

# The Washington Times

Thursday, September 10, 2009

SGT. SHAFT: Brain injury therapy available

Sgt. Shaft

Dear Sgt. Shaft:

The Department of Defense has estimated the number of Operation Enduring Freedom/Operation Iraqi Freedom veterans with combat-related traumatic brain injury (TBI) could reach 360,000. While more than \$1 billion has been committed to fund academic research, almost eight years after the start of the war on terrorism, neither the Department of Veterans Affairs nor the Department of Defense has discovered, much less fielded, a treatment regimen or protocol that provides timely, assured relief for the disabling effects of this "signature injury."

The good news is that some members of Congress, particularly Reps. Walter B. Jones, North Carolina Republican; Pete Sessions, Texas Republican; and Chet Edwards, Texas Democrat, have found and are championing a treatment that works: hyperbaric oxygen therapy (HBOT 1.5) as pioneered by Dr. Paul G. Harch, a clinician and faculty member at the Louisiana State University School of Medicine in New Orleans.

Dr. Harch and several other physicians using his protocol have successfully treated 28 TBI blast-injured service members and veterans from the Army, Marine Corps and Air Force. His clinical observations and the improvement in his patients have been the subject of professional journal articles and media oriented toward the general public. An institutional review board has sanctioned his work. Still, the services and VA have failed to embrace the promise of this successful treatment modality.

TBI can have and is having devastating and life-changing effects on wounded warriors, their families and their civilian communities as well as on unit manning, retention and recruiting and training costs for replacements. In my civilian profession, I see veterans who are wounded warriors as they cycle through the civil and criminal court system. I see veterans who were not diagnosed with TBI before being released from active duty, who are not receiving military care or benefits, who don't know how to access VA benefits and who simply have been cast adrift by the military and the federal government in whose service they volunteered and whose cause they went into combat to advance.

When will the services start treating TBI? When will leaders direct the bureaucracy to engage this hopeful treatment? When will VA start to establish a meaningful treatment regimen? A transition mechanism would call for more thorough diagnosis of TBI and compassionate treatment in existing military and VA facilities. Tricare insurance should be directed to reimburse civilian clinicians who successfully treat TBI patients.

We, American service members, commanders, families, veterans and communities - let alone caring citizens and taxpayers - cannot afford continued indifference and delay by the surgeons general and the military medical bureaucracy. The Afghanistan/Iraq casualties, shunted aside by the military medical community, desperately require enlightened diagnosis and treatment from an awakened and enlightened VA under Secretary Eric Shinseki.

Wounded warriors need HBOT 1.5 treatment now. It's available. It's the right and compassionate thing to do.

The expensive academic-military-pure-scientific research haltingly implemented by the Department of Defense can continue, provided that veterans and other casualties are treated successfully and data from that treatment is used to expand pioneering knowledge of brain injury. Clinical observation and expert oversight is the basis for routine "off label" use of many medicines - including HBOT 1.5 - in civilian medical practice. It is high time Department of Defense civilian and military chains of command, who are responsible under law for the health and welfare of these casualties, become urgently and effectively involved in intervening with their medical advisers and securing effective treatment - even on a compassionate basis - for the combat casualties.

The logic of HBOT is inescapable. The brain is 3 percent of the body's mass but consumes 20 percent of the body's ingested oxygen. What could be more natural than using oxygen to heal non-healing wounds of the brain, as it heals other non-healing wounds under an application approved by the Food and Drug Administration?

When will the Department of Defense and service civilian and military leadership look past their non-empathetic medical advisers into the merits of this newly realized, risk-free, FDA-approved therapy (for 13 different indications, including non-healing wounds)? This treatment has proved dramatically successful for non-healing diabetic foot wounds, just as it has for non-healing wounds to the brain in civilian practice. When will the Department of Defense and military service leadership respond to their Title 10 responsibilities to secure at least compassionate administration of this clinically established treatment?

Sgt. Shaft, please help change the military and VA health care systems so that HBOT is the standard treatment for TBI. The wounded warriors, wounded veterans, their families, communities and even the services need this change.

- General M  
via the internet

Dear General

I recently met with Veterans Affairs Secretary Eric Shinseki and shared your combat-related traumatic brain injury (TBI) treatment concerns with him. He told me that he recently approved the purchase of a hyperbaric chamber for use in treating TBI patients at the Tampa Polytrauma Rehabilitation Center in Florida. "The VA will use this as a test in treating TBI patients to determine if there is any value in the use of the chamber as a method of patient care. We don't know if it will result in any medical value, but if it helps our veterans feel better, that is good."

Shaft notes

The Department of Veterans Affairs will be putting on a clinic for recently injured veterans later this month. It is bringing in professionals to teach these injured veterans how to sail, kayak, surf, cycle and enjoy other types of summer sports activities. The event will take place in San Diego. Veterans with amputations, head injuries and other disabilities will be relearning how to be active after sudden life-changing trauma. Details are available at the Web site: [www.summersportsclinic.va.gov](http://www.summersportsclinic.va.gov).