

Senator Tipping, Representative Roeder, and esteemed members of the Committee on Labor my name is Marie Follayttar and I live in South Portland, ME.

I am testify for Disability Voters of Maine and urge you to vote for L.D. 1407, An Act to Direct the Board of Occupational Safety and Health to Develop Indoor Air Quality Standards for Buildings in the State in Which Public Sector Workers Work.

About 17 years ago I was studying sculpture at USM. I wanted so much to learn and would go to the studio and end up with an asthma attack. As time continued I sought an accommodation through the disability office at the school through the Americans with Disability Act. I was fitted with a respirator and began working in the studio. At the end of each day I was exhausted and collapsed for hours unable to do more as the industrial respirator was too much for my lungs and heart(it had required a doctor's note and my dr. said we could try it.)

At the same time I was a representative to the University of Maine System Finance and Facilities committee. So, I was talking about deferred maintenance on every campus and began meeting with various officials at USM learning about the outdated physical plant issues and making sure I understood the issues I was weighing in on. .

I learned about air exchanges and indoor air quality requirements and found that students had no recourse or oversight from an independent agency. A student had to rely on OSHA or could put in a complaint through a professor, then the dean, the provost, the president and then to the University of Maine System Board of Trustees.

Well, after a conversation with the facilities manager I found out there were zero air exchanges per hour in that sculpture studio and that around 10 were needed. That facility had a wood shop, spray paint, plaster use, resin use, and chainsaws were even used. Sometimes all would be used.

My professors were worried that addressing the safety of the facility would lead to departmental cuts so urged me to not complain about the air ventilation. They were my first line of complaint in the Administrative practice letter. I was harming my body and my health when the studio did not have the air exchanges it needed for its use. I thought I was the problem and had a disability accommodation so I could function in a classroom with no indoor air quality control measures while someone used a chainsaw inside. The facility was the problem and the system knew about it for 18+ years haven done several facility evaluations. Ultimately, a \$300,000 renovation occurred to upgrade the ventilation and make it safe for students. In that space I did not need a respirator.

I offer this as a story to illustrate that we must ensure that there are standards in place and oversight. It is not enough to have plans. We must ensure oversight and we need our elected Representatives to protect our children and our workers.

Covid-19 led to upgraded ASHRAE standards on aerosols and this is the very least we can do to protect our essential workers and our workers who put their lives on the line during the lockdown. We know covid-19 is still airborne and there is no cure for covid-19 nor is there a cure for long covid. It is responsible and respectful to ensure that our children and our workers and all members of our community are in buildings that not only protect them from mold or other

toxins known to cause long term health problems but airborne diseases. This is not just a labor issue but a public health issue and is a small expectation and a small investment in the health and well being of our workforce. Research also shows decline in [sperm count and motility](#) and until we understand how an airborne infection impacts our people's ability to procreate we really should protect our people so we can protect unborn children. In fact, one [researcher](#) "Hallak advocates postponement of natural conception and particularly of assisted reproduction for at least six months after infection by SARS-CoV-2, even if mild COVID-19 ensues."

With 40% of our hospitals at risk of closing, and a significant health care provider care gap in our state it seems prudent and cost effective to upgrade ventilation systems that can prevent long term disability like asthma, long covid and other disorders from indoor toxins. This will save on healthcare costs and additional stresses to our state's overburdened medical system. Allowing our kids to learn in facilities that have poor indoor air quality absent upgraded ventilation harms our kids but also creates long term public health issues. Who is accountable for this harm? Why are we sending our children to sick schools? Why would we choose for our children to need more medical visits, more emergency room visits, more specialty care, more days off from school, more pharmaceuticals etc.? We don't have the medical infrastructure to manage the disease burden of our people and we are growing our kids up in environments making them sick! When approximately 50% of our state's kids are on Medicaid it seems like a cost savings to upgrade ventilation and prevent a chronic disease. It would behoove us to study how provider gap problems in the state can actually be addressed through simple interventions like upgraded ventilation standards and the short term and long term costs.

For Maine to move forward we need forward looking policies like this that address issues across multiple sectors and have potentials of cost savings in healthcare spending while needing capital for upgrades. I applaud this bill and all those who are working on it. Thank you for protecting workers and I urge you to pass this bill.

Marie Follayttar
South Portland, ME 04106