from residential students. Many other higher education and K-12 institutions in

Maryland and elsewhere also experienced excessive mold during this same time period.¹ Experts in mold remediation reported that similar weather conditions had not existed in Maryland in 120 years.^{2,3}

As the unusually large number of reports of molds were received, the university responded promptly to address the situation. We consulted with and followed the recommendations of the University of Maryland Department of Environmental Safety, Sustainability and Risk; the federal Environmental Protection Agency; and the federal Occupational Safety and Health Administration regarding remediation practices. Calls and reports of mold in residence halls were responded to typically within one day, and were addressed based upon the source of the moisture. Mold on surfaces was remediated in accordance with national guidelines.^{4,5}

The university ultimately hired five independent companies to assist. We used one outside consultant to investigate sources of visible mold and make recommendations regarding the appropriate course of action. We hired remediation specialists to do a comprehensive cleaning of rooms, following industry standards. These specialists also cleaned and verified the working condition of each fan coil unit in the individual air conditioning units in residence hall rooms. Another contractor provided an independent verification that the cleaning and remediation was complete and acceptable prior to re-occupancy. University of Maryland Residential Facilities management staff remained on site and supervised all work.

To facilitate a thorough cleaning of Elkton Hall, students were moved temporarily, floor-by-floor, to local hotels. The HVAC system in Elkton Hall does not recirculate air from room to room or floor to floor; thus, it was not necessary that the entire building be evacuated at one time.

Going forward, we will engage in a multi-faceted approach to ensuring moisture control and dehumidification in our residence halls, while responding to any issue that may arise promptly and thoroughly. Examples of planned work include but are not limited to roof replacements, HVAC system enhancements, installation of portable dehumidifiers, and storm water management.

¹ <https://www.chronicle.com/article/Higher-Ed-s-Spreading/245091>

² https://www.washingtonpost.com/weather/2018/10/02/this-swampy-brown-map-sums-up-september-eastern-us/?utm_term=.2db13c0b96ad

³ https://www.washingtonpost.com/news/capital-weather-gang/wp/2018/08/30/its-been-relentless-smothering-summer-humidity-in-the-northeast-has-crushed-records/?utm_term=.0623b8a81d6a

⁴ <https://www.epa.gov/mold/mold-remediation-schools-and-commercial-buildings-guide>

⁵ <https://www.osha.gov/Publications/OSHA3691.pdf>

ADENOVIRUS:

Adenoviruses are common viruses, encompassing approximately 50 different types of strains that can cause a range of illnesses. Some manifest in the form of colds and pink eye; others develop into more serious respiratory infections.⁶ The more serious forms of adenovirus have not been commonly observed on college campuses. Adenovirus is not typically tested for in an outpatient setting, in part because the "first-line" test detects only the presence of adenovirus and not the specific type. There is no medication that can be prescribed to treat adenovirus infection in the outpatient setting; it does not respond to antibiotics. Treatment of adenovirus-associated illness is supportive to address the symptoms of the virus, and includes fever control, hydration and rest.

Typically, we issue communications about influenza-like illnesses, of which certain adenovirus strains are causes, in December or January. In the fall of 2018, however, when we began to observe a pattern of respiratory illness in our community, we initiated communications in early November. We worked closely with County and State health department officials, who also take guidance from the federal Centers for Disease Control, to address adenovirus on campus. We are in regular contact with these officials in addressing the occurrence of any infectious disease on our campus.

After the initial early November communication, we issued seven campus-wide communications between November 9 and January 24 about viruses and illness prevention generally, and adenovirus specifically. Our messages included advice about social distancing and handwashing, measures that must be employed to control the spread of infections in close-knit communities. We also posted to social media and distributed fliers across campus. Also, in support of the university's broader efforts to prevent the spread of cold, flu, and other viruses, including adenovirus, on campus, in addition to the standard cleaning of common areas in residence halls, this winter, the Residential Facilities Office arranged for a thorough cleaning of each residence hall room, including disinfecting frequently-touched surfaces, during the winter break.

I want the Committee to know that our staff care deeply about the safety and wellness of our students and have demonstrated this care consistently. This is true of all of our departments at the university, including the University Health Center, which is headed by Dr. David McBride,

⁶ <https://www.cdc.gov/adenovirus/index.html>

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who has been the Director at the University of Maryland for five years and was previously the Director at Boston University for eight years. When students are treated at the University Health Center, they receive professional, comprehensive care appropriate to their symptoms. They are issued laboratory tests if indicated, prescribed medication as necessary and available, advised on preventative and recovery measures, and instructed to return if symptoms do not improve. Due to the confidentiality of medical records, the university is unable to share the specific circumstances surrounding any particular student's care.

The university would be happy to answer any additional questions the Senate may have.

Sincerely,



Linda M. Clement

Vice President

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