



Houston Area PO Box 18372 Sugar Land, TX 77496 www.moaahoustonarea.com

Five Star *** Chapter *

President's Message...

May 2022 Issue

Greetings Friends,

May is an eventful month with Armed Forces Day and Memorial Day. Your Chapter participated in *Impact a Hero's Armed Forces Day Run* on May 21st.

Captain Erin Stone MOAA's Senior Director, Council and

speaker last month and she did a great job of bringing us up to date on National's activities including recruiting, grant assistance and MOAA's legislative support for all of the military. Additionally, The Chapter was awarded the Colonel Marvin J. Harris Communications award for our newsletter. Congratulations to all and particularly our Publisher, Kathy Frank.

Our monthly lunch meeting will be replaced this month by The Houston Military Affairs Committee annual ball and don't forget to tell your colleagues about our Chapter. We would love to have them join us.

Finally, and most important, remember and pray for all of our fallen Brothers and Sisters this Memorial Day.

Respectfully,

Rob Robin P. Ritchie, COL, Infantry, USAR (Ret)



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May...Upcoming Chapter Events:

Tuesday, May 24th, 2022 @ noon MOAA HA BOD Meeting

Rudi Lechner's German Restaurant 2503 S Gessner Rd Houston, TX 77063

MOAA Harris Communications Awards Results

From: MOAA Chapters <<u>chapters@moaa.org</u>> Sent: Wednesday, May 4, 2022 3:51 PM To: <u>rpritchie@earthlink.net</u> Subject: MOAA Harris Communications Awards Results



Dear Colonel Ritchie:

Congratulations to you and all the members of the **Houston Area Chapter** for earning the MOAA <u>4 Star</u> Col. Marvin J. Harris Communications Award for your **Print/E-Newsletter**. We at national MOAA are extremely proud of all our affiliates who were able to keep their members connected and informed through print and electronic media during 2021. The number of nominations submitted for this award has continued to grow each year; this year we received 227 nominations. As you know, effective communications are critical to recruiting and retention as well as keeping your members connected and engaged. Thank you and your team for prioritizing superior communications and for taking the time to submit a nomination.

Your award certificate and pin(s) will be mailed to your address of record within the next few weeks (unless you belong to a council which is planning to present it to you in person). Either way, please confirm your mailing address to: chapters@moaa.org. Please be aware that, instead of individual mailings from National, some councils may choose to present these awards at a ceremony or otherwise distribute to their chapter leaders.

To download the award logo to display on your printed or electronic communications, go to: <u>http://www.moaa.org/communicationawards/</u>

Please accept my sincere congratulations and very best wishes for continued success!

Sincerely,

Erin E. Stone Captain, Judge Advocate Generals Corps, United States Navy (Retired) Senior Director, Council and Chapter Affairs Military Officers Association of America (MOAA) 201 N. Washington Street Alexandria, VA 22314-2539 800.234.6622, ext 108; 703.838.8108 www.moaa.org www.linkedin.com/in/erineileenstone

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Kathy Frank, Newsletter Editor Houston Area Chapter

Advocacy in Action 2022: What's Next for 3 Key Issues

By: Allison Reilly MAY 11, 2022



MOAA members contacted every member of Congress and met with hundreds of lawmakers and staffers, both in-person and virtually, as part of this year's Advocacy in Action event. (Submitted photos) After hundreds of meetings and thousands of letters sent throughout April, MOAA recently concluded its spring advocacy campaign, <u>Advocacy in Action 2022</u>, on a successful note.

To adapt to ongoing pandemic restrictions and security measures on Capitol Hill, MOAA conducted a hybrid model for this year's event. MOAA council and chapter leaders from across the country held meetings with member of Congress and staffers in their home districts throughout April; teams conducted virtual meetings when an in-person meeting was not possible.

Despite not being able to convene on Capitol Hill, the campaign contacted all 535 members of Congress thanks to more than 235 meetings and over 7,500 letters to Congress during the month of April.

Here is an overview of this year's three topics and what we can expect for each of them this year:

Major Richard Star Act

The Major Richard Star Act (<u>H.R. 1282</u> | <u>S. 344</u>), which would allow combat-injured veterans to receive both DoD retirement pay and VA disability pay without a dollar-for-dollar offset, had grown to 227 co-sponsors in the House of Representatives and 58 in the Senate as of May 10. Reaching 290 in the House remains the goal.

Your continued advocacy is needed to push this legislation over the tipping point to ensure it is included in this year's National Defense Authorization Act (NDAA). This path succeeded recently in repealing the Survivor Benefit Plan/Dependency and Indemnity Compensation offset, better known as the "widows tax."

[TAKE ACTION: Ask Your Lawmakers to Support Concurrent Receipt]

Stop Copay Overpay Act

MOAA's spring campaign built awareness and support for the Stop Copay Overpay Act (<u>H.R. 4824</u>), a bill that would reduce TRICARE mental health copays. We are still seeking an office to introduce a Senate companion bill and are addressing legitimate concerns about direct spending impacts. MOAA will not support a solution that raises any other TRICARE fees to fund a mental health copay fix.

During Advocacy in Action, MOAA members also helped raise awareness of medical provider strain and burnout following two-plus years of uncertainty and demands associated with COVID-19.

[TAKE ACTION: Help Support Military Family Access to Mental Health Care]

Military Pay Raise

Ensuring a 4.6% pay raise for all unformed servicemembers – a figure in line with federal statute and included in the president's budget – has seen strong support from members of Congress for this year. While that figure is tied to the Employment Cost Index (ECI), it has fallen significantly behind <u>inflation rates</u>.

Continued advocacy is needed to ask lawmakers to ensure the pay raise keeps up with inflation, and to close the "pay gap" – the 2.6% gap between the raise and the ECI created over three years (FY 2014-16) of shortfalls.

(Continued on next page...)

Advocacy in Action 2022 (Continued from previous page...)

[TAKE ACTION: Urge Your Legislators to Ensure the 4.6% Military Pay Raise as a Minimum]

What's Next?

Although MOAA members have contacted every Capitol Hill office regarding these advocacy topics, we will continue to engage with Congress to build support for including these important issues in this year's NDAA. Work on the NDAA and the FY 2023 Budget will **pick up in late June**, which means MOAA must continue to work with lawmakers from both sides of the aisle on key issues important to servicemembers, their families, retirees, veterans, caregivers, and survivors.

[RELATED: TRICARE Changes, Pay Raise Top MOAA Priorities as NDAA Timeline Takes Shape]

Here are a few ways you can engage with members of Congress to keep MOAA's priorities on their radar:

- Utilize MOAA's <u>Legislative Action Center</u> to send pre-written letters to Capitol Hill. You can even customize these letters to share a personal story.
- Use MOAA's Capitol Switchboard to call your lawmakers. Call toll-free via MOAA's direct line to the U.S. Capitol Switchboard at (866) 272-6622.
- Engage with congressional offices via social media. This is also a great way to stay informed about what your lawmakers are doing on Capitol Hill.
- Stay up to date with the latest news on our spring advocacy campaign topics, the NDAA, and the FY 2023 budget by subscribing to The MOAA Newsletter. You can check your MOAA newsletter subscription preferences <u>at this link</u>.

With your support, MOAA's legislative team will continue to fight for these important issues. We will continue to keep the membership updated and ask that you continue to be strong advocates for the community. ★

UNIVERSITY of **HOUSTON**

The University of Houston Army ROTC Achievement Awards Ceremony was conducted April 15, 2022. The MOAA-HA Army ROTC scholarship of \$2,000 was awarded to Cadet Daniel Durham, a sophomore majoring in Computer Information Systems. Cadet Durham has performed three years enlisted service in the 25th Infantry Division and is eager to serve as an officer after finishing school and being commissioned. The award was presented by COL Andrew Parsons.

Army ROTC Achievement Awards





Top Officer Sounds the Alarm Over Proposed Military Medical Cuts

By: Karen Ruedisueli MAY 17, 2022

Chairman of the Joint Chiefs of Staff Gen. Mark Milley, USA, testifies before a House Appropriations Defense Subcommittee hearing on May 11. (Photo by Tasos Katopodis/Getty Images)

The nation's top officer acknowledged concerns raised by MOAA and other advocacy groups regarding proposed medical billet cuts, telling a House committee the reductions could pose a risk to battlefield medicine.

"The key issue here is the ... medical readiness of the force, and do we have enough doctors, nurses and medics and corpsmen in the fielded force to handle combat conditions," Gen. Mark Milley, USA, Chairman of the Joint Chiefs of Staff, told the House Appropriations Defense Subcommittee on May 11. "Are there enough doctors and nurses available to man combat support hospitals and other field hospitals that are necessary in combat? Candidly, I do have concerns about that."

Milley's comments were in response to a question from Rep. Ann Kirkpatrick (D-Ariz.) about military health system (MHS) reforms representing the most significant transformation of the MHS in decades.

Medical billet cuts have been a top <u>advocacy priority</u> for MOAA since they were <u>revealed</u> in the FY 2020 administration budget request; <u>early advocacy work</u> highlighted potential negative consequences to operational and medical readiness as well as beneficiary access to care.

When COVID-19 emerged, MOAA's concerns shifted to <u>maintaining MHS surge capacity</u> given the calls for military medical support in the whole-of-nation response to the pandemic.

Most recently, advocacy efforts have focused on **instability in the civilian health care system** and the inability to predict capacity to absorb beneficiary care that may be shifted from military treatment facilities to the TRICARE network.

Successful ... So Far

For the past three years, MOAA has successfully pushed for provisions in the annual National Defense Authorization Act (NDAA) halting billet cuts and requiring additional DoD analysis, mitigation planning, and reports to Congress.

We were gratified to see a <u>one-year strategic pause</u> on medical billet cut plans included in the FY 2023 DoD budget request, but MOAA will maintain advocacy efforts on the Hill. We remain concerned about other MHS reforms, including plans for direct care system <u>restructuring</u> that could downsize or close up to 50 military treatment facilities.

MOAA supports commonsense restructuring, such as efforts to improve medical readiness by consolidating specialty care in major military medical centers – a move ensuring sufficient patient caseload to maintain and sharpen uniformed provider skills. However, these moves must not come at the expense of beneficiary access to quality care.

The civilian health care system is in a very different place today than it was in 2017, when MHS reforms were envisioned. These plans must be validated and/or adjusted to account for changes in civilian medical system capacity and workforce projections. Without rigorous DoD analysis and congressional oversight, unintended consequences of these reforms could erode an earned benefit for millions of servicemembers, retirees, families, and survivors.

Keep up with the latest on this issue and other MOAA advocacy priorities by visiting MOAA's Advocacy News page.

TRICARE Changes, Pay Raise Top MOAA Priorities as NDAA Timeline Takes Shape

BY: KEVIN LILLEY MAY 11, 2022

While MOAA's annual Advocacy in Action campaign **may be over**, efforts to protect your earned benefits through legislation are only ramping up, especially as the early stages of the FY 2023 National Defense Authorization Act (NDAA) process come into focus.

The House Armed Services Committee released its NDAA schedule late last month, with subcommittee markups set for the week of June 6 and the full



committee tackling the bill on June 22 in what has been <u>a marathon markup session</u> in years past. While these sessions aren't the only periods where key passages can be added to the NDAA – and while the Senate has yet to reveal its timeline – they represent a major touchstone for what can be a complicated process of competing amendments and last-minute changes.

Here are just some of major issues and MOAA priorities surrounding the NDAA, including how you can help get MOAA's message out to your lawmakers.

TRICARE Costs and Changes

The NDAA serves as a vehicle for multiple changes to your TRICARE coverage each year; <u>MOAA outlined</u> some of last year's updates shortly after the FY 2022 bill became law.

MOAA has successfully prevented lawmakers from including TRICARE For Life fees or other unfair increases as part of the NDAA in recent years. This remains a **top legislative priority**, as does a push to improve the benefit on two fronts:

- Young Adult Coverage: MOAA continues its work to extend TRICARE coverage for young adult dependents, bringing it in line with civilian plans. An amendment addressing the issue was brought up during the Senate NDAA process last year, but it was not included in the final legislation. Learn more about the issue <u>at this link</u>.
- Mental Health Copays: The Stop Copay Overpay Act, <u>part of MOAA's Advocacy in Action</u> <u>efforts</u> this spring, is the type of commonsense benefit reform that can find success in the NDAA process. While MOAA will continue to advocate for its passage as a standalone bill – one that prevents military families and retirees from being priced out of mental health services – <u>sending a message to</u> <u>your lawmakers</u> about this legislation will help it receive more attention as the NDAA wheels begin turning.

Military Pay and Other Benefits

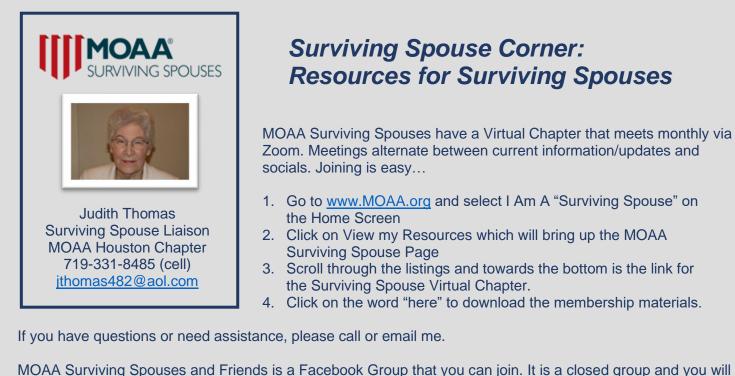
While MOAA made the military pay raise another key part of its Advocacy in Action work this year, there is no standalone bill regarding this compensation – the NDAA sets the pay increase, and MOAA has maintained the 4.6% rate set by the Employment Cost Index (and proposed in the White House budget) should be the bare minimum for next year.

However, MOAA will press lawmakers to move beyond that figure as a way to address two issues affecting the value of military compensation. First, inflation has outpaced the 4.6% figure and significantly weakened the buying power provided by that increase. Second, lawmakers have yet to address the 2.6% "pay gap" from 2014-2016, when compensation increases dipped below ECI. (Continued on next page...)

MOAA has proposed a 7.2% raise, adding the pay gap percentage to the current ECI figure. <u>Sending a letter</u> to your lawmakers with that message will support MOAA's efforts during the NDAA process.

Other top issues with potential NDAA ramifications:

- **Concurrent Receipt:** The Major Richard Star Act, which would ensure combat-injured retirees can receive DoD retirement pay and VA disability benefits without a dollar-for-dollar offset, nearly found a home in last year's NDAA. It has gained significant momentum since then, including co-sponsorship by majorities in both chambers. Learn more about the bill <u>at this link</u>.
- Arlington Eligibility: A Senate amendment designed to halt the discriminatory eligibility changes
 proposed for Arlington National Cemetery was not included in the final FY 2022 NDAA. MOAA continues
 its work on preserving the benefit alongside The Military Coalition, a group of organizations representing
 nearly 5.5 million members of the uniformed services community. Learn more about the changes <u>at this
 link</u>, and <u>send a letter to your lawmakers</u> asking them to use the NDAA to designate the next national
 cemetery.
- Basic Needs Allowance: Last year's NDAA included this MOAA-backed provision, which would provide aid to military families with annual income near the poverty line. However, it <u>left many details of the program's implementation</u> up to federal officials, including allowing service secretaries to decided whether a servicemembers' housing allowance should count as income in the aid-eligibility calculations. MOAA continues to push for clarity on the benefit, which could come in the form of including the text of the Military Hunger Prevention Act (<u>S. 1488</u> | <u>H.R. 2339</u>) in the NDAA. ★



need to answer the questions to join. Lots of good information is shared among the 700+ members.

If you have questions about these groups or other Surviving Spouse issues, please feel free to contact me. *

Consider These 3 Things Before Your Next Overseas Trip...

By: Lila Quintiliani MAY 18, 2022

After two years of lockdowns and travel restrictions, Americans are on the move: <u>About 6 in 10</u> Americans are planning a trip this summer, and about 20% of their travel will be overseas.

But travel can be a bit tricky these days, with ever-changing rules and regulations to navigate. Here are some things to consider if your travel plans include an international destination.

Travel Insurance

When it comes to medical care, all TRICARE beneficiaries are covered while **traveling overseas**, although you should always get all routine care and fill prescriptions before you leave. But what if you get sick and need to extend your stay? You might run up a large hotel bill and have to pay to change your flight back.

[RELATED: Tips for Using TRICARE For Life Overseas]

Or what if you are on a cruise ship or hiking in a remote area and need to be evacuated due to a serious illness or injury? TRICARE covers air evacuation to the "nearest, safest location that can provide the required care," but that location may not be your hometown, or even within the U.S. And for some TRICARE plans, you will be required to pay for the air evacuation up front and file a claim to get your money back (minus cost shares) later.

These are all good reasons to consider purchasing some sort of travel insurance plan before you leave home. You should also check to see if your credit card carries any type of travel insurance; if it does, put at least a portion of your trip on that card.

Testing and Vaccination Requirements

The Centers for Disease Control and Prevention (CDC) maintains a **<u>Travelers' Health webpage</u>** featuring travel health notices and current vaccination and testing requirements. It's also a good idea to check travel requirements on an official website of the country you are planning on visiting, as regulations change frequently.

When it's time to return home, the U.S. **currently requires** documentation of recovery or a negative viral test taken no more than one day before your flight's departure from a foreign country. Make sure you have researched a location at your destination where you can get tested prior to return. Alternatively, you could bring along a CDC-approved home test with a telehealth service offering real-time testing supervision.

STEP Program

The STEP, or Smart Traveler Enrollment Program,

is a free Department of State service allowing you to enroll your overseas trip with the nearest U.S. embassy or consulate. This lets you receive information from the embassy about safety conditions in your destination country, and you'll help the embassy and family and friends be able to contact you in an emergency.

Consular officers at embassies and consulates can assist U.S. citizens who encounter serious legal, medical, or financial difficulties overseas. ★



Chaplain's Corner...



Running the Race

"I do not consider myself yet to have taken hold of it. But one thing I do: forgetting what is behind me and straining toward what is ahead, I press on toward the goal to win the prize for which God has called me heavenward in Christ Jesus." (Philippians 3:13-14)

For each of us who have served our nation this Memorial Day we remember our friends, brothers and sisters in arms, soldiers, sailors, airmen & women who have given their lives in service to our country. For those of us in combat we have names, families and stories of those who we fought beside. We remember their faces, some parts of their stories and how they were lost. We understand their loss and courage. We will not forget them and we will honor their sacrifice as we live our lives.

Spring is always a good time to rethink our priorities and get ourselves back in order again. It's a time of Spring cleaning, Spring planting, and Spring training. Problem for most of us is we're getting on in years so we also have to deal with the realities of our age. This month some of my friends are participating in some of the "Fun Runs" that take advantage of the "more reasonable" Spring weather. Because of the challenges, to help out good charitable causes, our willingness to at least try to keep ourselves in shape and the opportunity to meet new friends we'll gladly enlist in the Spring Runs or Bike events put before us.

In order to make our best effort, and to protect our bodies we will embark on a training regimen that will give us time to do the best job possible. That regimen will include planning our training, enlisting our friends to support us and our cause, proper conditioning, noting our progress and making sure we have plenty of Icy Hot in the medicine chest.

In the Scripture above Paul the Apostle uses the athlete's training model to emphasize what God asks us to do as we live our lives as Christians. The athlete's paradigm works for any of us, regardless of our religion. This is because we are all competitors in the game of life. As Christians and Jews, our eternal goal is Heaven, Muslims strive to enter Paradise, Asian religions have Nirvana. Our spiritual nature gives most of us the desire to seek a better life beyond the limited years we spend in these bodies. We strive to improve, make progress and often challenge one another to do a better job. Our U.S. Constitution includes the clause, "In order to form a more perfect Union". This challenge to move forward even in government is a noble cause. It recognizes that there are limitations and challenges which can be addressed and lays out a framework of debate and governance which provides for civil decisions to be made on a comprehensive level. It recognizes the complexity of human interaction and behavior and seeks to reconcile differences and arguments in a rational, respectful discourse. The relationships and discussions we have with one another allow us to share our lives, our ideas, our struggles and our successes with each other.

Our faith gives us a framework to address truth, our values, our ideals and our dreams. Our sacred writings show us how our faith is developed, how our traditions and mores came to be and what eternal values are etched in our hearts and minds. As we train for a physical race we strive for the goal of crossing the finish line. (At our age we just hope we'll cross the finish line!) As we live out our lives of faith we strive to allow our faith to give us the guidance and power to complete our lives with honor and dignity.

~ David Essells, USAR, MAJ, RET

Researchers Think They've Found the Cause of Gulf War Illness

MAY 18, 2022



Four soldiers from the 82nd Airborne Division wear protective masks in this undated photo from Operation Desert Shield. (DoD photo via Getty Images) Editor's note: This article by Patricia Kime originally appeared on Military.com, a leading source of news for the military and veteran community.

After nearly 30 years of trying to prove a theory -- that an environmental toxin was responsible for sickening roughly 250,000 U.S. troops who served in the 1990-91 Persian Gulf War -- Dr. Robert Haley says new research confirms that sarin nerve gas caused <u>Gulf</u> <u>War Illness</u>.

Following the Gulf War, nearly one-third of all who deployed reported unexplained chronic symptoms such as rashes, fatigue, gastrointestinal and digestive issues, brain "fog," neuropathy, and muscle and joint pain. Federal agencies spent years broadly dismissing the idea that troops may have been suffering from exposure to chemical agents, with many veterans experiencing symptoms sent to mental health providers.

But a study <u>published last week in the journal</u> <u>Environmental Health Perspectives</u> used genetic research and survey data to determine that U.S. service members exposed to sarin were more likely to develop Gulf War Illness, and those who were exposed and had a weaker variant of a gene that helps digest pesticides were nine times more likely to have symptoms.

"Quite simply, our findings prove that Gulf War illness was caused by sarin, which was released when we bombed Iraqi chemical weapons storage and production facilities," said Haley, director of the Division of Epidemiology in the Internal Medicine Department at University of Texas Southwestern Medical Center. "There are still more than 100,000 Gulf War veterans who are not getting help for this illness and our hope is that these findings will accelerate the search for better treatment," Haley said.

Originally developed as a pesticide, the chemical weapon sarin was known to have been stockpiled by Iraqi President Saddam Hussein prior to and after the 1990-91 Persian Gulf War. The synthetic nerve agent attacks the central nervous system and brain, killing victims by triggering an overreaction of neurotransmitters that causes convulsions and asphyxiation.

Thousands of coalition troops likely were exposed to sarin and cyclosarin, an organic phosphate also used as a chemical weapon, when the U.S. destroyed a bunker housing chemical weapons at the Khamisiyah Ammunition Storage Depot in southern Iraq, sending a plume of contaminants that spread across a 25-mile radius. Others may have been subjected to low levels of contaminants, as troops frequently reported that chemical weapons alarms went off in the absence of any apparent attack.

In the years following the war, veterans who sought medical help at the <u>Department of Veterans</u> <u>Affairs</u> were greeted with skepticism and sent to psychiatrists for mental health treatment. Health surveys conducted by the VA in the early 2010s of Gulf War veterans focused mainly on questions about psychological and psychiatric symptoms.

And in 2013, veterans' suspicions of the lack of concern at the VA were confirmed when VA whistleblower and epidemiologist Steven Coughlin <u>came forward to say</u> that the department buried or obscured research findings that would link physical ailments to military service -- a concerted effort to deny veterans health care and benefits.

Coughlin's charges were later confirmed by an email sent to staff from former Undersecretary for Benefits Allison Hickey expressing concern that changing what the VA still calls "chronic multisymptom illness" to "Gulf War illness" might "imply a causal link between service in the Gulf and poor health which could necessitate legislation for disability compensation for veterans who served in the Gulf."

(Continued on next page...)

Gulf War IIIness...(Continued from previous page...)

Research Confirms Earlier, Smaller Studies

For the new study into sarin, Haley and colleagues randomly selected 1,116 veterans who completed a U.S. Military Health Survey, including 508 who deployed and developed Gulf War Illness and 508 veterans who went but never developed symptoms. They collected blood and DNA samples from each participant and asked the veterans whether they heard nerve gas alarms during their <u>deployment</u>, and if so, how often.

The researchers also tested for variants of a gene that helps the body metabolize pesticides, called PON1. Some people have variants of this gene that are more effective in breaking down sarin while others have a variant that helps process chemicals like pesticides but is less efficient against sarin.

The study found that those who reported hearing nerve agent alarms and who also had the least robust form of the gene had a nine-fold chance of having Gulf War Illness. Those with a genotype that is a mix of the two variants had more than four times the chance of having Gulf War Illness, while those who just heard nerve agent alarms, which the researchers used as a proxy for exposure, raised the chance of developing the condition by nearly four times, although to a lesser degree of those who have a mix of genes.

According to the researchers, the data "leads to a high degree of confidence that sarin is a causative agent for Gulf War Illness."

"Our hypothesis was, if you have the strong form of the gene, then when you're exposed to low-level sarin, that gene makes a strong isoenzyme that destroys sarin in your blood. If you have the weak form of the gene, the enzyme that it makes is not very strong, so it goes through your blood into your brain and you get sick," Haley said in an interview with Military.com. "You've heard the expression 'correlation does not equal causation,' right? That's true, unless you are dealing with a gene-environment interaction."

A Mysterious Malady

The mysterious symptoms experienced by thousands of service members, which came to be known as <u>Gulf</u> <u>War Syndrome</u> and, later, Gulf War Illness, generated hypotheses of the possible cause, including an additive in anthrax vaccines, preventive medicines given to troops such as the anti-nerve agent pyridostigmine bromide, ciprofloxacin, depleted uranium, and exposure to nerve gas, pesticides or smoke from oil well fires.

A congressional investigation in 1997 concluded that the Departments of Defense and Veterans Affairs had very little interest in finding a cause and blamed the symptoms as related to stress or other mental health disorders.

In its report, the Committee on Government Reform and Oversight found that the DoD and VA were "plagued by arrogant incuriosity and a pervasive myopia that sees a lack of evidence as proof" that the illness didn't exist.

"Sadly, when it comes to diagnosis, treatment and research for Gulf War veterans, we find the Federal Government too often has a tin ear, a cold heart and a closed mind," the report noted.

As Congress investigated the issue, Haley was studying possible causes, funded by Ross Perot, the Texas billionaire and <u>Navy</u> veteran known for donating to veterans' charities and resources, including efforts to help U.S. prisoners of war in Vietnam.

Haley's early work pointed to sarin as a possible cause, but other scientists, including the medical body of the National Academies of Sciences, Engineering and Medicine, found his studies to be insufficient in size and suffering from selection or "recall bias," meaning that vets may or may not remember whether they heard nerve gas alarms and how often.

Haley said the new research links veterans with Gulf War Illness with their genotype and "cannot be explained away by errors in recalling the environmental exposure or other biases in the data."

Others now concur. In an editorial accompanying the study, Marc Weisskopf, a professor of environmental epidemiology and psychology at the Harvard T.H. Chan School of Public Health, and Kimberly Sullivan, a research associate professor with Boston University School of Public Health, said the study makes a strong case for a causal link and explains, to some extent, why some troops got sick and some did not.

"The authors' exploration of a gene-environment interaction between presumed nerve agent exposure and the PON1 gene offers some strong arguments that there is a true causal effect at work," they wrote in their opinion piece.

(Continued on next page...)

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Gulf War IIIness...(Continued from previous page...)

The VA has established service connection for Gulf War veterans with certain chronic, unexplained symptoms, which the department calls "chronic multisymptom illness" or "undiagnosed illness."

Those who have certain symptoms, such as chronic fatigue syndrome, fibromyalgia and some gastrointestinal disorders, and served in the 1990-1991 conflict do not have to prove service connection and are eligible for benefits including a health exam, health care and disability compensation.

Historically, however, the VA has been strict in determining service connection. A 2017 Government Accountability Office report found the VA denied 83% of 102,000 claims filed for Gulf War Illness between 1994 and 2015.

New Hope

Haley said the research could pave the way for more veterans to access health care and benefits and open up research into possible treatments. He said that the symptoms are caused by brain inflammation, which may be treatable once scientists figure out exactly how sarin works.

"Once we know, we could come up with treatments to reverse it," Haley said. "I really believe this is optimistic and that it means this is not brain damage. This is not loss of neurons and like a stroke or something that you're never going to recover from."

Among the veterans excited about the new study is Paul Sullivan, a Persian Gulf War veteran who works as director of veteran outreach at the law firm Bergmann & Moore and deployed to Iraq as an <u>Army</u> cavalry scout with the 1st Armored Division in 1991.

He said the results provide evidence that affected veterans need to access care from the VA.

"This landmark study provides a clear path for VA to presume sarin exposure for all 1991 Gulf War veterans," Sullivan said Thursday. "The study provides a compelling missing scientific link for treatment research for my fellow Gulf War Veterans disabled since our exposures during Desert Storm."

Haley said he has received letters from veterans asking if they could get tested for the different types of the PON1 gene and whether it would be helpful. Routine genetic testing does not include PON1, but further research may lead to a diagnostic test that would provide peace of mind to veterans, he said.

The research was conducted in collaboration with a survey research team from North Carolina-based RTI International and funded by the DoD and VA, both of which have funded thousands of studies on Gulf War Illness despite long-standing skepticism.

"This is the scientific process. Nobody's bad. Nobody's good. People have their theories. Skepticism is the name of the game. That is what makes it fun," Haley said. *





Monday, May 31st

2022 Officers

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ROTC/ROTC Affairs Liaison Rollins J. Collins, LTC USA (Ret.) 704.213.2334 rollins.collins93@gmail.com

Surviving Spouse MOAA Liaison Judith Thomas formerly Mrs. Billy Thomas, LTG USA (Ret) 719.331.8485 jthomas482@aol.com

Chapter Representative to TCC Daniel M. Gutierrez, MAJ USA (Ret.) 281.543.1527 danielgutierrez1751@gmail.com

Chapter Newsletter Editor Kathy Frank 713.203.5058 kathyfrank23@gmail.com We need <u>YOU</u>... to remain a MOAA HA Member!



Debating whether to renew your chapter membership?

Talking to a potential new member?

Benefits to belonging to a chapter:

- Camaraderie and Connections: when you attend chapter functions, actively serve on a committee, or take a prominent leadership role, you forge lasting ties with other MOAA members.
- Community Involvement: Membership provide opportunities to contribute to your community in a variety of ways, from providing scholarships to local students, to supporting causes that support wounded warriors and their families.
- Legislative Advocacy: We advocate for the entire military community-all ranks.
 Members play a critical role in advancing legislation in both Austin and Washington, D.C. This grassroots advocacy is key to MOAA achieving its legislative goals.

Chapter dues reminders will be emailed/sent out in November to those members needing renewal. We are on a calendar year for our chapter dues.

Annual renewal is \$30 for one year, \$20 for each additional year paid with renewal. Surviving Spouse \$15 initial membership; \$10 annual renewal.

Membership Application on the last page!

MOAA HA Chapter Luncheon Saturday, April 30, 2022



Erin Stone Captain, Judge Advocate Generals Corps, United States Navy (Retired) Senior Director, Council and Chapter Affairs Military Officers Association of America (MOAA)



Erin Stone, Guest Speaker and Rob Ritchie



Dan Gutierrez



David Essells



Michael Hay



Teresa Otto



Paul and Dee Brennan



Rollins and Pat Collins



Norris Posehn



Rhee Haun



Shirley O'Connor





Mike Martin



Rick and Kathy Frank



Diane Kalina



Larry and Carolyn Schmidt

MEMBERSHIP APPLICATION / RENEWAL FORM

MOAA's Core Mission

The Military Officers Association of America (MOAA) is the country's leading organization protecting the rights of uniformed servicemembers and their families. MOAA's constituents proudly hail from every branch of the uniformed services. To them, we have made the same promise that they have made to their country: Never Stop Serving.

MOAA's greatest mission is to improve the lives of those who serve and their families, which is achieved largely through the tireless advocacy efforts taking place in our nation's capital. For more than 90 years, MOAA has supported legislation that benefits the uniformed services community and has remained equally vigilant when fighting to stop legislation that threatens our livelihood. The larger our numbers, the greater our voice. For more detailed legislative actions see <u>MOAA | Take Action Center (quorum.us)</u>

Name:					
(Please print)	Last		First	Initial	Rank
Branch		Status		MOAA Nat'l ID	*
Spouse's First Name:			Tel. for Directory		
Home Address:					
Email:					
renewal: \$20) for each add <u>ouse</u> – \$15 firs	t'l. year paid v	with renewal)	,	multiple years if paid with for multiple years)
□ \$100.00	□ \$50.00	□ \$25.00	□ Other		
Make check payable to MOAA-HA and mail to:					
MOAA-HA PO Box 1837 Sugar Land, ⁻					MOAA® Military Officers Association of America
For more information, call COL Robin Ritchie, 713-818-0408					
					e opportunity to become a o, please indicate here:
Signature:					
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May 2022