

March 13, 2024



US House Committee on Veterans' Affairs Members,

EXECUTIVE SUMMARY: The TreatNOW Coalition supports HR 3649. We are dedicated to ending service member suicides (now over 146,000) through the use of Hyperbaric Oxygen Therapy (HBOT) and adjunct therapies. In over 150 Coalition clinics in the last 12 years, HBOT is proven to heal wounds of all types, especially including brain wounds caused by BLAST/TBI/PTSD/Concussion/Friendly fire. Over twenty-one clinical trials -- including the US Government's own trials -- demonstrate safety and effectiveness of using HBOT for mild Traumatic Brain Injury persistent post concussive syndrome. Ten state legislatures have already passed legislation mirroring HR 3649, and five have appropriated over \$30 million to treat Veterans still suffering from ineffectively treated brain wounds. Over 31,000 patients with brain wounds, including over 12,500 active duty and Veteran service members have been restored to a Quality of Life denied them by lack of insured access to HBOT. **It is unfortunate that neither the VA nor DoD are practicing the standard of care as laid out in 1990 in the Textbook of Military Medicine.**¹ It is long past time that both the DoD and the VA insure HBOT coverage, beginning with immediate "informed consent" to all invisible brain wounded service members about the availability of HBOT. Federal funds should cover the use of public and private HBOT clinics to treat the brain wounded.

Our military has been exposed to blast force waves since the Civil War. The results: TBIs to our servicemen and woman. Labels came and went. In the Civil War, combat could lead to "soldier's heart" and "railway spine",² in World War I it was "Shell Shock;"; in World War II it was "Battle Fatigue" or "War Neurosis;"; in Korea it was "Combat Stress/Fatigue;"; in Vietnam it was originally called "Post-Vietnam War Syndrome" which later migrated to PTSD, and now in the ensuing Gulf War Era and the preceding decades fighting terrorism, medicine has settled on TBI and or PTSD. A full 150 years of misdiagnosis of this same issue has deepened reliance on prescription drugs, leading in too many cases to drug and alcohol addictions, homelessness, unemployment, incarcerations, and suicides. Along the way, an array of varying drugs, and self-awareness education and calming protocols have done little to combat the **"invisible physical wounds"** to the brain.

The DoD has established a process and culture that punishes service members for their combat wounds versus treating the **"physical brain wound similar to a gunshot wound."** This has resulted in the current suicide (146,000+) and opioid (109,000) epidemics besieging our Veteran community. Over 255,000 Veterans have already succumbed to their invisible wounds because our government is unwilling to accept modern medical science. **The 255,000 combined deaths represent 41% of all the U.S. troops KIA since the beginning of WW I (623,718).** Hyperbaric Oxygen Therapy (HBOT) is proven safe and effective in treating and healing wounds of all types, including a portion of the 877,450+ brain wounds caused by 70,000+ IEDs, BLAST, 155mm Howitzers, dangerous close explosions, RPGs, and friendly fire. Twenty-one clinical IRB trials completed since 2007 -- including the US Government's own trials -- demonstrate safety and efficacy of using HBOT for mild Traumatic Brain Injury

¹ Conventional Warfare: Ballistic, Blast, and Burn Injuries, Textbook of Military Medicine Series on Combat Casualty Care, Part 1, Volume 5, 1990, Pages 311-316, Chart Page 313, Office of Surgeon General, Department of Army. See attached protocol.

² See, for example, United States Government Printing Office. The Medical and Surgical History of the War of the Rebellion, 1861-65. Part I, Volume II: Surgical History (1870). Prepared, under the direction of Joseph K. Barnes, Surgeon General United States Army, by George A. Otis, Assistant Surgeon, United States Army. Covers wounds and injuries of the head, face, neck, spine, and chest; and Howard H. Kaufman M.D., "Treatment of head injuries in the American Civil War," Journal of Neurosurgery, May 1993

persistent post concussive syndrome.

Ten state Governors (OK, TX, IN, AZ, KY, FL, NC, WY, MD, VA) have enacted legislation and appropriated more than \$30 million for treatments using HBOT. Why are individual states having to pay for effective medical treatment for invisible brain wounded Veterans? The DoD and the VA must insure HBOT coverage, beginning with immediate "informed consent" to all wounded service members about the availability of HBOT, and its use in public and private HBOT hospitals (1,156) and clinics (200+). Using independent scientific methods to collect and report on data aimed at more proof of the safety and effectiveness of HBOT is costing Veteran lives. The 3.75 million members of The American Legion, DAV, AMVETS, AFSA, and Vietnam Veterans of America, have endorsed their support for HBOT in the treatment of mild TBI/PTSD Veterans (see attached). Over a hundred TBI/PTSD Veteran video testimonials from the 12,500+ HBOT treated attest to the safe and effective results of HBOT treatment. See <https://www.youtube.com/@treatnowdotorg/videos>

The Army and Marines have sustained the majority of TBIs, 53 and 18 percent respectively, across all the service branches or 71 percent of the total because of their missions of boots on the ground. The Spec Ops groups have high TBI numbers but are in a smaller demographic population and largely go unreported for fear of punishment and or banishment from their military career. Clearly, the data reveals the current strategy and medical approach to mitigating TBIs -- whether from blast overpressure force, IEDs, howitzer artillery rounds, rocket firing, etc. -- has failed. The 2014 Congressional testimony before the House Armed Services Committee by [Marine Commandant Conway and Navy Chief of Naval Operations Admiral Roughead advocated HBOT be used to treat TBI/PTSD Veterans because in their words, "it can only help."](#) What can we do? What is TreatNOW doing?

Through a national network of 150+ private HBOT treatment clinics and non-profits across the country, the TreatNOW Coalition has treated and healed thousands of TBI Veterans and civilians alike. Hyperbaric Oxygen Therapy of Arizona, LLC (3,600 civilians/900 TBI Vets), Rocky Mountain Hyperbaric Institute, Colorado (1255/477), Extivita in North Carolina (3,500/3,150), The Patriot Clinics, Oklahoma (2,800/2,650), Tier 1 Therapy Centers, Virginia (800/572), America's Mighty Warriors, Arizona (600+ Navy SEALs) are examples of the network contributing to the estimated 12,500 TBI Veterans treated and healed to date.

We conservatively estimate over 877,450 TBI/PTSD PHYSICALLY brain wounded Veterans with an economic impact [estimated at \\$118.1 billion annually, \\$4.7 trillion over 40-year lifespan](#). There is not a single FDA approved drug for TBIs, yet they are widely and routinely prescribed, along with a multitude of other off-label interventions. There were over 847 million opioid pills prescribed between 2006 to 2014 by the VA (DEA.gov) decimating our physical invisible brain wounded Veterans. From 2008 to 2020, VA mental health budget has tripled, totaling \$86.1 billion. The medical research budget totals \$7.7 billion during the same period without any change in the TBI/PTSD suicide rate. The VA estimated from 2020 to 2029 a \$2.4 billion budget to treat TBI wounded Veterans.

Today, America continues to fail our veterans, contrary to Lincoln's promise, and the avowed Mission of the Veterans Administration. The failure is not for trying, it is for staying too long on a failed path to the exclusion of proven alternatives. Veterans continue to commit suicide at an epidemic rate. We need bold new action supported by medical data and demonstrated results which is exactly what we are offering. Dr Paul G. Harch's [HBOT meta-analysis of 11 of the 21 clinical trials, and their positive results, highlights the safety and efficacy of HBOT for mTBI.](#)

Some of you will have heard that HBOT is unproven in treating TBI. The gold standard of Hyperbaric medicine, the Undersea & Hyperbaric Medical Society (UHMS) last year revised its definition of hyperbaric medicine in line with current known laws of physics. [This redefinition](#) categorically proves that the Government studies, in line with the worldwide scientific evidence, demonstrate safety and efficacy of HBOT for TBI. The controversy was settled by scientific evidence in the last decade. HBOT has been a standard of care for TBI Israeli Veterans for over a decade;

they “have the third lowest suicide rate amongst males compared to 27 countries worldwide”³ How are they achieving these results?

Given the published scientific evidence, clinical results, continuing suicide rate, and the needless suffering of untreated brain wounds, it is past time to use HBOT for TBI as part of military medicine’s tool bag. Dr George Wolf, the Principal Investigator of the first government study, has said “***Hyperbaric oxygen therapy for mild traumatic brain injury and PTSD should be considered a legitimate adjunct therapy....***”⁴. We ask for your leadership in helping us migrate HBOT forward as a standard of care for our invisible wounded warriors as did the Israeli government. At a minimum, use ***Emergency Use Authorization***, fund treatments in the ten states which have enacted HBOT legislation and help us help save the remaining 877,450 invisible wounded warriors from suicide and or opioid addiction.

³ State of Israel Ministry of Health Report, August 2020,

https://www.health.gov.il/English/News_and_Events/Spokespersons_Messages/Pages/09082020_01.aspx

⁴ Traumatic Brain Injury and Hyperbaric Oxygen Therapy: Dawn of a New Day, APWCA 16th Annual National Clinical Conference, 7-9 September 2017