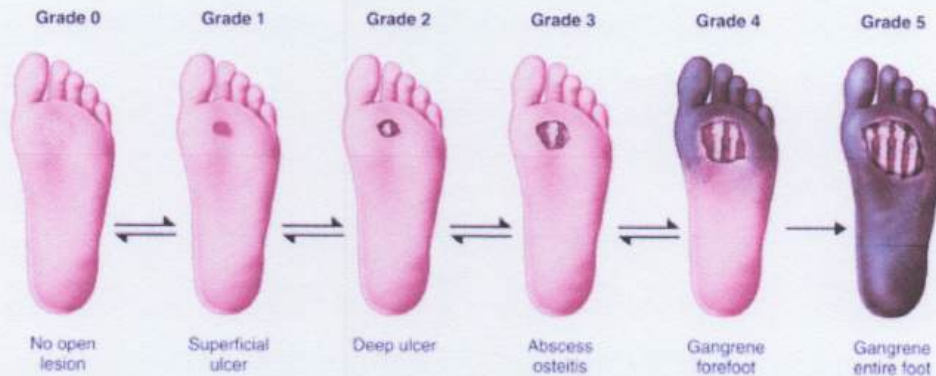


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THE VHA VETERAN DIABETIC FOOT ULCER EPIDEMIC:

Unnecessary Amputations could be avoided

By Eric W. Koleda

The increase in the Worldwide Diabetic Patient population at risk for Lower Limb Amputation (LLA) is growing exponentially. The Diabetic Foot Ulcer (DFU) epidemic increase in US Veteran Diabetes population is due to poor clinical management which is at epidemic proportions. Cutting off appendages occurs more often with Veterans than in the civilian Medicare population. The alarming Veteran LLAs could be largely mitigated with timely Hyperbaric Oxygen Therapy (HBOT). The VHA does not operate a single Hyperbaric Oxygen Therapy (HBOT) chamber in over 1,200 facilities nationwide requiring outsourcing to hospitals or clinics.

Dr. Steven Lieberman, Under Secretary of Health for the VHA provided a raw data report in July 2022 to Congressman Gregory Murphy, MD (R-NC). The data from the VHA report is the basis for this article. The full [50-page report](#) to US Congressman

Murphy can be located at [TreatNOW.org](https://www.treatnow.org). The Estimated 2.2 million VHA diabetic Veterans have a legal, ethical, and moral right to be provided timely information and referral for HBOT for their DFUs.

The data from the VHA tells a shocking story about the current DFU epidemic. **“More than 796,340 VHA Veterans have died while suffering from DFU LLAs”** in last 22-years. This is more than all Veterans Killed in Action (623,982) since the beginning of WWI. *The VHA DFU LLA mortality rate is 64-71 percent* within 3-years post-LLA surgery as compared to a 74 percent DFU heal rate with timely HBOT treatments. The 22-year average annual VHA DFU LLA's death rate is 36,197 of which 24,433 DFU Veterans die on average post 3-year LLA. The 20-year average annual DFU Veterans NOT receiving HBOT is 93.7 percent which is stunning considering HBOT has been approved by the Center for Medicare and Medicaid Services since 2002.

The VHA **does not operate or offer HBOT chambers in their 172-national hospital network.** This requires the VHA to refer patients to outside services. VHA Medical doctors are medically and legally obligated to provide DFU Veterans the doctrine of **"Informed Consent"** meaning, doctors **must inform** Veterans HBOT is an approved treatment option for diagnosed Wagner Grade III DFUs and it is a treatment option for Veterans to choose.¹ There are over 1,156 hospitals across the U.S. with certified and trained staff and hyperbaric oxygen therapy chambers. There are over 150 private clinics offering HBOT. **HBOT on average heals 74% of DFU's** if treated timely with aggressive wound care, a limb and LIFE saving treatment. The VHA **cannot** legally or medically deny Veterans access to HBOT as it is a CMS, FDA and Tricare approved and insurance covered treatment option. For Veterans over the age 65, this treatment is Medicare covered treatment and a zero cost to the VHA. Timely access and referral for treatments is essential and Veterans should mandate timely medical referral if denied."² Caregivers should demand timely information, referrals, and treatment into the private medical network. The VA Mission Act of 2018 coupled with The Veterans Access, Choice, and Accountability Act of 2014 mandate the VHA refer Veterans for services they do not offer

The VHA DFU LLA data reflects a substantially higher lifetime costs, morbidity, mortality and a tragic reduction in Veteran length and quality of life. This is below the Medicare civilian population statistical comparators as reflected in the full DRU report. A full 74 percent of the high amputation-risk civilian population did not experience lower leg amputation due largely to the timely and aggressive use of HBOT and Wound Care in their Amputation Prevention Clinical Care Plan.³

A single mono-place hyperbaric oxygen chamber is shown above. A full 360-degree vision is

maintained, as well as two-way communication with the operator. The chamber is normally pressurized with 100% oxygen. **HBOT positively** affects the tissue healing process anywhere in the body. The patient breaths 100% oxygen as the body is exposed to increased atmospheric pressure. More oxygen molecules penetrate blood plasma, as much as 10-15 times greater than normal. This super-saturation of oxygen in the body's tissues promotes damaged tissue to begin to heal at an accelerated rate.

Vietnam Veteran James Divone of New York indicated, "the VHA did not inform me about HBOT for my DFU. Instead, I attained treatment outside the VA through my private insurance carrier." The lack of informed consent of HBOT treatment puts Veterans limbs and life at risk.

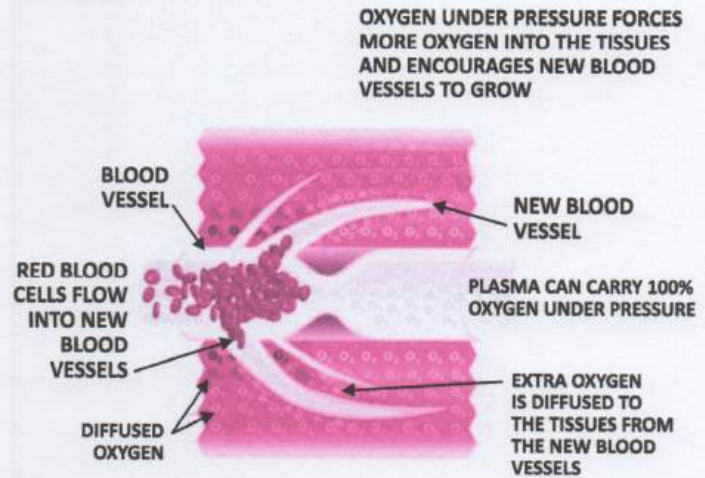
There are many FDA and CMS approved indications which are covered by the VA and Tricare which are available to Veterans. You may visit [FDA.gov](https://www.fda.gov), [CMS.gov](https://www.cms.gov) or [Tricare.mil](https://www.tricare.mil) for details.



Approximately 74 percent of DFU patients receiving HBOT for their DFU's are healed and avoid amputation.⁴ With an estimated 75,000 Veteran DFUs diagnosed in the VHA in 2019, the need for Veteran access and referral to HBOT treatment is immediate with an **estimated 36,000 Lower Limb Amputations annually** resulting in deaths. Veterans with a diagnosed Wagner Grade III or higher DFU, who have shown no improvement after 30 days or

more of standard treatment, are eligible for HBOT treatments within the VHA medical system through the Veterans Access, Choice, and Accountability Act of 2014, The VA Mission Act of 2018 and the Community Care network. You are legally entitled to access HBOT treatments outside the VA as the VHA do not provide these services.

The TreatNow.org organization can help DFU Veterans. If you are a diabetic Veteran with a DFU or have had lower limb amputation, we would like to hear from you. You may contact us at TreatNOW.org information line at 571-549-4268.

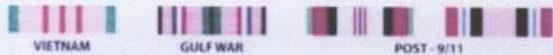


¹ Ama-assn.org, Code of Medical Ethics Opinion 2.1.1

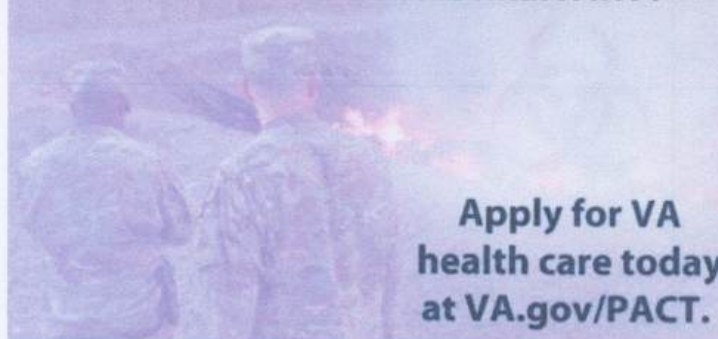
² The Veteran Diabetic Foot Ulcer (DFU) Epidemic: A U.S. Department of Veterans Health Administration (VHA) Hyperbaric Oxygen Therapy (HBOT) Services Review Report, October 2022, TreatNOW.org

³ William J. Ennis, Enoch T. Huang, and Hanna Gordon. Impact of Hyperbaric Oxygen on More Advanced Wagner Grades 3 and 4 Diabetic Foot Ulcers: Matching Therapy to Specific Wound Conditions. *Advances in Wound Care*. Dec 2018.397-407 <http://doi.org/10.1089/wound.2018.0855>

⁴ Fife CE, et al., Factors influencing the outcome of lower-extremity diabetic ulcers treated with hyperbaric oxygen therapy. *Wound Repair Regen*. 2007 May-Jun;15(3):322-31. Doi: 10.1111/j.1524-475X.2007.00234.x. PMID: 17537119



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