

Testimonial from Al Burghard, (LTC, USMC, ret.)

Enlisted in the Marine Corps Reserve in 1977, went to boot camp during summer break in college first year, OCS during summer break second year...graduated in 3 years vice 4. Was in artillery and then moved to intelligence. Was on active duty 79-84 initially. Left active duty as a Captain (select), and started as a civilian Special Agent with (then NIS, now NCIS). Had a concurrent career with NCIS and the USMCR, often going on overseas missions. Ended up in Somalia initially on reserve orders when General Zinni and an amphibious task force pulled the UN out and left Somalia for Somali's. I also served as a civilian Special Agent Afloat, working with then Captain, now ADM James Winnefeld USN (VCJCS).

I joined the 3<sup>rd</sup> Civil Affairs Group in 1991, and was with it until my retirement. This was a unit that went places and did things. In January 2003 we were recalled to active duty via Presidential Recall and made a part of IMEF, which is where our unit was based in Camp Pendleton. I was in Kuwait at Camp Commando when Saddam fired a semi-guided Seersucker missile at the IMEF Command Post. It landed just outside the wire...essentially running out of fuel. We pushed into Iraq and I ended up in Al Hillah Province, more specifically, at the ancient city of Babylon. We returned in September 2003 and within a week we were participating in the Marine Corps Martial Arts Program. During the training, I got my knee broken, ACL severed and every ligament damaged. It was immobilized for the bone to set, and then I started rehabilitation. Needless to say, I was not able to leave active duty while they were fixing my knee.

Within the month, we received word that our unit was going to be recalled again in January 2004 for OIF II. I was identified as the Commander of the IMEF Governate Support Team, and would be assigned in Al Ramadi within the Al Anbar Province. But, I needed medical clearance first in order to deploy. The Orthopedic Surgeon recommended surgery which would have precluded my being able to deploy. I promised him he could do the surgery upon my return, and struck a deal that I had to hop on my injured leg 20 times in front of the physical therapist in order to get cleared. I did it with a great deal of pain and instability, but got signed off and issued a Bledsoe lock-out knee brace to wear under my uniform.

I deployed with my team in February 2004, and within a day of arriving at Camp Blue Diamond in Ar Ramadi...we were mortared. I found I could run to a hardened structure pretty quickly, but decided the brace was actually a liability. We would travel to the Governor's office daily, using different routes and getting heavy gun truck escort as we were very lightly armed. On 30 March 2004 an attack was initiated on my convoy when we were returning to camp. A buried 155mm artillery shell had been turned into an IED, and was set off when my heavy gun escort truck was abreast. I was a few vehicles behind in an unarmored, open top HMMWV, and was "stunned" when the device detonated. Vehicles behind me had huge shrapnel impacts on ballistic glass and Kevlar...and we took a number of casualties. It took a "moment" for us to all come around and realize we were under attack, and for the next 4+ hours we had an RPG fired at us that detonated on one of my HMMWV's that were placed in blocking positions, small arms fire etc.

I had a doctor with me (he suffered blast/concussive issues as well), and upon return to camp many of us had a "full sensation" in our heads that would not go away. There was no screening, or treatment except for Motrin and decongestants. For the remainder of the tour (through Sept 2004) I found myself remaining a bit apart from my group and taking a long time to do planning and preparation for the next day's events. Just felt a bit off my game, and that it was taking everything I had to do daily duties.

Upon my return I had my knee surgically corrected and went through rehab. Following, I still had an unsteady gait and of course migraine headaches were getting more out of control. Not much offered, but I was screened at the 1<sup>st</sup> Marine Division Concussion Clinic where they diagnosed I had received a moderate concussion from the blast. They also asked me to describe the blast...and I told them the oddest thing was I didn't hear any noise although I saw the fire/smoke etc. They informed me I had been rendered unconscious by the shock wave and thus wasn't conscious when the noise struck.

Neurology was a series of migraine medicines which often had strange effects/side effects...but not any real relief for the migraines. They sent me to an ENT screening for balance where things started to come together. Neurology was taking the lead at Camp Pendleton.....but would not authorize an MRI saying that any TBI would “exist at the axonal level and not be visible to imaging”. I had to hire a qualified independent medical examiner in the civilian world to review everything and go on record stating that an MRI would be mandatory, and he spelled out some specifics the MRI should look for. The first MRI the Neurologist ordered...was not as was directed. The ENT at Balboa took charge and I received a second MRI at Balboa where they saw some damage to the vestibular organs at my skull base...and ordered a CT scan. They found I had one of my semi circular canals torn loose from its attachment point on the skull, now with a hole in it.

Surgery consisted of them cutting a silver dollar size hole in my right temple, separating the temporal lobe and drilling through the skull base. Despite fixing this structural injury, I was left with a permanent 5 degree imbalance and the symptoms of Endolymphatic Hydrops (Meniere’s syndrome). But, the headaches were somewhat improved.

I was sent for Neuropsychological testing and they said (quite literally) that the results of the test showed them I was “still smarter than most doctors at the Naval Hospital”. Essentially, no worries adjust and adapt...and here is a lollipop on your way out. To add insult to injury, they stated they couldn’t ascertain any true brain damage or loss, “because we had no test scores pre-injury”...

The military doesn’t currently do IQ testing, due to prohibitions. So by virtue of not have a “before”, they could not compare it to an “after”. I spent a lot of money going to a civilian neuropsychologist who did testing over a period of several days and was able to extrapolate a loss. Plus, when I had enlisted back in 1977, they did do IQ testing and I had a certified copy of the score. He was able to cite the before and after....proving the loss. My “before” scores qualified me for membership in MENSA, the top 2% organization.

At some point, the medical board determined I had “reached maximum medical gain” and I was retired medically in April 2007, with 30 years and 4 months of combined enlisted and commissioned, active and reserve service to the Marine Corps (but not 20 full years). Before I retired, a Navy Psychiatrist put me on a low dose amphetamine to “lift the brain fog”, which indeed did help, albeit via chemicals.

I returned to my profession as an NCIS Special Agent, that I had been doing since 1984, Everything was harder, but I loved my career and would still be there today if I could have performed the way I knew I should be able.

I had received nothing in the way of therapy for the TBI, just a variety of medicines that later, a Navy Captain who conducted our civil service physicals, said should have been cause for concern with my returning to my duties! But due to a less than skilled Physicians’ Assistant having conducted them...was overlooked.

I knew I could no longer fully function as a senior Special Agent and relief Supervisory Special Agent and that my boss was running top cover from upper management on deadlines I was missing and report re-work I had to do. Physical skills were fine, but executive function, multi tasking, memory and mental fatigue were the problems. I made the painful decision to retire as soon as possible and at an early age. As of today, I could have continued for 4 additional years (6 back then) at a high income and doing what I enjoyed. It would have also put me in a much better retirement income status.

I received a phone call from Col Mike Walker USMCR, my former CO when I was wounded. Through another former command member LtCol Pat Malloy USMCR, he had been informed that a former Secretary of the Army (Marty Hoffmann) was looking for TBI or PTSD impacted Marines and Soldiers for HBOT 1.5.

I contacted Marty, and subsequently spoke with Dr. Harch. Originally, I fell outside the program protocol as my blast date was further in the past and I was also older. When I entered the program, I was 50 ½ years old and my blast was just at 6 years prior.

I had my retirement luncheon in early January 2010, and thirteen days later was in Dr. Harch's clinic.

Dr. Harch provided the best and lengthiest patient interview I have ever had. He also stopped me many times when I would answer a question, "the doctors told me...." And asked me to tell him what I felt or thought about something versus what I had been told.

I did the heel-toe walking test and told him up front that I had felt (since the blast) that I would fail a "DUI" test when stone cold sober due to my on-going gait and balance issues. I also told him that my being a test participant was already a success in my opinion. If the months in New Orleans did not yield any positive results for me, then a theoretical limit on blast exposure to treatment timeline might be able to be extrapolated. He told me that he felt strongly I was going to have measureable gains...and he was correct.

I did not change any medication during HBOT, although part way through I felt the need for my low dose amphetamine was gone. I also noticed increased mobility in my repaired knee, improved sleeping, reduction of headaches and even some peach fuzz growth on top of my head.

As I wasn't under "heavy mental tasking" during treatment, I couldn't evaluate whether my executive function, memory and mental fatigue was better....but through neuropsychological testing out there....it was determined to have improved. SPECT imaging also showed a marked increase in oxygenated blood flow to the afflicted part of my brain, and confirmed a recent Navy diagnosis of another damaged and as-of-yet non-surgically corrected area on the opposite side of the brain.

Despite this, the Navy Physical Evaluation Board and Board for Correction of Naval Records did not acknowledge some aspects of the damage or on-going impairment, and arbitrarily lowered my retirement percentage and income.

Had the DOD provided HBOT while I was still on active duty, I would have re-entered the civilian world at a lower level of disability; prepared to resume my duties as I was (more or less) prior to blast exposure in Iraq. Had the VA made available HBOT upon my return home, I would still be working at my civilian job today, handling tasks in a highly proficient manner. I ceased taking the amphetamine after HBOT and do not need it at all. I have been able to handle multi-tasking since HBOT, and am seeking new employment opportunities with confidence.

While I have noted "slippage", I have been unable to obtain the second phase of HBOT, having been twice rejected by the VA as well as once each by TriCare and private insurance. However, I am far ahead of where I was prior to HBOT, and have been able to manage migraines much more effectively and with more advance awareness.

[signed]

Al Burghard