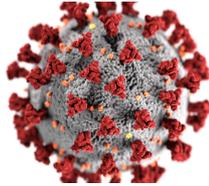




Current Research



Fight Against COVID-19



Content Catch Up



To Vaccinate or Not



Veteran Spotlight

THE INIM PRESENTS

THE GULF WAR DISPATCH



SAVE THE DATE!

MOVING FORWARD

**OPERATION DESERT SHIELD/DESERT STORM
30TH ANNIVERSARY**

February 24, 2021 | 12:00 p.m. - 1:00 p.m.

Join us to celebrate the 30th anniversary of Operation Desert Shield/Storm and to listen in on a researcher presentation about Gulf War illness - "What we've done and where we're going". Registration link and details to come!

CURRENT RESEARCH

Immune/Inflammatory Priming in Exacerbating Responses to GWVI Stressors: Implications for GWVI Treatments

The purpose of this study is to better understand how interactions among exposure, environmental stressors, and genetic factors may contribute to the development and persistence of GWI pathological phenotypes, which will lead to the development of novel therapeutic strategies. Locations: Miami VA Medical Center, Nova Southeastern University, Boston University, and University of South Carolina. Recruiting: Gulf War Illness and Gulf War Sedentary Veterans

For more information, please contact us at **305-575-7648** or email VHAMIAGWI@va.gov.

CMI/GWI Survey Study

In this study, we are working to get a better understanding of veterans' unexplained illnesses around the country as well as creating a registry for future contact. The survey asks participants if they would like to be contacted regarding future research opportunities and findings. The institute will reach out ONLY to those who agree to be contacted regarding information about studies that are available to them both locally and nationally and invitations to online seminars and events in the participant's area.

CMI/GWI Survey Study link: <http://bit.ly/2NXzrhI>

CMI/GWI Survey Study Follow-Up link: <https://bit.ly/2ZDSfWH>

**You must complete the CMI/GWI Survey Study before participating in this follow-up study.*

From Cells to Therapy

This is a systematic assessment and characterization of the therapeutic effects of drugs that impact a specific list of therapeutic targets which is based on prior research. This study is located at Miami VA Medical Center. We are recruiting Veterans with Gulf War illness and Gulf War era healthy controls.

For more information, please contact us at **305-575-7648** or email VHAMIAGWI@va.gov.

Ongoing Gulf War Illness Research



Immune/Inflammatory Priming in Exacerbating Responses to GWVI Stressors: Implications for GWVI Treatments



CMI/GWI Survey Study



From Cells to Therapy

.....
For more information on these studies, contact us at 305-575-7648 or VHAMIAGWI@va.gov, or visit our website:

<https://www.nova.edu/nim/research-studies/research-studies.html>

JOIN THE FIGHT AGAINST COVID-19

COVID-19 has become a global health threat, and the need for a safe and effective vaccine is critical. There is currently no US Food and Drug Administration (FDA)-approved vaccine to prevent COVID-19. This COVID-19 clinical trial is testing whether this vaccine will prevent COVID-19. It will compare this vaccine with a placebo, a substance that contains no active medication.

Participants who qualify for the study will receive:

- Study-related medical tests throughout the study
- The study vaccine or placebo
- Study-related monitoring of health and follow-up care

Who Can Participate

You maybe eligible to participate in this COVID-19 vaccine clinical trial if you:

- Are an adult 18 years or older

We are specifically interested in those who:

Represent a racial and ethnic group that has been greatly impacted by the pandemic (such as African American, Latin, Native American, or Asian American), have an underlying medical condition (such as diabetes or obesity), have a high risk of exposure through work (such as first responder, healthcare professional, or delivery person), live or work in an elder-care facility, or are retired or active military. Other criteria will need to be met to confirm your eligibility for this study. If you qualify and choose to join the study, you may be compensated for your participation.

What to Expect

Participation for this study is divided into 3 periods:

- Screening: The study team will determine if you are eligible to take part in the study.
- Vaccine: All participants will get 2 injections of the study vaccine or placebo. One on the first day and a second 3 weeks later.
- Follow-up: The study team will monitor your health until 2 years after the last injection. You will be randomly assigned (by chance) to get either the study vaccine or placebo. Neither you nor the study doctor will know which group you are in or which injection you receive. Each participant will receive 2 injections.

Participants who receive the placebo vaccine may be eligible to receive the investigational vaccine after completion of the study.

Participating in a clinical trial is completely voluntary. Taking part in the study will provide information about the study vaccine. If the results show that the study vaccine prevents COVID-19, this vaccine could become available for others, potentially protecting them from COVID-19 now and in the future.

Contact us to learn more:

Precious Leaks at 305-575-7000 x17648 | Precious.Leaks-Gutierrez@va.gov

CONTENT CATCH UP

"We need to keep the momentum going..." This call-to-action coming from Nancy Klimas, M.D., Director of the Institute for Neuro-Immune Medicine and Director of Clinical Immunology Research at the Veterans Affairs Medical Center, as fears about the coronavirus is keeping people from wanting to participate in research.

Now more than ever, it is critical to participate in Gulf War illness research. We are following COVID-19 protocols to ensure participant's safety and to maintain research momentum.



Gulf War Illness Research Participation During COVID-...



Last year, the Institute for Neuro-Immune Medicine hosted the 2020 Sustained Homeostatic Imbalance due to Environmental-exposure Linked to Deployment (SHIELD) Conference on Friday, February 28, 2020. Gulf War Veterans had the opportunity to learn about Gulf War illness, connect with fellow Gulf War Veterans, discover the life-changing research that is helping veterans, and listen to a special guest panel of Operation Desert Storm/Desert Shield patient advocates.

Click on the image on the left to view the complete event recap, including access to slides and recordings.

National Desert Storm and Desert Shield War Memorial

The Memorial will fall within the shadow of both the Lincoln and Vietnam Veterans Memorials, abutting the National Mall. The Memorial's site is at the southwest corner of Constitution Avenue and 23rd ST NW, Washington, D.C.

As of December 31, 2020, they have raised \$9.3 million of their \$40 million-dollar goal: \$5.85 million relates to the memorial site award and \$3.45 million has been donated by individuals, businesses, foreign governments, and Veteran Service Organizations.

To learn more about the memorial visit:
<http://www.ndswm.org>



To Vaccinate or Not - with GWI

By Nancy Klimas, MD, Director, Institute for Neuro-Immune Medicine



Veterans with concerns related to Gulf War illness have a lot in common with ME/CFS patients, so my advice to them is the same. See the article below.

I have been asked this question dozens of times over the past week. This is my opinion – COVID kills people. It kills people with over activated and damaged immune systems preferentially – and that is what ME/CFS is all about. So while there certainly is a risk of an ME relapse with these hyper reactive vaccines (the first wave to be released), you have to weigh the possibility of an ME relapse against the risk of death from COVID-19.

You can mitigate the risk in a number of ways - just the way you do when you feel a relapse coming on. Before the vaccine, make sure you are taking enough antioxidants, particularly NAC or glutathione and CoQ10. The big mediator of post vaccination relapse and immediate reactions is mast cell activation. If it happens immediately, that is anaphylaxis, but if it happens slowly and low grade over days the mediators mast cells release can drive a classic ME/CFS relapse. So, take an antihistamine before and for several days after the vaccine – the strongest one you can tolerate. (Benadryl is one of the strongest, Zyrtec is another good choice). There are many mast cell stabilizers; watch Dr. Maitland's excellent lecture from our recent CME Workshop: Managing the Syndrome Soup: POTS, EDS, MCAS & ME/CFS, if you want to know more: <http://bit.ly/NovaDysCME>

There are natural supplements that act to block or clear histamine and stabilize mast cells such as alpha lipoic acid, ascorbic acid, B6, diamine oxidase enzymes (DAO), luteolin, N-acetylcysteine (NAC), Omega-3's, riboflavin, SAME, quercetin, and natural sources of theophylline like green and black teas. If you have been diagnosed with mast cell activation syndrome, it would make sense that your risk of an immediate reaction to any vaccine should be higher, though the data on the risk to people with mast cell activation syndrome or prior vaccine allergic reactions is not yet known with the COVID-19 vaccines. I suspect we will know fairly quickly, with millions of doses already administered. So you may want to wait (taking all of the COVID-19 precautions very seriously). If you do take the vaccine, plan to stay in the medical setting for at least 30 minutes, consider several hours, to be in a safe place if you do have a reaction. In this special circumstance, premedication with a steroid, the same way we premedicate people who need a CT scan with iodine contrast dye, could be provided by your physician.

Please note: that if you take the vaccine you should take the whole recommended dose, and the current vaccines, Pfizer and Moderna, should be administered twice. It is not yet known how long the immunity will last, but there are blood tests that look at antibody levels available. Although they came to the market very quickly, we will know more about the quality of the antibody tests over the next few months. Most importantly, vaccination is not 100% (in fact the two initial vaccines trials were 95% effective in preventing or reducing the severity of infection). Vaccination does not exclude strict social distancing guidelines and mask wearing until "herd immunity" levels of vaccination have been reached (70% of the population)!

Of course, these recommendations are simply my opinion, and we will know a lot more about safety in the coming months – but 30,000 plus folks took the vaccines in the trials (that's a lot) and you must be moved by the photos of health care professionals lining up to receive their vaccine. Is there a risk? Yes. There is certainly more of a risk of ME/CFS relapse than anaphylaxis, which should be manageable. Is it worth it? Your decision, weighing all that you can find out. More than 330,000 Americans have died. The new strain of the virus is likely to make our current rate of infection go much higher. Please take this seriously.



More than you wanted to know:

Partial vs. absolute protection

Most vaccines offer incomplete protection against infection and this is likely to be the case with SARS-CoV-2 vaccines as well. However, even partial protection will be of benefit both to patients and the general public. Partial protection may mean that most but not all persons develop immunity, or that some recipients develop weak immunity that makes the consequences of infection less severe than they would have been otherwise. (December 2020 update: Information from the American College of Rheumatology Regarding Vaccination Against SARS-CoV-2).

Here are the official recommendations:

The American College of Allergy, Asthma, and Immunology (ACAAI) has issued guidance for physicians and other providers related to the risk of an allergic reaction following vaccination with an mRNA-based coronavirus disease 2019 (COVID-19) vaccine.

ACAAI's recommendations are in line with guidance issued by the Centers for Disease Control and Prevention. Specifically, that patients experiencing a severe allergic reaction after getting the first shot should not receive the second shot.

In addition, the ACAAI COVID-19 Vaccine Task Force recommends the following guidance for physicians and other providers:

- The mRNA COVID-19 vaccines should be administered in a healthcare setting where anaphylaxis can be treated. All individuals must be observed for at least 15 to 30 minutes after injection to monitor for any adverse reaction. All anaphylactic reactions should be managed immediately with epinephrine as first line treatment.
- The CDC has issued guidance on COVID-19 vaccines and severe allergic reactions. According to the CDC, if you have a severe allergic reaction after getting the first shot, you should not get the second shot. Additionally, the CDC notes patients who experience a severe allergic reaction may be referred by their doctor to a specialist in allergies and immunology to provide more care or advice.
- The mRNA COVID-19 vaccines should not be administered to individuals with a known history of a severe allergic reaction to any component of the vaccine. Although the specific vaccine component causing the anaphylaxis has not been identified, polyethylene glycol is one of its ingredients and has been known to cause anaphylaxis.
- Data related to risk in individuals with a history of allergic reactions to previous vaccinations and/or mast cell activation syndrome/idiopathic anaphylaxis is very limited and evolving. A decision to receive either of the mRNA COVID-19 vaccines that are currently approved for Emergency Use Authorization by the US Food and Drug Administration should be undertaken by the individual, along with their physician or other provider administering the vaccine using their professional judgment balancing the benefits and risks associated with taking the vaccine.

- People with common allergies to medications, foods, inhalants, insects and latex are no more likely than the general public to have an allergic reaction to the mRNA COVID-19 vaccines. Those patients should be informed of the benefits of the vaccine versus its risks.
- The mRNA COVID-19 vaccines are not live vaccines and can be administered to immunocompromised patients. Physicians and other providers should inform such immunocompromised patients of the possibility of a diminished immune response to the vaccines.
- If you have questions related to the risk of an allergic reaction to either of the mRNA COVID-19 vaccines, contact your local board-certified allergist/immunologist.

Reference: <https://acaai.org/news/american-college-allergy-asthma-and-immunology-updates-guidance-risk-allergic-reactions-mrna>

SOURCE: American College of Allergy, Asthma, and Immunology

The American College of Rheumatology offers additional guidance for people on immunosuppressive therapy, and discussed in some detail the issues around vaccination and herd immunity.

To learn more, follow this link: <https://www.rheumatology.org/Portals/0/Files/ACR-Information-Vaccination-Against-SARS-CoV-2.pdf>

Still, I think 2021 will be a happy new year. The most vulnerable should see the vaccines available in the coming weeks! And yes, it will take a lot to get our citizens to the level of herd immunity with mostly the logistics in the news, but really it is denial of the risk of COVID-19 allowing this head in the sand thinking. Take a hard look at the stats and your risk. Then make a smart decision.

Health Care for Our Nation's Heroes and Their Families

LOCATIONS

Fort Lauderdale/Davie Campus
Miami Campus

and other sites

SERVICES



Medical



Dental



Vision



Audiology



Speech



Psychological Services



Family Therapy



Physical Therapy



Occupational Therapy



Pharmacy



Nutrition

(954) 262-FLAG (3524)

Website: nova.edu/healthcare/veterans

Email: VeteransClinic@nova.edu

VETERAN SPOTLIGHT

Sheila L. Chamberlain, JD
*2004 Tuskegee Airman Blades
Award Winner*

Dr. Shelia Chamberlain was awarded the Tuskegee Airmen Blades Award for her personal contributions to the field of Aviation during her military career. The State of California also honored her during a celebration of 100 Years of Women in Aviation: A Tribute to Women in Aviation and Aerospace.

Dr. Chamberlain grew up in West Germany, graduated from Fort Knox High School and received her Bachelor's of Arts degree from Spelman College in Atlanta, Georgia with a postgraduate degree in Public Administration from the University of Oklahoma and earned her Juris Doctorate from the University of Miami, School of Law. She was the daughter of a retired U.S. Army Combat Engineer and whose mother who was a business owner, nurse, and 27-year military wife. Dr. Chamberlain pursued a US Army career and became the US Army's first African American Woman Combat Intelligence Pilot.



She served on active duty during the Grenada/Panama Invasion and the Persian Gulf War with three tours in the Republic of Korea and Latin America. She is a General George C. Marshall Award Winner and Distinguished Military Graduate (Georgia Tech); graduate of the US Army Counterintelligence Human Intelligence Course, US Army Aviation Flight School, Army Medical Department (AMEDD), Joint Aerospace Command and Control Course, Army Combined Arms Service Staff College and the Marine Corp Command and General Staff College. Dr. Chamberlain's distinctive military career includes 15 years of service in the United States and abroad, two command posts and numerous civilian and military honors including the National Defense Service Medal and the Meritorious Service Medal and The Tuskegee Airmen Blades award. During flight school she became the sole mentee of the famous Willa Brown Chappell, the first African American woman to run for the U.S. Congress and historical American Aviatrix. She later became a member of the Fort Rucker Chapter of the Tuskegee Airmen Incorporated, honoring the legacy of her cousin, the famous Memphis Bomber Luke Weathers who was one of the original Tuskegee Airman with the 332nd Fighter Group.

Later in her career, her unit was sent to stabilize South Florida after the aftermath of Hurricane Andrew. It was during her time in South Florida that she decided to leave the Army. Prior to leaving, she was asked to come before various members of the Congressional House of Representatives Armed Services Committee to give information on why women pilots should be assigned to combat aviation units. When asked if she wanted to stay to continue her career, she responded, "I have survived and hopefully this will open the door for future women who just want to fly for their country." One year after leaving, the Department of Defense officially declared that women will be allowed to fly combat aviation aircraft throughout the services.

Dr. Chamberlain has dedicated her life to public and community service, including a Legislative internship with the United States Senate and United Nations, the Department of Defense, Veteran Affairs, and the Florida Legislature. She is a member of various civic and political organizations and has received numerous awards to include being recognized in 1997 by the United States Congress for leading the largest delegation from Florida to attend dedication ceremonies honoring women in military service for America. Her name appears in the Congressional records.

She advocated for numerous woman empowerment issues over the years to include serving as Co-Chair State of Florida for Women in Military Service for America Memorial (WIMSA) located in Washington D.C. becoming the first woman military pilot to be elected and serve at the National Level of the Tuskegee Airmen, Inc. She continues to advocate to ensure women Veterans receive proper healthcare and rights/benefits upon completing military service and supporting all women sports issues. A true American SHERO!

