

Military-Veterans Advocacy

Written Testimony/Statement in Support of HR 3649  
*Veterans National Traumatic Brain Injury Treatment Act*

Submitted to the United States House Veterans Affairs Committee  
Subcommittee and Health  
March 21, 2024



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Commander John B. Wells, USN (Ret)  
Chairman

## **Introduction**

Distinguished Chairwoman Marinnette Miller-Meeks and Ranking Member Julia Brownley and other members of the Committee, thank you for the opportunity to present the views of Military-Veterans Advocacy® (MVA™) on our legislative priorities.

The number of veterans personnel suffering from service-connected Traumatic Brain Injury (TBI) has ballooned, in part because of a realization that the disability exists as well as improved diagnostic capabilities has increased awareness. Unlike Post Traumatic Stress (PTS), which is a psychological injury, TBI represents physical damage to the brain. Unfortunately, the Department of Veterans Affairs has turned to numbing and often dangerous opioids for treatment. This problem is complicated by the lack of understanding of the physiological effects of TBI.

## **About Military-Veterans Advocacy®**

Military-Veterans Advocacy Inc.® (MVA™) is a tax-exempt IRC 501[c][3] organization based in Slidell, Louisiana that works for the benefit of the armed forces and military veterans. Through litigation, legislation, and education, MVA™ seeks to obtain benefits for those who are serving or have served in the military. In support of this, MVA™ provides support for various legislation at the State and Federal levels as well as engaging in targeted litigation to assist those who have served. We currently have over 1100 proud members. In 2022, our volunteer board of directors donated almost 9500 hours in support of veterans. MVA™ analyzes and supports/opposes legislation, assists Congressional staffs with the drafting of legislation and initiates rule making requests to the Department of Veterans Affairs. MVA™ also files suits under the Administrative Procedures Act to obtain judicial review of veterans' legislation and regulations as well as *amicus curiae* briefs in the Courts of Appeal and the Supreme Court of the United States. MVA™ is also certified as a Continuing Legal Education provider by the State of Louisiana to train attorneys in veterans' law.

MVA™ is composed of six sections: At-Risk Veterans, Blue Water Navy, Agent Orange Survivors of Guam, Veterans of Southeast Asia, Veterans of the Panama Canal Zone and Veterans of Okinawa. We are a member of the TEAMS Coalition, the Foundation for Veterans Outreach Programs and other working groups. MVA™ works closely with Veterans Service Organizations including the United States Submarine Veterans, Inc, the National Association of Atomic Veterans, Veterans Warriors, and other groups working to secure benefits for veterans.

## **Military-Veterans Advocacy's® Chairman, Commander John B. Wells USN (Ret.)**

MVA™'s Chairman, Commander John B. Wells, USN (Retired) has long been viewed

as the technical expert on herbicide exposure. A 22-year veteran of the Navy, Commander Wells served as a Surface Warfare Officer on six different ships, with over ten years at sea. He possessed a mechanical engineering subspecialty, was qualified as a Navigator and for command at sea and served as the Chief Engineer on several Navy ships.

Since retirement, Commander Wells has become a practicing attorney with an emphasis on military and veteran's law. He is counsel on several pending cases concerning herbicide and other toxic exposures. Commander Wells was the attorney on the *Procopio v. Wilkie* 913 F. 3d 1371 (Fed. Cir. 2019) case that extended the presumption of herbicide exposure to the territorial sea of the Republic of Vietnam, which laid the groundwork for the Blue Water Navy Vietnam Veterans Act. He strongly supported, both in Congress and the courts, the extension of the herbicide presumption and to cover veterans in Thailand, Guam, American Samoa, and Johnston Island. He also initiated successful judicial review of the Appeals Modernization Act with a favorable outcome. *MVA v. Secretary of Veterans Affairs*, 7 F.4th (Fed. Cor. 2021). Since 2010 he has visited virtually every Congressional and Senatorial office to discuss the importance of enacting veterans' benefits legislation. With the onset of covid, Commander Wells has conducted virtual briefings for new Members of Congress and their staffs. His curriculum-vitae is attached.

## **HR 3649**

### *Veterans National Traumatic Brain Injury Treatment Act*

MVA™ has long supported the use of HBOT to treat Traumatic Brain Injury. There is an increasing body of evidence that show HBOT is an effective HR 3649 will direct the Secretary of Veterans Affairs to establish a pilot program to furnish hyperbaric oxygen therapy (HBOT) to a veteran who has a traumatic brain injury (TBI) and there are positive indications associated with this treatment. Our interviews with MVA™ members who served in combat or in Special Operations also point to an affirmative correlation between HBOT and TBI. We believe that HBOT could potentially allow for a more successful treatment pathway for these invisible wounds.

As the VA possesses this equipment for wound and burn treatment cost should be negligible. The HBOT process has been very successful in treating wounds, amputations and burns. TBI is just another wound – in this case to the brain, The brain is another organ susceptible to this type of treatment.

Granted some studies claim there is not sufficient evidence to confirm the effectiveness of HBOT for TBI. The VA, as they do with anything they do not want to do, embraced the “not sufficient evidence” argument. Additionally, many of the lukewarm studies have ties to “Big Pharma “who profit from the sale of the opioids.

Always mendacious, the VA decided to conduct a “pilot program” using HBOT to treat PTS. This is a program doomed to failure since PTS is a psychological injury - not a physical one. Accordingly HBOT will have little if any effect on PTS. Whether the VA launched this program in a malicious attempt to taint HBOT or just does not understand the difference

between TBI and PTS is an open question. At best, MVA believes that the VA's rejection of this treatment protocol is negligent and constitutes malpractice. Our veterans deserve better..

Take the case of Sgt. Major Jim Kuiken, USMC (retired). Jim was involved in several explosive injuries and was diagnosed with TBI by private medical groups. The VA, despite Jim's 8 months of rehabilitation in a military hospital and his purple heart termed his TBI not service connected. Jim sought assistance from a private non-profit who referred him for HBOT treatment. Despite receiving only 20 of the 60 prescribed treatments, Jim noted major improvements in his memory and other cognitive abilities.

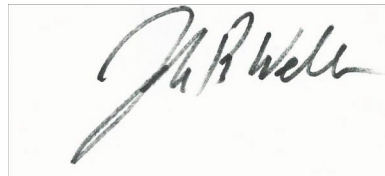
HBOT calls for the application of 100% pure oxygen 1 1/2 atmospheric pressure. The treatment oxygenates the cells and regenerates them in the same way cells are regenerated to repair wounds and amputations. The question that must be raised is "Why not require a pilot program to use a proven treatment method to heal a wounded organ?" In other words, what harm can come of this? It is well settled that oxygen is good for the human body. Let's make this treatment available to our national heroes.

MVA™ urges the Subcommittee to favorably endorse HTR 3649.

### **Conclusion**

On behalf of our membership, we would like to extend our thanks to the Chairwoman Ranking Members, and remaining Committee members for the opportunity to discuss our views.

Respectfully Submitted,

A rectangular box containing a handwritten signature in black ink. The signature is cursive and appears to read "John B. Wells".

John B. Wells  
Commander USN (retired)  
Chairman