

## **The obvious question: Why does the DOD/VA/Army deny HBOT to the injured?**

The DOD/VA/Army continue to deny the effectiveness of hyperbaric oxygen therapy (HBOT) in treating and helping to heal traumatic brain injury. Contractors being paid millions of dollars to research "new" drugs and therapies are also on record as saying that anyone using HBOT to treat and help heal brain injuries is practicing bad medicine and harming patients by offering them "false hope." We disagree.

**1. Some people do not believe that HBOT works, nor that it is safe and effective, nor that it is economical.** The DOD/VA/Army have been repeating their suspect findings for so many years that the PubMed and WIKI and other "go-to" entries for quick-grab information on HBOT are all out-of-date and uncomprehending of the continuing research that exists, but which is ignored in write-ups. It is a well-known truth in reporting that people read and believe the first headline, but seldom read the retraction or bother with the actual truth. In the case of HBOT research by DOD/VA/Army medicine, the fact that the "sham" used in the studies is demonstrably NOT a sham and has been debunked in the literature, and that all the studies are, in fact, dosing studies, is seldom read or reported. Thus, as many of us have learned, doctors who bother to take the time to investigate current research get, at best, conclusions that HBOT is controversial and unproved. At worst, it is still pooh-poohed by the Army as just one more risky waste of time and money; some want to believe that their studies have "put the final nail in the coffin of HBOT." And yet, increasing numbers of brain injured worldwide are being treated and helped to heal -- over 1,900 and counting in our Coalition clinics -- and a few doctors in the VA are prescribing HBOT for TBI, and invoices for the services are being paid.

**2. The Army/DOD/VA really believe there's nothing to be gained by treating brain-injured, active duty/former service members.** It's an economic argument, coupled with a disregard for individual lives. According to Command, the brain injured are busted, 50% of them are probably liars and malingerers, soft, damaged-before-they-got-here, not man enough. "Get 'em out, particularly since we have another 80,000 to downsize." There is also a documented pattern of Command using "Other Than Honorable" discharges for all manner of conduct unbecoming, particularly brain-injured caught self-medicating for nausea and headaches. Those OTH discharges are now estimated at over 300,000, irrespective that huge numbers are combat veterans, and that they lose all rights to medical benefits.

**3. Finances: Why admit there's a treatment when the brain-injured are on active duty?** The Army would have to pay for it. We heard: "Get 'em over to the VA and let the VA deal with it. Save money and meet down-sizing requirements." Ignore the obvious: costs deferred increase the long-term costs. But that's not the Army's problem when service members are told there is no treatment or, worse, are given palliatives that mask symptoms with drugs. Neither are ethics a concern; apparently the Warrior Ethos "I will never leave a fallen comrade" stops at the hospital door. As long as Congress keeps funding, the military can continue to toss the brain injured aside.

Further, the Army and VA continue to quote alarmist numbers about the cost of HBOT. They insist that each treatment will cost many thousands of dollars. The real truth is that a

typical protocol of forty dives will cost less than ten thousand dollars. Economies of scale and multiplace chambers will drive those prices down to more than half that amount. And the current analysis of neglected brain injured veterans is that each patient costs state tax payers \$60,000 each year, every year. States are paying billions of dollars every year for failing to treat wounds to the brain, and those patients are sustained on drugs which in many cases come with warnings about the risk of suicide.

**4. Pharma. They make it so easy to just palliate the problem rather than heal it.** Easier to write a Rx for drugs -- many of them warning of the risks of suicide -- than to admit they're stymied. And without accountability about results, why stop now? [This practice is not unique to military medicine, but at a minimum, the Army should follow best practices with respect to tracking what medicines the brain-injured are prescribed, and the contra-indications for each. They don't.] Prescription drug overdoses have increased. Today's fighting men and women are more at risk from the drugs given to them legally. A 2010 Army study found that one-third of its soldiers were on prescription meds. Nearly half of those — 76,500 soldiers — were taking powerful and addictive opiate painkillers. The number of patients treated by VA is up 29 percent, but narcotics prescriptions are up 259 percent. And while the actual numbers are proving difficult to obtain, among all veterans receiving VA services nationally in a single year, 2005, a VA researcher calculated 1,013 had died of accidental drug overdoses — double the rate of the civilian population, when accounting for age and gender. More current data from the CDC reports that the accidental drug overdose in the Army is 33% higher than in the civilian sector. [NOTE: We keep looking for an *avant-garde* Pharma that will sponsor a trial using HBOT and their drug to discover how HBOT in combination with that drug would accelerate healing. Alternatively, how to extend the patent life of a drug that helps in the healing of TBI in combination with HBOT.]

**5. The Research Trough.** Eisenhower warned about the military-industrial complex. Today, he would call it the military, industrial, academic, research, contractor, pharma, insurance/health care complex. This thing has just gotten so BIG, with billions of research dollars sloshing around to feed the cycle. There is no patent on oxygen and no profit in fixing the problem. Just keep nursing it. Sound familiar? Alternative medicine practitioners have to get outside it to really treat patients and get them healthy, but they can't do it with the controls and formularies mandated by the DOD/VA/Army and the Insurance regulations to which they are beholden. One telling example: One of the authors of Army research that perpetuates a fundamental flaw in research design and execution, is a researcher leading a \$62.2 million federally funded effort involving multiple universities, military installations and veterans hospitals to better understand how to prevent, diagnose and treat concussions. Millions of dollars will pass through the contract to other institutions, but most of it will remain at home. Comically, the researcher crows: "This isn't just about throwing money at a problem . . . This is the military and the (Department of Veterans Affairs) and President Obama realizing that this is a huge problem, concussions, and we need to get to the bottom of this. **It's probably not as bad a long-term problem as people are yelling and screaming,** [emphasis added] but if there is something there, we need to understand it . . ." His compatriot, a fellow researcher also compromised by a perpetual conflict of interest, spelled out the formula: "**There's nothing that compares to the**

**federal government in terms of sustainability . . . . The federal government is how you sustain your research, year in and year out, even when times are bad."** Notice not a word about a suicide epidemic or the need for urgency, let alone compassion or the hair-on-fire need to stanch the damage across hundreds of thousands of lives, families and communities. Together with too many members of Congress, they would rather talk about the problem and get paid for long-term studies/research than go to work solving the problem -- treating now, using the private sector and an installed capability that can go to work immediately, for fractions of the current costs.

**6. Lobbying.** Closely aligned is the close ties of the government with lobbyists and the merry-go-round from military [and law enforcement and the Intel community and Congress] into the sector that cajoles elected representatives. There's no stopping it: let a 1000 lobbyists bloom. So you have the most eclectic bunch of technologies and processes and gee-whiz new-and-shiny toys to parade in front of Congress, people who are beholden to your contributions to get reelected. You have this long list of contracts and contractors to vet and test anything that will pump \$\$\$ back into the districts. TreatNOW is sympathetic to new technologies that could/do work but it is H-A-R-D to get through the contractor-led opposition: Big and small contractors on long-term contracts could tell the USG that they could do it better/faster/smarter if they just got some \$\$\$ added to their contracts. Happens all the time. The process has gotten so out of hand that Congress and the Army can continue to study the problem until all the wounded die. The NFL's doing it in front of our eyes: see ESPN's "*League of Denial*" for glaring parallels [you have to embrace the irony in the military Recruitment Command surreptitiously **paying the teams** to put on tear-jerker celebrations at ball games to bolster enlistments. And the public thanks the NFL for their generosity. Spectators shed a tear and the wounded go back to diminished lives on welfare, despite alternative treatments like HBOT hiding in plain sight.]

**7. Closely allied to the above is the explosion of Veteran Service Organizations** who milk the public of \$\$\$, taking astronomical sums for overhead. Certain organizations have been exposed for skimming unconscionable amounts out of every dollar for salaries and pensions, marketing, advertising, travel, merchandise, offices space. The public is lulled into thinking that they're helping vets recover when what they're doing is giving them a temporary high at a ballgame, handing them t-shirts and meals, but sustaining them as permanently disabled, on welfare, told that there is no treatment for their brain injury other than coping with their "new normal."

**8. Recruiting.** DOD and the VA recruit more and more from foreign ranks and younger and younger psychiatrists and psychologists. Most have never seen combat, and all are constrained by current protocols. Virtually none have studied alternative therapies. Nutrition is seldom discussed; the common protocol is: "there's not much we can do for you, this is complex, we need to see where your new normal is going to be. Be resilient. Let's monitor your drugs. Next."

**9. Passing the buck to the Army, the lead in military medicine.** The fact that the Marines are letting this go on is baffling. The Army SG has the lead and they fall in line. The USAF and USN don't have quite the same sized problem, but they ALL have SpecOps problems. So there's the very real possibility that they're ALL willfully negligent, whether from conspiracy, stupidity,

confusion, block-headedness, inertia, or real belief that NOTHING is going to work. [remember the old adage: "when given a choice between conspiracy and stupidity, choose stupidity."] That's one of the reasons that we need to keep treating and healing, getting Joe Namath and BG Patt Maney and other luminaries sounding the alarm for us that both the NFL and DOD/VA/Army are negligent in withholding treatment for fear of exposure to what some in uniform have called their criminal behavior: they knew, they lied. Consumers -- moms and dads and relatives -- must never shirk from asking this Q: "If your son or daughter got a brain injury, would you deny them access to HBOT for their injury? Who would you rather have treating them: the VA or outside clinics that have brought over 85% of those treated back to a life that military medicine told them they would never have?"

**10. Paired with the VA, putting the Army in charge of research is a conflict of interest.** It is similar to the cigarette companies sponsoring research into the links between smoking and cancer; or asking the NFL whether concussions lead to brain damage. And "Army medicine" just compounds the confusion, where promotion worries trump independence and scientific rigor. Couple that with a Command structure focused more on the bottom line than the soldier and you incur reluctance, delay and lack of accountability. Even the VA has an antipathy against HBOT, even for Medicare-approved conditions. There are multiple reasons that the government is slow-rolling proven, safe and effective alternative medical therapies in the face of the suicide epidemic and family catastrophes. There is a willingness to ignore what the rest of the world is discovering, proving and publishing: HBOT for TBI is safe and effective, along with other therapies that can enhance HBOT's effects on healing brain damage. The government's record on admitting mistakes is not good for the service member or public. Think Agent Orange, Gulf War Syndrome, radioactive fallout, secret wait-lists, scandalous cost overruns at every level, demonstrated incompetence, and a perverse set of self-dealing relationships with researchers who ignore the established science, data and laws of physics, chemistry, physiology, biology and biochemistry. But anyone familiar with research and the pace of medicine's acceptance of change should remember the words of Arthur Schopenhauer (1788-1860): "*The truth goes through three stages: first, it is ridiculed, then it is violently opposed, and then, it is accepted as self evident.*" Max Planck put it succinctly: "Science advances one funeral at a time." Though he was talking about nay-saying scientists, he never imaged the irony that he might have been talking about 22 suicides a day.

Remember the conditions the wounded endure inside the Warrior Transition Units, at the DVBIC and inside the VA, summarized to us by a warrior from the trenches, busted and broken until he was treated and brought back to near-normal after HBOT. He saw this pattern: **deny, delay, deceive, drugs, depression, death**. Until Congress invokes accountability-with-penalties - not more repetitive hearings -- and reprograms the \$\$\$ to treat with alternative methods, the DOD/VA/Army will continue to kick the brain-injured down the road. They'll neuter Secretaries like Panetta and Shinseki and McDonald and Carter and all who follow. They outlast them. Whatever the drug budget to the DOD/VA/Army, take just 10% of it and use it to treat and heal with HBOT and other therapies that show promise. Budget neutral. Better than that, HBOT evidence shows that virtually all successfully-treated brain injured quit taking almost all their medications. People in authority over military and VA medicine responsible for brain injuries

must start thinking like CEOs --market-based solutions -- instead of waiting for the next election and handing the "intractable" problem off to the next appointee. A preponderance of Type II and Type III evidence exists, attesting to the safety, effectiveness and economy of using HBOT to help treat and heal the brain-injured. ***treatnow.org***