

WHY TreatNow? Reversing 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 among service members and accompanying deaths through overdosing;
 - disproportionate service member homelessness, joblessness and incarcerations;
 - over 90,000 bad-paper-discharges and climbing;
 - spousal abuse and secondary PTSD among caregivers;
 - a new VA report called "staggering" that documents for women ages 18 to 29, female veterans kill themselves at nearly 12 times the rate of non-veterans.
 - Special Operations warriors who commit suicide at twice the rate of the regular force.
- * Not one of the 70+ therapies, countless computer applications, and 114+ prescribed drugs has been approved by the FDA for TBI. All are used off-label for TBI. All are controversial at some level. Many of them are too new to have even been explored in the literature.
- * 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. A result is over 1,300 deaths attributed to prescription overdose.
- * The Institute of Medicine reports that *"The Defense and Veterans Affairs departments spent \$9.3 billion to treat post-traumatic stress disorder from 2010 through 2012, but neither knows whether this staggering sum resulted in effective or adequate care. . . ."*
- * 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 healing 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 four years a Coalition of mostly veterans working pro bono has successfully treated over 360 TBI/PTSD Veteran and civilian casualties, including former NFL ballplayers. 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 VA 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, an urgent response is required to arrest suicides by engaging the nationwide network of clinics that can treat and help heal brain injuries.
- * The most promising and investigated alternative treatment with decades of evidence-based clinical success and peer-reviewed positive indication is Hyperbaric Oxygen Therapy (HBOT), used worldwide and in free-standing clinics across the US.
- * The primary benefits of HBOT are that subjects start sleeping, quit taking most drugs and quit thinking about suicide, as a direct result of healing in the brain induced by increased pressure and oxygen leading to reduced swelling, growth of new blood vessels, hyper-oxygenation of brain cells and growth of new stem cells and neurons in the brain.
- * 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 DOD/VA/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." Yet they conclude that HBOT does not work and refuse to prescribe it. Yet some VA doctors have begun to prescribe HBOT, and the treatments have been successful.
- * International research confirms the safety and efficacy of HBOT for treating and healing PTSD/TBI/concussions: "treatment with hyperbaric oxygen can significantly repair the chronically impaired brain functions and dramatically improve the quality of life of these patients. . . . the improvements are significant with no significant side effects. . . . demonstrating that HBOT can induce neuroplasticity and significant brain function improvements in mild TBI patients with prolonged Post-Concussion-Syndrome at late chronic stage, years after injury. . . ."

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- * Treating and healing brain-injured veterans is estimated to cost 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.
- * Any and all other interventions that show promise in restoring cognitive, physical, emotional, spiritual, social, neurological or other functions to the brain-injured can and should be used as appropriate, but according to a protocol that recognizes the need to treat and heal the underlying brain damage with HBOT as a *sine qua non*.
- * Starting immediately, the TreatNow Coalition of HBOT clinics nationwide can accommodate 1,000 brain-injured veterans. Results under scientific protocol will be available within 60 days from initiation of a VA prototype to study the clinical results. Based on worldwide evidence, peer-reviewed results from multiple studies, results will show over 85% success returning patients to a quality of life denied them today with conventional palliatives and drugs. All that is lacking is the political will to outsource the TBI patients to HBOT clinics. Common business sense, economics and compassion -- to say nothing of the ethics of rescuing our battle wounded -- require we at least try.