

Military Matters Foundation

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November 22, 2019

United States Senate Committee on Armed Services
Committee Member Senator _____

RE: Ongoing harm to military families caused by lack of oversight of the Military Housing Privatization Initiative (MHPI)

Dear Senator _____,

Military Matters Foundation is a 501(c)(3) non-profit organization. We advocate for the health and safety of military personnel and their families who are being sickened and disabled by poorly maintained and poorly constructed military housing. Military Matters works with thousands of military spouses and service members toward one goal, ending the sick military housing epidemic. Throughout the process, we have joined forces with an army of other related non-profits, all focused on making military housing better. Our service members should be able to rest easy when at home, not be at war with their house. Military readiness should not be affected by something that is completely fixable.

Our co-founder, Mrs. Janna Driver, testified before the Senate Armed Services Committee on February 13, 2019. She explained how the current condition of the MHPI is failing and causing financial hardships and major health issues to thousands of military personnel and their families. This in turn results in a national security threat to our nation by causing troops to be unable to function at full capacity. Our mission is to be a voice for these service members and their families and to help them recover from being victimized by the substandard housing conditions in the PPV housing debacle; and to assure this happens to no military family in the future.

Military families appreciate United States legislators' efforts in the past year to get to the root causes of the continuing problem and to address the lack of oversight, which led us to this point. We appreciate the Government Accountability Office (GAO) investigating the problems caused by the negligently maintained housing and the acts of retaliation when families and landlords' employees come forward.

In a hearing on December 3rd, Ms. Elizabeth Field, GAO Director of Defense Capabilities and Management, will be reporting the findings of the audit they were tasked to complete. She will be making recommendations to the Senate Arms Services Committee of how problems can be curtailed in the future via improved oversight of the DoD and of their oversight of PPV landlords and contractors.

An area of grave concern to the military families, we are aware that training facilities such as the Uniformed Services University (USU) at Walter Reed National Military Medical Center in Bethesda and the Medical Education & Training Campus (METC) at Fort Sam Houston in San Antonio are charged with training military physicians and staff. We are aware that providers are not being taught how to recognize, diagnose and treat the symptoms of sick building caused illnesses, which the families are reporting. The providers are not being trained to know the steps necessary to correlate the symptoms to the location of causation. As a result, they are improperly diagnosing and treating the building-related illnesses as being other illnesses of idiopathic origin.

Most military families are required to be seen at Military Treatment Facilities (MTFs) by military providers who are prescribing unnecessary and inaccurate medications that do not cure the building related illnesses. After doing much research and thanks to social networking, families are requesting needed referrals to civilian providers who specialize in environmental and functional medicine. Typically, the families are talked down to, berated, and even laughed at on occasion by the military providers. Referrals are regularly denied by the not-properly-educated military physicians.

There have been numerous instances where military physicians have agreed that referrals are medically necessary, but they have warned the sick families that the referrals will likely never be approved by TriCare case managers. In other instances, referrals have been approved [*emphasis added*] by TriCare, only to be returned and rejected by commands at the MTFs. This is causing military families much frustration and hardship. They become sicker from lack of timely medical care and must pay for the delayed, but needed care, from their own pockets. It is also enabling the PPV landlords and their property causality insurers to avoid liability for negligent and fraudulent causation of the military families' illnesses, disabilities and deaths.

The thousands of chronic illnesses being reported, but not properly tied to the causation, which is military housing, are serious. This includes the pulmonary and respiratory diseases that are commonly reported by families after their exposures in the negligently maintained and built military housing. Perhaps the most concerning misdiagnosed symptoms are those indicative of brain injuries.

In 2016, in the matter of *Federico, et al. v. Lincoln Military Housing, LLD, et al.*, Case No. 2:2012cv00080 in the United States District Court for the Eastern District of Virginia, the jury found that the scientific evidence proved that exposure to Mold in the military housing caused disabling brain injury to Gunnery Sergeant Joe Federico.

Like Gunnery Sergeant Federico, thousands of families at bases around the country are reporting cognitive difficulties with the common denominator being exposure to Mold¹ in military housing. By and large, the complaints of brain fog and memory problems are being ignored by military providers; or are being misdiagnosed and mistreated as psychological in origin rather than physiological.

In March and April of this year, Ms. Field and her GAO team were provided an extensive amount of research and peer reviewed medical journal publications, which substantiate that brain injuries are being caused by the moldy housing. They were also provided the evidence of the history of how, beginning in 2002, it became a false concept in physician educational materials that the moldy buildings are not capable of causing brain injuries.

This falsehood is based on fraudulent misapplications of one toxicological risk assessment model, the Veritox Theory, that was created by a former CDC employee and his business partner in 2001. Medical associations began marketing the Veritox Theory to physicians in 2002 as false proof that Mold cannot cause brain injuries. In 2003, building stakeholder lobbyists, insurers, think tanks, and toxic tort defense attorneys began marketing it to health policy setters and to courts.² In 2019, the Navy and Marine Corp Public Health Center (NMCPHC) was forced to retract their new publication, "*Guide for Clinicians Caring for Patients with Mold-related Complaints*" because it cited extensively to the discredited science when miseducating the military physicians.

¹ Section 17920(j) of the California Health and Safety Code states "*Mold' means microscopic organisms or fungi that can grow in damp conditions in the interior of a building.*"

² For greater understanding of the origin of the military physicians' miseducation, see the 2007 Wall Street Journal article titled "*Amid Suits Over Mold Experts Wear Two Hats, Authors of Science Paper Often Cited by Defense Also Help in Litigation*".
<https://www.wondermakers.com/Portals/0/docs/02.%20Amid%20Suits%20Over%20Mold%20Experts%20Wear%20Two%20Hats%2002.07.pdf>

This problem, based on the continuing proliferation of scientific misinformation, has grown so large it is now posing a national security threat. Needless to say, it is unwise to have military personnel with misdiagnosed and untreated brain injuries using heavy artillery and machinery or flying aircraft. The frustration of being falsely deemed mentally ill, when the illness is actually an undiagnosed physical illness may also be contributing to the high suicide rate among military personnel and their spouses.

Toward achieving the goals of providing safe military housing, needed medical care for military personnel and their families, and for the future strength of the United States military; on December 3rd, please ask Ms. Field and the military leaders the following:

1. What is the Department of Defense doing to ensure that those responsible for writing military health policies are issuing directives that aid providers in recognizing, diagnosing and treating the various forms of environmental illness associated with sick buildings?
2. Who is ultimately responsible to ensure that military providers are appropriately educated and trained and are subsequently able to perform the proper diagnostic workup on patients with signs and symptoms indicative of environmental illness resultant from exposures in negligently built and maintained military housing?
3. What is currently being done to ensure that military providers are knowledgeable about the scientifically proven ability of Mold to cause debilitating cognitive and neurological injuries?
4. Some military physicians are acknowledging that they do not know how to treat the building related illnesses. They are writing medically necessary referrals to Mold-literate environmental physicians. But their referrals are being denied by MTF commands, despite the fact that TriCare is approving and agreeing to pay for the services. Why are the referrals being denied?
5. Who is ordering the commanders at the MTFs to deny referrals?
6. What is being done to ensure that the cost of medically necessary care, resultant from exposures to negligently built and maintained military housing, is subrogated to the PPV landlords and/or their property casualty insurers?
7. Will a military housing registry, similar to the lead registry, be developed and implemented to track the health issues that have arisen from exposures to Mold, toxic water, asbestos, radon, and soil contamination?

Thank you for your attention to this matter. We strongly believe this requires your urgent attention as it is only continuing to get worse and the health of our military members must be a priority.

Sincerely,

JoAnne Mantz and Janna Driver,
Military Matters Foundation