

Resolution 2 Traumatic Brain Injury and Post Traumatic Stress Disorder Program

WHEREAS, According to the US Department of Veterans Affairs (VA) Office of Public Health estimates in January 2014, 2.6 million service members who deployed to support Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), 1,724,058 have left active duty and are eligible for VA health care, of which 998,004 have received VA health care, and

WHEREAS, According to the 2008 RAND Corporation Report an estimated cost to be \$27,260 to \$32,760 per case for mild TBI (mTBI), and

WHEREAS, It is estimated 877,450 TBI, PTSD invisible brain wounded Veterans annual economic impact is \$118.1 billion, \$4.7 trillion over a 40 year lifespan, and all can be HBOT treated for less than ½ of 1 percent of the lifetime cost, and

WHEREAS, According to DEA.GOV website, the VA distributed over \$47 million in opioid medications through their Consolidated Mail Outpatient Pharmacies (CMOPs) to TBI/PTSD veterans from 2006 to 2014 which resulted in VA accounting of 679,376 Opioid Use Disorders Veterans in the 4th Qtr 2012, and

WHEREAS, An estimated 146,000 Veteran suicides (20 per day) have occurred since 2003 without any significant improvement in the suicides per year and an estimated 109,000 opioid deaths, and

WHEREAS, RAND research found about 19 percent of returning service members report they experienced possible traumatic brain injury while deployed, with an additional 7 percent reporting both a probable brain injury and current PTSD or major depression, and

WHEREAS, The “signature Wounds” of Iraq and Afghanistan are Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD), and

WHEREAS, Mental Disorders are the second largest frequency of diagnoses among returning OEF/OIF/OND service members which are currently estimated at 50.7 percent, and

WHEREAS, In 2007, VA established a TBI/PTSD Clinic Reminder in VA’s electronic medical record for any new patient to identify veterans that need additional screening for a possible TBI or PTSD diagnosis, and

WHEREAS, Per the National Defense Authorization Act of 2008, Public Law 110-181, Section 1704(d), the Department of Veterans Affairs (VA) maintains the VA Traumatic Brain Injury (TBI) Veterans Health Registry that includes information about veterans who served in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), or Operation New Dawn (OND) and the report is the only VA Registry which is NOT public domain and available to Veterans and VSOs, and

WHEREAS, A total of 1,474,152 OEF/OIF/OND veterans have taken the VA TBI Screen and 25.1% have qualified for the TBI Registry as stated in the VA July 2022 VA TBI Veterans Health Registry Report or an estimated 370,012 TBI veterans, and

WHEREAS, VA has screened and diagnosed hundred of thousands of veterans with TBI/PTSD and continues to have several challenges in the proper diagnosis and treatment of TBI and PTSD because of the overlap of symptoms, and

WHEREAS, According to VA, the overlapping symptoms between mild TBI and PTSD are headaches, dizziness, fatigue, and noise/light intolerance, re-experiencing, avoidance and emotional numbing, and

WHEREAS, Currently, there are not any definitive FDA approved medical treatments for TBI and providers/clinicians use therapy and medications to treat the symptoms off label, and

WHEREAS, Evidence-based treatments for PTSD include Cognitive Processing Therapy, Prolonged Exposure Therapy, Eye Movement Desensitization and Reprocessing, as well as medication management, and

WHEREAS, 21 clinical HBOT IRB trials have been completed since 2007 demonstrating the safety and efficacy of HBOT for mild TBI in medical peer reviewed and published articles, and

WHEREAS, An estimated 12,500 TBI veterans have been successfully treated over the past 15 years in over 150 private and independent clinics across the country, and

WHEREAS, HBOT has been shown to eliminate suicidal ideation, and

WHEREAS, VA's Veteran Health Administration has several different research offices involved in studying TBI/PTSD including: VA Office of Research and Development, TBI Centers of Excellence, National Center for PTSD, Mental Illness Research, Education and Clinical Centers, War Related Illness and Injury Study Center, and Office of Public Health Environmental Epidemiology Service Office but lacks central oversight for management of all of the different research studies and trials through the current decentralized research model, and

WHEREAS, The textbook of Military Medicine, Part 1, Volume 5, 1990 Edition, page 313, recommends for veterans with "Blast Exposure" and evidence of "Intracerebral Air" have Definitive Therapy in Hyperbaric Chamber who's military textbook medicine is not currently being followed by the DOD or VA, and

WHEREAS, Ten states (OK, TX, IN, AZ, KY, FL, NC, WY, MD, VA) have HBOT enacted legislation with the cumulative states funding more than \$30 million for HBOT treatment of TBI/PTSD veterans, and

WHEREAS, VA conducted a study on Risperidone, a second generation antipsychotic, which is not approved by the FDA for use in treating PTSD, and

WHEREAS, Researchers of the study concluded that Risperidone did not improve PTSD symptoms but had several negative side effects which included weight gain, sleepiness and increased saliva in the mouth, and

WHEREAS, Researchers in the study concluded that in FY 2010, VA treated 86,852 veterans for PTSD, of which 20 percent were prescribed this off-label and ineffective medication, and

currently the only antidepressants and serotonin reuptake inhibitors such as sertraline and paroxetine are currently approved for treatment, and

WHEREAS, Veterans that have participated in past DOD/VA TBI/PTSD research studies have not always been properly informed that they participants in the study and not given a disclosure of the effects of any treatment they may be receiving through a study, and

WHEREAS, Additionally, the TBI/PTSD committee in their charge found several new innovative treatments for TBI/PTSD which include HBOT and Virtual Reality Exposure Therapy that have not been prioritized for clinical studies to determine if they are evidence-based treatments, now, therefore

BE IT RESOLVED, That the Veterans of Foreign Wars urge Congress to provide funding to DOD and VA for innovative TBI and PTSD treatments currently used in the private sector, such as HBOT in those ten states (OK, TX, IN, AZ, KY, FL, NC, WY, MD, VA) who have enacted HBOT legislation or resolutions and other non-pharmacological treatments, and

BE IT FURTHER RESOLVED, That the Veterans of Foreign Wars urge Congress to increase the budgets of DOD and VA to improve the HBOT treatments available across all states, screening diagnosis such as FDA approved Right Eye and FDA cleared Brain Scope, and treatment of TBI/PTSD as well as provide oversight over DOD/VA to develop joint collaboration between DOD/VA and the private and public HBOT research and medical treatment communities of IRB clinical trial research already completed, and

BE IT FURTHER RESOLVED, That DOD/VA both establish single offices for their agency's research and serve as a clearinghouse to track all DOD or VA research, and that all DOD/VA individual research programs and activities coordinate and provide monthly and as needed updates on research activities, and

BE IT FURTHER RESOLVED, That service members and veterans who participate in DOD/VA TBI/PTSD research studies are properly informed and give their consent to be included in the study as well as be provided with a disclosure of any negative effects of treatment, and

BE IT FURTHER RESOLVED, That DOD/VA accelerate research efforts to properly diagnose brain wounds and develop evidence-based treatments for TBI/PTSD, and

BE IT FURTHER RESOLVED, That the Veterans of Foreign Wars urge Congress to exercise oversight over DOD/VA to ensure service members and veterans are only prescribed evidence-based treatments for TBI/PTSD and not prescribed off-label and non-FDA approved medications or treatments for TBI/PTSD.

Submitted by VFW Post 1138, approved on April 4, 2024

Endorsed by Department of Michigan District 6, approved on April 13, 2024