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## Heal Brains, Restore Lives

### TreatNOW.org

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Here's a BLUF of the Special Operations work we're engaged in.

The TreatNOW Coalition, in association with dozens of VSOs and clinics across the US, is successfully treating Special Operators using Hyperbaric Oxygen Therapy (HBOT) and some adjunct therapies. [There are thousands of success stories with other service members, professional and amateur athletes, and civilians with TBI/PTSD. ]The work has been largely pro bono and quiet; the guys on active duty can't talk openly about their treatments . We currently have several brain wounded SpecOps in HBOT chambers around the US.

Dr. Eddie Zant [see letter below] has long been involved with SpecOps community; others across the US have been treating their TBI/PTSD with HBOT as well. Thus far, including current active-duty warriors being treated, there is unanimous agreement by all treated that: a) HBOT has been safe and effective in getting them off most drugs and restoring their quality of life; b) military medical help available to them has been inadequate, focusing mostly on symptom reduction, drugs and an array of therapies. Palliative measures may help in the short term, but they never get at the physical wound to the brain. Symptoms inevitably return; c) HBOT helped them get better, so much so that their lives, marriages and careers are now possible again; d) they see a need to make this treatment available to all SpecOps warriors. In their assessment, a disproportionate percentage of the SpecOps community with multiple tours is "crushed" and "hollowed out" with all the tours, injuries and unceasing deployments; and e) the wives and families of these healed warriors have "gotten my man back."

At the end of the day, TreatNOW is about treating and healing the wounds to the brain and body to abate the suicide epidemic among service members. This "campaign" to draw attention to HBOT-for-TBI by teaming retired NFL ballplayers and Special Operations forces, all afflicted with brain injuries, is fundamentally focused on treatment and clinical medicine, but with rigorous scientific and research built into the protocol. The success that we expect while treating -- confirmed by peer-reviewed research and hundreds of success stories already being told -- is an attempt with Capitol Hill and the press to draw attention to the safety and efficacy of a treatment that DOD/VA and military and conventional medicine deny to the wounded.

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The following letter by Dr. Eddie Zant was written to give insight into his continuing use of HBOT to treat and heal SOF warriors and others. Dr. Zant is part of the TreatNOW Coalition. Since this letter he has treated another three dozen warriors, mostly pro bono.

**From Eddie Zant, MD, March 17, 2012**

As a Physician I would like to share my experience in evaluating and treating concussions (mild Traumatic Brain Injury- mTBI) in military and civilian patients over the last 3 years. In this article concussion and mTBI refer to identical injuries. This is a very pertinent discussion at this time due to the recent unfortunate shooting incident in Afghanistan by a US Military soldier diagnosed with TBI (traumatic brain injury), The Rand Corporation estimates there are over 350,000 US military men and women suffering from concussions symptoms (mTBI) and PTSD (Post Traumatic Stress Disorder) from

blast incidents in Iraq and Afghanistan. Many of these wounded warriors are still trying to cope with their injured brain disabilities. Many are being redeployed after the diagnosis of TBI is made. They have not been able to return to a normal and productive lifestyle. In the civilian population concussions occur in more than 6 per 1,000 people each year. Common causes of civilian concussion are falls or blows to the head, motor vehicular accidents, bike accidents, sport injuries, or exposure to loud noises (explosion, etc). Most concussions (80-90%) resolve in a short period (7-10 days).

I was an active duty US Army physician from 1969 to 1971 and very familiar with military medicine. All of our recently treated concussed patients were months, some years, post concussion and still experiencing severe post concussion symptoms. One of my patients was a US Army Brig General concussed in Afghanistan by an IED explosion. His resulting concussion symptoms and cognitive impairment issues lasted for months before successful treatment with hyperbaric oxygen therapy.

In the past 3 years I have treated over 25 concussed (TBI) military patients for lingering concussion symptoms [four years later, this ## has doubled, with many USAF SpecOps]

. I have been using hyperbaric oxygen therapy (HBOT) to treat these patients. None of these patients had life threatening head injuries. All had normal CT Scans/MRI's. Symptoms in these patients included cognitive impairment, loss of memory, headaches, depression, fatigue, anger and irritability, sleep disturbances, loss of multitasking and executive functions, and hypervigilance. All patients had successful results from HBOT therapy and either returned to full military duty, continued in school, or returned to full civilian employment.

The Department of Defense has developed criteria for the diagnosis of mTBI (Concussions) which must include one of the following

1. Any period of loss of or decreased level of consciousness lasting less than 30 minutes
2. Any loss of memory for events immediately before or after the injury lasting less than 24 hours after the event
3. any alteration in mental state at the time of the injury such as confusion, disorientation, or slowed thinking lasting less than 24 hours
4. transient neurological deficits (e.g. Weakness, loss of balance, change in vision, praxis, paresis or plegia, sensory loss, aphasia)
5. Normal intracranial imaging.

All of our patients were previously treated by different agencies with medication only which gave them little or no relief in their disabling concussion symptoms. Our patients received a total of over 1400 HBOT treatments without any complications or adverse reactions. Patients were all treated in a rigid hyperbaric oxygen chamber at 1.5 ATA (17ft) on 100% oxygen for 60 minutes. The hyperbaric/mTBI protocol calls for a minimum of 40 treatments with up to 80 treatments if necessary. Treatment plans and the need for additional HBOT treatments are based upon the clearing of concussion symptoms and improvement in Neuropsychological (neurocognitive) (NP) testing.

Neurocognitive testing is used to evaluate the concussed patient's post injury neurocognitive condition and track improvements made with HBOT therapy. Neurocognitive testing is an assessment tool that can be used to identify changes in a patient's cognitive function and mood state as a result of

some debilitating event. Neurocognitive testing has become the most important modality in management and determination of a full recovery in concussed patients. The military NP test used was the ANAM (Automated Neuropsychological Assessment Metrics) test.

The ANAM was developed by the military to evaluate and follow the progress of TBI patients. A baseline NP test is performed before deployment with repeat testing following concussion injuries. During HBOT therapy the ANAM test is administered after each 20 HBOT treatments to document the progress and improvement in the injured brain. A different NP test is given to our civilian patients. All NP testing is done on an office computer and takes about 25 minutes. Report printouts are available immediately. These reports along with examination and discussions with the patient and family are used to determine if HBOT is indicated or needs to be continued.

There is controversy concerning the use of HBOT in the treatment of concussed patients. The majority of military mTBI patients are currently being treated primarily with prescription medications for their symptoms. Many of our military patients commented they were in a constant "brain fog" as a result of all the meds they were prescribed. They received sleeping pills if sleep was an issue, pain medication for headaches, antidepressant for depression, tranquilizers for anxiety and so forth. None of these medications treated the cause of TBI/PTSD which is the injured brain. Hyperbaric oxygen therapy through research and clinical use has demonstrated to be effective in repairing the injured brain. The current research is based upon both animal and human studies. There is a multitude of currently published medical literature demonstrating the benefit of HBOT in the treatment and repairing of injured brains.

Some of the criticisms in the use of HBOT treating concussions from different agencies are based upon the fact HBOT is not currently approved by the FDA in the specific treatment of mTBI. Many clinical studies are underway at this time studying the effectiveness of HBOT in the treatment of TBI/PTSD. The FDA will not approve procedures that are still in the clinical study mode. We as hyperbaric physicians have treated successfully hundreds of TBI/PTSD military personnel all with no adverse effects. HBOT is approved by the FDA to treat four types of brain injuries. These brain injuries include carbon monoxide poisoning, decompression sickness (Bends), arterial gas embolism to the brain, and acute blindness from central retinal artery occlusion. We as Physicians are allowed to use treatment modalities not FDA approved as long as, first, we do no harm to the patient and there is benefit in the treatment. We as a group of Physicians believe it is a mistake to currently deny these thousands of brain injured military personnel treatments which have shown to be completely effective in treating successfully and permanently mTBI and PTSD. Most of us treating hyperbaric physicians have not been paid at all by the military or the VA for our services to these injured men and women. I believe I speak for the group that we perform this service because we know it works, we respect the military and what it stands for, and that our injured men and women deserve the most effective currently available treatment for their injuries after putting their life on the line for our country.

Dr. Paul Harch MD gave testimony to the US House of Representatives last year pointing out that nearly all the medication being prescribed by Military Medicine and the Veterans Administration are being used "OFF-LABEL" as the standard of care for blast induced TBI and PTSD despite little or no research to support this prescribing. An estimated 120 combat Veterans per week or more than 10,000

overall have committed suicide according to the CDC numbers investigated by CBS News. The House Veteran Affairs Committee was told earlier that many of the suicides were related to the use of the FDA Black-Box drugs being use off-label. These drugs carry specific warnings about increased suicide rates

Our first mTBI military patients were treated with HBOT in 2009. The two Airmen were in an armored semi-truck when they were involved in an IED explosion in Iraq. Neither man lost consciousness but they were dazed and somewhat confused initially. The both experienced the immediate onset of headaches. They were seen at an aid station later in the day, given acetaminophen, and returned to duty. Over a period of weeks these men began to experience debilitating concussive symptoms of severe headaches, memory loss, cognitive issues, anger/irritability issues and severe sleep disturbances. Upon returning to the US they were referred to our facility for HBOT by Col.(Dr) James Wright USAF Special Operations Command Surgeon and Board Certified Hyperbaric Physician.

Fortunately both men were given screening neuropsychological tests (ANAM) before they deployed to Iraq. We were able to compare there post injury tests with the baseline NP tests. Post injury testing revealed both men to be severely cognitively impaired from their concussions. Both men receive a series of HBOT treatments with NP testing after each 20 treatments. At the end of their hbot treatments both men were completely free of all previous mTBI symptoms. Both airmen returned to their pre injury NP baseline scores after HBOT treatments. One man required 40 treatments and the other 80 HBOT treatments to return to their baseline NP scores. The Airmen are still on active duty. I recently spoke with both men and they are doing well without any concussion signs or symptoms. Col. Wright and I published a case report of these men in a major peer reviewed medical journal.

There is a lot of attention currently in the press and on the internet regarding our TBI wounded men and women. There is an ongoing study NBIRR (national brain injury rescue rehabilitation) sanctioned by the Western Institutional Review Board (WIRB) using HBOT in concussed patients. There are 12 hyperbaric centers in the USA involved with this study. This study is an unfunded study and all treating facilities are providing the HBOT treatments to our injury veterans on their "nickel". This study can be accessed by searching [www.nbirr.org](http://www.nbirr.org) on the Internet and clicking on the "clinicaltrials.gov" box.

Drs. James Wright and Bob Mozayeni, and PhDs Bill Duncan and Rob Beckman are currently playing key roles pro bono in an attempt to obtain funding for HBOT treatments for our wounded warriors. These men are meeting regularly with Top Military officials and members of Congress in this attempt. The Navy League released a video on the use of HBOT treating TBI in military men and women. At the end of the video both the Chief of Naval Operations and the Commandant of the Marine Corps acknowledge at a congressional hearing their support for the use of HBOT in treating their TBI injured personnel. See: <http://www.youtube.com/watch?v=Y9htsrek50A> [just past 4:00]

Links to all publications, videos, references and military patient's HBOT testimonials referred to in this article can be viewed at our website, [www.flhbot.com](http://www.flhbot.com). I believe there may be a lot of response to this article. Some will be good, some may be critical. The VA and military do offer a variety of other treatment modalities to our wounded TBI troops. We believe the data and experience generated by the thousands of HBOT treatments used to successfully treat mTBI/PTSD warrants the acceptance by governmental agencies this method of treatment in our TBI/PTSD wounded men and women.

Respectfully,

Dr. Albert E. Zant MD (Eddie Zant MD)

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**TESTIMONIAL #1: Marine #1, June 2015**

*Background: I picked up the phone one day. She was friends with one of my son's college chums. She had heard we could help her husband, a Marine. There had been too many suicides in his Unit and she worried he would be next. [Many tours, 7 concussions that he could remember.] I finally spoke to him. We tried to get him help with HBOT chambers on base but the Drs refused to treated his admitted and diagnosed brain injuries. Drugs and the ER were his way of coping. He said he was unfit to deploy and knows of dozens of guys in his unit in similar circumstances. We managed to get him 40 HBOT dives in a round-about way. This is his report the week after he finished his treatment. I have followed up and he's doing great, wants to get a platoon of his guys all treated. He talked about his unit being "hollowed out", needing help. [rlb]*

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"I have been serving in the Military for 15 years and have received several head injuries. the first 2 were revived in Fallujah during 2004-05. Before the military even started to conduct studies on head trauma. In a vehicle patrol I hit a road side IED and was knocked unconscious the second one happened a short 2 days later when on another patrol, while I was still suffering for symptoms of my the previous IED. For the following 13 years I received 3 more major injuries were from breaching operations during Special Missions in Iraq, to being "danger close" to dropping ordinance. My last severe conclusion was during training when I was in a pretty severe Jet ski accident. That is when my symptoms got to the point of effecting my personal life. I was in and out of the ER and Doctors' Offices for 4 years and they all said and did the same thing. 'Head Aches are really hard to diagnose, Here try these pills.' At one point I was on 6 different med's. and filling like I was going to lose my Job in the military. I had to stop taking the med's that had been prescribed to me just so I could function in a somewhat normal manner, and just deal with the pain of 3 to 6 day migraines. At the worst point I would suffer from a migraine for 6 days have a sort break with a less severe head ache and then the migraines would come back and was severely suicidal. Thanks to HBOT I have been without symptoms for 4 week now my ability to multi task has improved. My cognitive ability and taught process and increased and my mood is 100 percent. I am no longer 'the Anger Gunny.'"

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*Background: Force Recon Marine #2, recommended in by #1 above. He has done magnificently well after 40 treatments.*

**Here is a rundown on the exposures I have had over the last 12 years.**

**2003 combat deployment to Iraq: Mortar explosions within 15 feet, artillery explosions, and breaching explosions within close proximity throughout the duration of the deployment. Got rocked a few times but never had any issues.**

2004-2005 breaching operations were continuous during this time as we worked up for a deployment to Iraq as the direct action force for the MEU.

2005-2006 deployment to Iraq: multiple breaches every night for about 3 months, IED exposure while conducting an urban hide.

Spent 6 months after this deployment unable to lay on my back without spinning. It subsided after about 6 months and I continued to workup for the next deployment.

2007 breaching operations were continuous during this time as we worked up for a deployment to Iraq. Started to have problems focusing on multiple task at the same time, I had headaches more often around this time.

2008 combat deployment to Iraq: some small explosions but no significant issues.

2009 combat deployment to Afghanistan: 107 rocket explosion within 25 feet in open terrain. Started having more issues with focusing on tasks headaches were persistent.

2010 combat deployment to Afghanistan: 107 rocket explosion on multiple occasions within our camp. Continued to have issues focusing on tasks and the headaches/pressure became numbing.

Tried several physical therapy treatments to relieve the pain in my neck and head but nothing worked.

2011 combat deployment to Afghanistan: 107 rocket explosion within 25 feet of my sleeping quarters. Stayed on Motrin during the duration of this deployment.

After this deployment I tried everything they would recommend for the symptoms I had. I tried AndroGel to help me focus but that didn't resolve any issues and I actually felt better when I stopped taking it. While at the Pentagon they sent me to a PTSD consult without informing me. When I told them I thought I was there to get help for the pain in my neck and head they asked if I wanted to stay and talk and I said no and left.

Over the last 2 years my eye site has started to blur and I have a hard time reading in low light situations and I can't read small print anymore. My head constantly feels like I'm under pressure and I have a hard time focusing, I feel like I'm in a fog most of the day, the pain is constant and numbing, I get short with others around me but I have controlled that especially at home. I have a hard time completing tasks when I have to write because I'm always second guessing my work.

I'm currently working with a chiropractor to help relieve the pain in my neck but its not very effective. They gave me NAPROXEN but its not as effective as Motrin so I don't take it. I have also had joint pain and swelling over the duration of this timeline .

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### **TESTIMONIAL #2: Force Recon Marine #2, March 2016**

Over the last 13 years I have conducted multiple deployments and have been exposed to everything from Mortar, artillery rocket, breaching and IED explosions. After every tour I would face new challenges with the issues I would have from these exposures. I have dealt with not being able to lie on my back without spinning, headaches, issues focusing on tasks, constant pressure around my forehead, issues with my vision, and constant pain in my neck and joints. I have spent many years trying to treat these issues separately but have never found solutions until I was introduced to Hyperbaric Oxygen Therapy (HBOT). I would have never thought that attending a dinner and having a simple conversation with someone that identified I was having issues and acted on that assumption would have led me down this path. I'm truly thankful that this individual was engaged and proactive in seeking out service members that would otherwise not come forward and seek help on their own. I have been the individual over the last 13 years that would just put whatever I needed to on the medical forms to stay in the fight and

redeploy when called upon. Between 2003 and 2011 I conducted 6 deployments and every time was exposed in one way or another. At first I was unsure of the program and the outcome, but I can tell you now that it was the best thing I could have ever done to improve my quality of life and performance in many areas.

On day 1 I had a stiff neck, light headache, pressure around my forehead and eye's, blurry vision, and stiffness in my joints. After the 2<sup>nd</sup> treatment my eyesight was a little clearer, this was the first thing I noticed. I started seeing small changes over the next few treatments. The joint pain and stiffness started to subside but would get worse throughout the day, m

y ability to focus on tasks and stay productive started to increase and I felt normal for the first time in years. By treatment 11 I was very excited that many of my issues were starting to subside. They were not completely gone and some would come back throughout the day but there was definitely significant improvement from when I started. I saw the most improvement from treatments 10-20, at this point I was becoming more aware of how I was feeling and realized that I was living with some significant issues for a long time. My body had adapted to its environment and the pain levels that it was used to so I did have a much harder time when I had a bad day than I was use to, this really opened my eyes to the effects of the HBOT program and the need to get as many service members as we can involved. I continued to gain results over the 2<sup>nd</sup> half of the program and my symptoms tapered off more and more.

I still have medical issues that I will need to deal with that can't be solved with HBOT but my quality of life is drastically different from what it was before I started the program. Without the constant headache and pain I am more engaged with the people around me and have been able to focus and stay on track with projects that I'm working on. I will continue to inform others like me of the program and hope to see this available to everyone in the future.

I would like to say thank you to everyone that has been a part of my journey. It was truly worth it for me and my family.

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### **TESTIMONIAL #3: Force Recon Marine #3, June 2016**

*[Background: Force Recon Marine #3, recommended in by #2 above. His treatment allowed him to retire from the service and get hired quickly. He had spent years worrying about increasing degeneration of his health, family and future. Drugs and pain were constant companions.]*

I recently retired from the USMC after serving 21 years. During my service, I was deployed 10 times, including overseas duties. As a Reconnaissance Marine, one of my specialties was Explosive Breaching.

The following is a list of blast exposures over 20 years:

1993-96: Within FAST Company, operations included nuclear take-back missions, reinforcement of Embassies, Close-Quarters-Combat (CQB), and explosive breaching. During my time at the unit, I conducted multiple CQB exercises with breaching charges and shot 15 SMAW rocket systems. During this time, we built numerous explosive charges for destroying bridges and other engineer tasks that were part of the unit's mission.

1996-98: Selected for Reconnaissance (Recon) Special Operations- continued Direct Action Mission as an Assaulter and Breacher. By 1998, exposed to 80 breaching charges.

1999-2001: Deployed on MEU (missions in Mediterranean including the Balkans and Africa). Served as Lead Breacher, where I blew up my own charges (an additional 120 charges) and supervised the rest of the platoon breachers and explosions.

2001-04: Selected for Joint Unit (Navy Seals, Marine Recon, Navy EOD) to find and destroy underwater mines and beach obstacles using explosive charges. I was exposed to 30 charges during this time, both during exercise and real-world operations (5 deployments to Iraq).

2004-06: Duty station in Okinawa, Japan- served as Training Chief for Recon Marines for deployments to various overseas locations. Deployed with battalion to Iraq, serving as a Senior Breacher to blow multiple charges for buildings and structures. Due to the shaping nature of the work, the explosive charges had higher net explosive weights.

During this deployment, I was hit twice by IEDs. The first IED hit resulted from the blast exploding at the back of our vehicle, which lifted the vehicle up several feet. From that blast, my brain was foggy and lethargic for several weeks. I endured weekly headaches, accompanied by nausea and tinnitus. These headaches were so bad they became migraines. The second IED was detonated 50' away from our vehicle. The explosion was comprised of two tanks of propane and a 155mm artillery shell. My side effects were tinnitus and a vision of the fireball seared into my brain. Luckily our vehicle protected us. I also continued to feel dizzy and off-balance, as well as enduring more headaches. Due to the nature of my work, I did not have time or space to face my symptoms from the blast. The Unit focus, and my focus, was to the men and getting the job done. There was no room to see doctors or rest while on deployment in these dangerous war zones.

One of the missions was staying at a school in Iraq, where we withstood a mortar attack. The mortar attack did not have shrapnel damage, but due to the design of the school's courtyard, the explosive waves blasted through the compound. Similar to the previous IED blasts, my symptoms included brain fog, inability to focus, fatigue, headaches, and dizziness.

2006-08: After returning to the USA for two months, I deployed again to Iraq. My mission was raids on high-value targets. For each mission, I would carry 6-10 explosive charges and use all of them. I did between 70-90 raids. During two of the raids, I had to use very hot charges to make entry into the compounds. For the first charge, due to the design of the building and courtyard, I received bounce back from the explosive concussive force. It was so forceful that after making entry through the gate, I was dizzy and nauseous and had to take a knee and let my unit carry on without me. It took me about 15 minutes to stabilize myself to continue the mission. For the second incident, the hot charge was used to make entry into a two-foot wide concrete wall. Due to the berm surrounding the wall, my team and I all received bounce back. Again, I sustained brain fog, dizziness, tinnitus, headaches, fatigue.

2008-09: Served as a Platoon Sergeant for overseas deployment. Before deploying overseas, we trained heavily in breaching, explosive work, high-altitude training, and parachuting. I had a malfunction while parachuting with a 500lb. barrel attached to me; I hit the ground at about 45 miles an hour with barrel momentum dragging me. This resulted in two torn shoulders and a concussion. I was not able to pursue proper medical treatment, because I was the Platoon Sergeant and had guys depending on me, and didn't have a Platoon Commander for six months.

2010-13: Instructor and Inspector for Recon Reservists where I continued to train Marines in explosive and parachuted operations. I was exposed to 60-70 explosive charges.

2013-15: Served as Project Officer for Marine Special Operations Command (MARSOC) and Recon, in a Jumping and Diving role and served as subject-matter expert in Breaching. While working with the Marine Corps Breaching School, we adjusted standoff distances and net explosive weight safety factors. This became standard protocol for all future breaches, due to safety factors.

#### Signs and Symptoms:

Over my years in the service, I continue to have migraines and tinnitus. I have developed sleep apnea as a result of the concussive forces to my head. My temper is quick to escalate. I have neck and lower back issues, which adds to the headaches. Since 2012, I have had a humming sound in my nasal cavities. In 2014, I had a migraine that lasted two weeks. This migraine was so intense that every time I turned my head, it felt like my brain was spinning, and when I would walk stairs, it felt as if my brain were jostling. The VA has diagnosed me with TBI, chronic migraines and tinnitus, as well as a list of several other permanent issues.

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#### **TESTIMONIAL #4: 7th Special Forces Group (Airborne) July 2016**

Brothers,

Over the course of 5 combat deployments to Iraq and 6 to Afghanistan I have seen more than any man's fair share of war. My duties and responsibilities ranged from Rifle Team Leader and Squad Leader in 1/75 Ranger Regiment to Senior Weapons Sergeant and Special Forces Operational Detachment Alpha Team Sergeant in 7th Special Forces Group (Airborne).

Throughout the past 16 years I've had to deal with being away from those I love most and those I truly miss this very day... War has its cost and to those of us lucky enough to make it to the point I have we still suffer tremendously. 38 very good men, men better than I are gone. The families left behind are still suffering.

The enemy is a hardened ideology and I say that for emphasis on what I'm about to share with you. First off, I do not regret any choices I've made. The battlefields I've been sent to work amongst have been the very worst and most complex battlefields our modern Army has ever faced.

On that same token I have lost many years of my life to countless sleepless nights. Nightmares to some and re-living battlefield successes to others. Not a night goes by that I don't force myself to sleep thinking about those brothers of mine that never made it home. Not a night goes by that I don't dream of the good followed by the horrible. Over the course of the past 16 years I've been witness to some of the worst a modern man can imagine and up until 2 years ago I did not know, let alone understand how to deal with the hardships of living the shadow life of a true modern day special forces operator. I've been blown up countless times. I've been rocked to the point my cognitive issues have been diagnosed and recorded. My TBI issues have taken a toll on my every day activities which include being a husband, father and mentor to my subordinates. 11 tours brought me to my breaking point as a man and warrior. I could not focus on the mundane. All I knew was that I had to get back into harm's way because I was very good at closing within, destroying the enemy and bringing all my men, weapons and equipment home.

Roughly 2 years ago I came home with another Purple Heart and my surgeon told me the time to take care of me had arrived. He told me I had done more than my fair share of what our country asked of me and I needed to focus on getting better before I retired and moved on to my next chapter. The next few paragraphs will detail what I have done to get back to what my society considers normal.

First off I conducted a TBI study and was diagnosed with mild to moderate TBI. I was then sent TDY to Walter Reed to receive an experimental procedure to help with my chronic PTS called Stellate Ganglion Block (SGB). Secondly, I was admitted to the Post Deployment Rehabilitation Program and spent 3 months in the Tampa VA being cared for by 7 experts in their fields of study. I.e. Sleep doc, brain doc, psychiatric, physical therapy, pain mgt, occupational therapy and exposure therapy. My time spent going through the PREP program [Post Deployment Rehabilitation & Evaluation Program] helped but all the progress was lost after a few months of returning to duty. I knocked out three more SGB's and was approached by the Green Beret Foundation and offered to attend Hyperbaric Oxygen Therapy (HBOT). Upon the completion of 40 dives I started feeling normal again. My wife and three kids began to feel like they had a father and husband again. My sleep improved. My attitude improved and I started to realize that there is life after war.

I could keep writing for days but the main point for those who take the time to read this dissertation is this... HBOT has been the single most effective treatment I have received. I plan on attending another 40 dives and I'm going to keep improving as I move forward and work toward retirement.

Videos:

<b>MSGT Scott Roessler</b>	<a href="http://tinyurl.com/hf3czmw">http://tinyurl.com/hf3czmw</a>
<b>CAPT Smotherman/Rep John Bennett</b>	<a href="http://tinyurl.com/lvcf22r">http://tinyurl.com/lvcf22r</a>
<b>MAJ Ben Richards</b>	<a href="http://tinyurl.com/jts2jy3">http://tinyurl.com/jts2jy3</a>
<b>Joe Namath, football</b>	<a href="http://tinyurl.com/kflu9up">http://tinyurl.com/kflu9up</a>
<b>The Honorable Patt Maney (BG, USA)</b>	<a href="http://tinyurl.com/m97x4jp">http://tinyurl.com/m97x4jp</a>
<b>GnySgt Rotenberry &amp; wife</b>	<a href="http://tinyurl.com/gpzpxgy">http://tinyurl.com/gpzpxgy</a>
<b>Brian Fleury - Hockey Player</b>	<a href="http://tinyurl.com/hefs478">http://tinyurl.com/hefs478</a>
<b>Most recent Ben Richards</b>	<a href="http://tinyurl.com/hd9ahcd">http://tinyurl.com/hd9ahcd</a>
<b>Israeli HBOT Science &amp; Success</b>	<a href="http://tinyurl.com/jcp35md">http://tinyurl.com/jcp35md</a>