



Hyperbaric Oxygenation works to heal
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Untreated and Mis-Diagnosed TBI Impact on Readiness and Preparedness: Implications for the DoD

Untreated brain wounds have a strategic cost. “Readiness is a term that is not statutorily defined and not ~~used~~ used by the defense community. During the past two decades, it has become increasingly common to see the word readiness used as an alternative expression for *preparedness* throughout both the public and private sectors.”ⁱ Readiness is negatively impacted when active-duty service members are unable to deploy or are deployed with degraded capabilities such as brain wounds. “What is commonly understood across the military is that certain skills are perishable and health and wellness—both physical and mental—can decrease over time; thus, they must be regularly maintained. Examples of skills and health and wellness conditions that can perish over time include weapons proficiency (i.e., marksmanship), physical fitness (including nutritional health), and mental health resilience (i.e., “psychological health” and “behavioral health.”)ⁱⁱ

In our experience, combat veterans who have been exposed to IEDs, concussions, heavy artillery, shoot-room instructing, EOD, high-caliber weapons, and/or repetitive breaching have endured brain wounding. Since every brain wound is unique, it makes sense that every combat veteran should receive Hyperbaric Oxygenation as part of their rotation, restoration, rehabilitation, just as any weapons system goes through refurbishment.

“When operational units return from a deployment, some degree of readiness has been consumed, or otherwise expended, thus operational units must reenter the production line in order to regenerate lost readiness.”ⁱⁱⁱ

Exact levels of readiness consumption are difficult to determine. However, it is generally established that lengthy military deployments involving high operational tempos (OPTEMPOs) consume a greater amount of readiness than shorter deployments with lower OPTEMPOs, though some noncombat deployments may not follow this OPTEMPO principle if training for assigned missions is incorporated into the deployment.”^{iv}

U.S. Special Operations Command (USSOCOM) has approximately 70,000 Active Duty, National Guard, and Reserve Personnel from all four services and Department of Defense (DOD) civilians assigned to its headquarters, its four service component commands, and eight sub-unified commands. If 24% of USSOCOM warriors have been in combat (~17,000); and based on data from experience, **some 23% of those are suffering from untreated brain wounds; there are at a minimum of over 3,910 (17,000 x 23%) Spec Ops warriors who are not ready to deploy.** Yet, also based on experience, they do not come forward and admit mental and brain health issues. That lack of readiness takes many forms: SEAL Eddie Gallagher; Army Staff Sgt. Robert Bales; Army Lt William Calley; or the 2007 Blackwater Nisour Square massacre. We know from experience that special mission units in the United States military suffer inordinately from brain wounding due to their missions, rotation schedules, and total number of tours: DELTA Force (1st Special Forces Operational Detachment – Delta) U.S. Army; DEVGRU (Naval Special Warfare Development Group, Seal Team 6) – U.S. Navy; 24th Special Tactics Squadron– U.S. Air Force; and Intelligence Support Activity (ISA) – CIA; explosive

ordnance disposal units (EOD); and Special Warfare Combatant-Craft Crewmen (SWCC). We have been healing active and retired Spec Ops warriors for over a decade, currently over 600.

Title 10 U.S.C. 482 requires the Secretary of Defense to submit to Congress a readiness report for the Total Force not later than 30 days after the end of each second and fourth calendar quarter. It has been estimated that it takes an investment of over a million dollars to produce a Special Operations warrior, to say nothing of the experience that departs when the brain wounded leave. Treating and healing combat wounds to the brain across all service branches including active duty, Guard and Reserves of an estimated 877,450 Veterans is a minimal investment for a massive savings.

“Suicides among Active Duty, National Guard, Reserves, and Veterans destroy lives, cost millions of wasted dollars, sap morale, and degrades readiness. The military has a budget for equipment maintenance, reconstitution, and rebuild. **Warriors, like athletes, typically return from combat with health needs. It stands to reason that every combat veteran should be subject to the health restoration of all body systems that hyperbaric oxygenation provides routinely.** World class athletes like Michael Phelps, LeBron James, Novak Djokovic, and hundreds of others rely on restoring their bodies to peak condition. The military should want no less, particularly given the physiological, mental, and whole-body benefits of wound healing provided by HBOT.”^v

ⁱ Congressional Research Service, The Fundamentals of Military Readiness, <https://crsreports.congress.gov/R46559>, October 2, 2020

ⁱⁱ The term “mental health” used in this report is synonymous with the DOD terms “behavioral health” and “psychological health.” For more on psychological health, see DOD Instruction 6490.05, *Maintenance of Psychological Health in Military Operations*, Incorporating Change 2, Effective May 29, 2020, at <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649005p.pdf>.)

ⁱⁱⁱ Congressional Research Service, The Fundamentals of Military Readiness, <https://crsreports.congress.gov>, R46559, October 2, 2020, readiness regeneration has been included within “Part 3 – Sustaining readiness” of the ~~readiness~~ production process.

^{iv} GAO states that OPTEMPO “refers to the rate at which military units are involved in all military activities, including contingency operations, exercises, and training deployments.” See GAO, *Military Readiness: Clear Policy and Reliable Data Would Help DOD Better Manage Service Members’ Time Away from Home*, GAO-18-253, April 2018, p. 2-3, at <https://www.gao.gov/assets/700/691459.pdf#page=6>; also Laura J. Junor, *Managing Military Readiness*, Institute for National Strategic Studies, National Defense University, February 2017, pgs. 42-43, at <https://ndupress.ndu.edu/Portals/68/Documents/stratperspective/inss/Strategic-Perspectives-23.pdf>; and Kathleen H. Hicks, Heather A. Conley, Lisa Sawyer, *Evaluating Future U.S. Army Force Posture in Europe: Phase II Report*, Center for Strategic and International Studies (Lanham, MD: Rowman & Littlefield, 2016), p. 53, at https://csis-website-prod.s3.amazonaws.com/s3fs-public/publication/160712_Samp_ArmyForcePostureEurope_Web.pdf#page=65. Kathleen H. Hicks, Heather A. Conley, Lisa Sawyer, *Evaluating Future U.S. Army Force Posture in Europe: Phase II Report*, Center for Strategic and International Studies (CSIS) (Lanham, MD: Rowman & Littlefield, 2016), p. 53, at https://csis-prod.s3.amazonaws.com/s3fs-public/publication/160712_Samp_ArmyForcePostureEurope_Web.pdf#page=65; also see Mark F. Cancian and Seamus P. Daniels, “The State of Military Readiness: Is There a Crisis?,” CSIS, April 18, 2018, at <https://www.csis.org/analysis/state-military-readiness-there-crisis>.

^v [The National Brain-Wounded Veteran Brain Drain](#), October 2021, Googlebooks.com, Page 21