

Leadership and *ACTION* Required on the Suicide Epidemic

- DOD has reported that mental illness ranks as the leading cause of hospitalization for active-duty troops.
- Insiders worry that the epidemic of brain injuries and mental health will continue to accelerate for many more years.
- The components of the problem include
- --admitted epidemic of service member suicide -- now 22 a day ;
- --hundreds of thousands of diagnosed and undiagnosed cases of Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD);
- --a massive prescription drug epidemic and accompanying deaths through overdosing;
- --disproportionate service member homelessness, joblessness and incarcerations;
- --bad-paper-discharges;
- --spousal abuse and secondary PTSD among caregivers;
- --Special Operations warriors who commit suicide at twice the rate of the regular force.
- Billions are spent on drugs, none of which have been tested and approved for use with brain injuries, and too many of them warn of "suicidal ideation" as a side effect.
- Colossally long wait times, coupled with denial of treatments that work, leading to loss of morale and the negative message to future volunteers.
- Despite evidence to the contrary, DOD and VA medicine insist that there is no treatment for TBI, while billions of dollars continue to be expended on palliative drugs and long-term care of treatable "invisible wounds."
- Using a network of US civilian clinics, over the last three years a Coalition of mostly veterans working pro bono has successfully treated over 340 TBI/PTSD Veteran and civilian casualties. The Coalition has had dramatic, life-altering success returning each of the fully-treated patients to a quality of life far above what they could receive from traditional or DOD medicine. A significant number were returned to active military duty, including special forces, at cost savings running into the millions.
- Given the poverty of DOD/VA approaches to ending the suicide epidemic and the mental health crisis across DOD, a four-pronged approach must be immediately enabled:
 1. Personal engagement of the SecDef, SEC-VA and legislators at the federal and state levels, and recognition that the suicide epidemic is an emergency, along with the need to alleviate the pain and suffering of the invisible wounds of war through urgent, accelerated, emergency action to treat now the invisible wounds of TBI and PTSD.
 2. Endorsement of immediate exploratory intervention with drug-free complementary and alternative medical interventions that are safe and effective against loss of executive and emotional control leading in some cases to violence and loss of life.
 3. Consideration of appointment of a senior executive official to establish a short-term [no longer than six months] proof-of-principle application program addressing complementary and alternative medical treatments that show promise, and to implement a medium-term [no longer than 2 years] integrated program empowered to oversee all military mental health and brain injury treatments and make medical and scientific judgments about the safety and effectiveness of the treatments under review.
 4. Set in place the organizational structure and funding for a major, independent, long term [perhaps five years] clinical program to identify the mechanisms behind these injuries; and, foremost, to validate through clinical trials, known treatments that show promise in healing brain injuries. The trials must focus upon promising, high-probability-of-success alternative treatments. Adjunct goals of this research include the endorsement of successful treatments by the medical community as a whole; open and collaborative data sharing; and an improved medical education and set of standards of care for TBI and PTSD.
- The most promising and investigated alternative treatment with decades of evidence-based clinical success and peer-reviewed positive indication is Hyperbaric Oxygen Therapy (HBOT).
- The primary benefits of HBOT are that subjects start sleeping, quit taking most drugs and quit thinking about suicide.
- Virtually every subject that receives 40 treatments of HBOT reports significant clinical improvement in their quality of life. Statistics and objective analyses validate the major improvements.
- Summary of positive findings in Army Studies: Army medicine has run trials investigating the use of Hyperbaric Oxygen to treat and help heal Traumatic Brain Injury. They have shown that HBOT is both safe and effective: "Randomization to the chamber . . . offered statistical and in some measures clinically significant improvement over local routine TBI care." Also: ".... total scores for [both] groups revealed significant improvement over the course of the study for both the sham-control group and the HBO2 group....." Expert outside consultants to DOD declared that "[HBOT] is a healing environment."
- Treating and healing brain-injured veterans costs less than 2% of the cost of sustaining that brain-injured veteran on welfare for life
- Based simply on common sense, the rules of fighting an epidemic, and the history of battlefield medicine, HBOT should and can be made immediately available to all brain injured service members with little to no risk of harm and a long history of effective and inexpensive success.