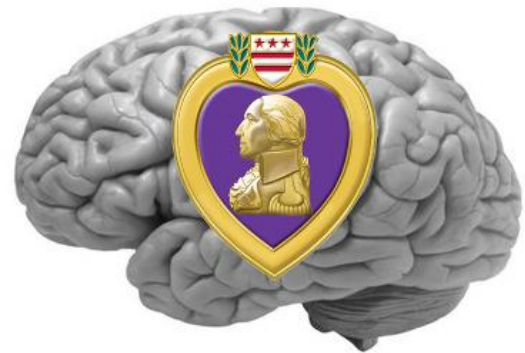


An Epidemic of Suicides: Essence of the Crisis

No summation can do justice to what the brain injured -- active duty, veterans, National Guard, Reserves *and their families* -- are up against.



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1. The suicide rate is going up. The admitted twenty-two per day is again on the rise.

2. Too many members of Special Operations units are brain-damaged from combat and in need to help that they cannot get from their own units. We are treating active duty SEALs, Force Recon, Rangers and Combat Air Controllers -- over 4 dozen to date -- all of whom tell sad stories of suicides of active duty best-of-the-best. Results of these pro bono, "under-the-table" treatments are uniformly positive in multiple locations.

3. The VA and the Surgeons General point to DOD/VA/Army studies that purport to show that HBOT does not work. Their "science" has been debunked worldwide and now, from the primary author of their 1st cornerstone study, this "reassessment" of the data in the study:

"Hyperbaric oxygen therapy for mild traumatic brain injury and PTSD should be considered a legitimate adjunct therapy...." This is an important advance: a USAF team has reassessed the findings in the cornerstone study and found that the data indicate safety and efficacy, and recommends that it be used for TBI immediately.

4. The DOD/VA/Army claim that HBOT for TBI is too risky. This is curious since in 2008 the DOD admitted that HBOT was safe for use. Yet DOD/VA/Army therapies currently in use **do not treat the physical wound to the brain**. They palliate symptoms with drugs. Not one of their 80+ therapies/processes/devices, countless computer applications, and 114+ prescribed drugs has been approved by the FDA for TBI; all are used off-label. All are controversial at some level. Many of them are brand-new and haven't even been explored in the literature. Yet neither the DOD nor the VA provide Hyperbaric Oxygen Therapy used off-label to treat and heal brain injury, the one therapy proved by multiple clinical trials inside DOD/VA and around the world to treat and help heal the wound to the brain, safely, effectively and economically.

5. A peer-reviewed study about to be published makes the following observation: **"There is sufficient evidence for the safety and preliminary efficacy data from clinical studies to support the use of HBOT in mild traumatic brain injury/persistent post concussive syndrome (mTBI/PPCS). The reported positive outcomes and the durability of those outcomes has been demonstrated at 6 months post HBOT treatment. Given the current policy by Tricare and the VA to allow physicians to prescribe drugs or therapies in an off-label manner for mTBI/PPCS management and reimburse for the treatment, it is past time that HBOT be given the same opportunity. This is now an issue of policy modification and reimbursement, not an issue of scientific proof or preliminary clinical efficacy."**

6. So, what is to be done? How can we and Congress help change national policy and medical practice around the issue of traumatic brain injury?

a. Nothing supersedes evidence/good data/science. We need funding -- \$5M -- for a world-class treatment program, conducted in clinics that already exist. The evidence and data will add to the proof about HBOT for TBI under the strictest protocols, using modern, widely accepted standards for collecting scientific evidence, including the use of objective brain scans. These

already put the lie to the Army's "placebo" theory of how HBOT works. Spending many more millions of dollars (as the Army has been advised) to investigate "the ritual of HBOT" is not only a waste of money, it borders on negligence in the face of the epidemic.

b. Congress has to coalesce around a Bill that mandates immediate, urgent action, NOT another long-term study. Offsets can come from monies from the drug budget within DOD and the VA; redirect funds for immediate treatments with alternative/complementary/adjunct therapies that show immediate promise to stanch the suicide epidemic and work to heal the wound to the brain. HBOT can be used in combination with therapies that are evidence-based and show promise to deal with the physical, emotional, psychological, endocrinal, cognitive and whole-body damage done to the service member and to their families and caregivers.

c. The Secretary of the VA should be instructed to expand the CHOICE Program to include outsourcing of the use of HBOT for traumatic brain injury -- a service that is not provided in VA facilities or any military facilities for TBI. TRICARE should similarly be instructed to reimburse for payments for HBOT used to treat and heal invisible wounds.

7. *An epidemic, by definition, must be treated with urgency.* Consider:

--A Princeton University meningitis epidemic in 2013 spurred the CDC and the FDA to approve the emergency import and use of the Bexsero Vaccine from Europe and Australia, which specifically protects against the B strain of meningitis, but which was not yet approved by the FDA. The estimated cost to fight the outbreak was in the hundreds of thousands. Total number of deaths in the US from the Meningitis B outbreak on the Princeton campus: **One.**

--The Ebola hemorrhagic fever outbreak in West Africa in 2014 that led to a pandemic has resulted in 28,639 recorded cases of Ebola worldwide and 11,316 deaths. Long before clinical trials were completed, vaccination of volunteers by the US Army started in mid-October 2014, using the experimental Canadian-developed VSV-ZEBOV vaccine. Médecins Sans Frontières, who helped support the study, are recommending that all contacts of new Ebola patients and frontline workers receive the vaccine: "Even if the sample size is quite small and more research and analysis is needed, the enormity of the public health emergency should lead us to continue using this vaccine right now. Replication of a targeted approach focusing on those most at risk of infection should therefore happen immediately and we urge governments in affected countries to start using this vaccine as soon as they can within the framework of the existing trial." The estimated cost to fight the outbreak was \$32.6B worldwide and millions in the US. Total number of deaths in the US from Ebola: **One.**

--The Zika virus pandemic spurred President Obama to request \$1.8B for emergency research. This adds to the \$100M already spend by NIH on the family of viruses related to Zika. Contracting the virus may or may not lead to children born with microcephaly. Total number of recorded microcephaly births in the continental US caused by Zika: **One.**

--The service member suicide epidemic is due in part to TBIs incurred in combat. Diagnosed incidents of TBI exceed 320,000, with some estimates at 800,000. Even in the face of an epidemic that dwarfs current epidemics, the DOD/VA/Army will not use a treatment that has been shown to be safe, effective and economical at reversing the symptoms of TBI and in helping to repair underlying brain damage -- even as the Defense and Veterans Affairs departments spent \$9.3 billion to treat post-traumatic stress disorder from 2010 through 2012. Yet neither knows whether this sum resulted in effective or adequate care. No data were collected. And the deaths and suffering continue: Estimated total of suicide deaths in active duty and veterans: 48,000+, some presumably a result of their brain damage. Failed attempts approach 100,000. Total number of HBOT treatments delivered yearly worldwide, safely and effectively: Hundreds of thousands. Estimated number of brain-injured service members accidentally killed using military-prescribed drugs: 1,300+. Total number of patients killed in controlled HBOT studies: Zero. Number of successful treatments of TBI/PTSD using HBOT: **over 1,900.**

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