

# **TBI/PTSD: A Battle That Must Be Won And What Must Be Done to Win It**

**Bill Collins**

## **SUMMARY**

**Suicides among our veterans and active-duty military personnel have remained at 20+ every day for nearly two decades. Most of these suicides have been attributed to traumatic brain injury (TBI) and/or post-traumatic stress disorder (PTSD). These two conditions have been identified as the signature wounds of the wars in Iraq and Afghanistan. Thus far, these “signature wounds” have been treated using traditional methods, primarily drugs and psychotherapy (talk therapy). To date, these traditional treatments have not reduced the number of suicides below the 20+ per day level mentioned above. Enough is enough.... The time has come to change our approach by adding a new treatment protocol. We must employ the numerous, well vetted alternative treatments that are currently available. Used singly or in combination these emerging treatments have been proven to have the potential to end the suicide epidemic and to return our heroes to the same quality of life that they enjoyed before they were deployed. We owe it to our veterans to use EVERY available tool and we must begin TODAY. This paper describes some of the issues associated with this complex problem and proposes some possible solutions.**

The incidence of suicide among our veteran’s remains at an unacceptably high level.....20+ every day despite the best efforts of clinicians and millions of dollars invested in treatments that are only marginally successful. The Department of Defense (DOD), the Department of Veterans Affairs (VA) and Congress have been lamenting and responding to traumatic brain injuries (TBI) and post-traumatic stress disorder (PTSD) with “suicide prevention” studies, strategies, conferences and proclamations for more than a decade. All these well-intentioned organizations assert that “preventing veteran’s suicide is our #1 priority”. Yet, despite this “top priority status” and their best efforts the rate of suicide continues to slowly and steadily increase.

According to statistics published by U.S. News, TBI and/or PTSD affect approximately 1,850,000 veterans, 810,000 Vietnam veterans, 660,000 Gulf War veterans and another 380,000 Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans... the numbers continue to rise. Treatments that have been used to treat TBI & PTSD-- the acknowledged "signature wounds" of the Iraq and Afghanistan wars-- fall into three treatment protocols. The **1<sup>st</sup> Protocol is Pharmacology** in the form of anti-depressants and other drugs. Since 2004 all anti-depressant drugs are required by the FDA to include a "Black Box" warning that informs users that the drug brings with it the risk of induced suicidal ideation in addition to numerous other side effects. The **2<sup>nd</sup> Protocol** is primarily **Psychotherapy** or talk therapy which uses techniques like Cognitive Behavioral Therapy (CBT), Mindfulness and other approaches intended to adjust the way in which the brain deals with trauma & stress. In addition to drugs and talk therapy there is a **3<sup>rd</sup> Protocol** that includes **Support Organizations**. Over 55,000 of these have mushroomed since 9/11. Some offer important support including recreational activities that provide camaraderie and companionship to those veterans who carry invisible scars as well as to those who have suffered visible wounds.

Debate as to the effectiveness, and in some cases, the negative side effects of some of these treatments is ongoing. **While the debate continues so do the suicides. What cannot be debated are the marginal results of relying too heavily on drugs and talk therapy...the suicide epidemic goes on unabated. Continuing to apply the same solutions to the misdiagnosed problem, not surprisingly, yields the same result.**

It is important to note that none of the three treatment protocols listed above make any mention of treating traumatic brain injuries (TBI). TBI is acknowledged as a "signature wound" of the war on terror. Recent estimates state that since 2000, 414,000 of our troops have been diagnosed with TBI. The first step in treating a TBI must be proper diagnosis and intervention to heal the wounded brain. A recent Journal of the American Medical Association (JAMA) study states that 21% of those diagnosed with TBI will also suffer from PTSD. Thus, according to this study, there are over 86,000 cases of misdiagnosed or undiagnosed cases of PTSD caused by brain injuries. This, in addition to over 300,000 cases of PTSD already acknowledged. In short, the numbers don't accurately represent the breadth and depth of lives diminished by brain wounds. This number is likely very conservative, and it continues to grow. Reports released

by the military paint a dismal picture. In 2018, active-duty Army suicides **reached a five year high**; suicides among active-duty Marines **reached an almost 10-year high**; active-duty Navy suicides hit a **record high**. Sexual assault in the military also **reached a four-year high** in 2018. USAF worried that 2019 would see the highest suicide rate in their history; **it did**. The COVID epidemic has exacerbated the veteran suicide epidemic.

The status quo is killing our friends and loved ones. **The time has come to add a new approach.** Remember that Einstein said that doing the same thing over and over and hoping for a different result is the definition of insanity. That said, **we need to add the “4<sup>th</sup> Protocol.” We, as a nation, should guarantee insured access to all available, well vetted, emerging alternative treatments that include treating the wounded brain.** That would involve treatments such as: Hyperbaric Oxygen Therapy (HBOT), Cranial Electrical Stimulation (CES), EEG Neurofeedback, Low Level Light Therapy (LLLT), Individual Transcranial Magnetic Stimulation (iTMS) and other functional & integrative health treatments such as meditation, acupuncture, chiropractic and Yoga. These “alternative” treatments are available **TODAY** and can be given in combination, or in place of the conventional treatments currently being used. For example, researchers in multiple countries and here in the U.S. have completed seventeen (17) successful HBOT clinical trials, all showing safety and “significant improvement” in all treated patients. In addition, HBOT has helped to heal over 7,500 brain wounded warriors and civilians. HBOT treatments are safe, effective and far less costly—financially and morally—than not treating brain-wounded patients.

Recently eight Marines from Wounded Warrior Battalion East, Camp Lejeune, N.C. received HBOT treatments at a civilian clinic in Durham N.C. Without exception results have been positive. Similar results for over 140 special operators – SEALs, Force Recon, Combat Air Controllers, Explosive Ordnance Disposal (EOD), Rangers and Green Berets - have been recorded. Typically, these treatments have been provided by donations from the private sector.

**Legislators across the country are realizing that we must make certain that every available tool is being used to bring an end to the tragic suicide epidemic that is taking the lives of so many of our veterans. As of this writing, seven states: Oklahoma, Texas, Indiana, Kentucky, Arizona, Florida & North Carolina have passed legislation that promises to provide financial support to veterans seeking alternative treatments for their mental and neurological disorders. Two additional states, Colorado and Idaho are contemplating similar**

**legislation. The Wyoming legislature recently passed a resolution that places that state squarely on the side of the nine states that have committed to ending the suicides. This battle will be won one state at a time.**

Maryland provides an example of what happens when politicians enact legislation for the sake of taking any action that appears to address a serious issue such as the current suicide epidemic...even when that legislation has the effect of kicking the can down the road for years. Maryland has thus far chosen **not** to enact legislation like that passed by those states listed above but **instead**..... Maryland passed Senate Bill 521- Veterans Suicide Prevention – Comprehensive Action Plan. This **well-intentioned** legislation signed by Governor Hogan on April 18,2019 calls for short- and long-term initiatives and reforms and a plan for implementation as follows: “(1) THE DEPARTMENT SHALL IMPLEMENT THE SHORT- TERM INITIATIVES AND REFORMS IN THE PLAN DEVELOPED UNDER SUBSECTION (A)(1) OF THIS SECTION **ON OR BEFORE JUNE 30,2023**. (2) THE DEPARTMENT SHALL IMPLEMENT THE LONG-TERM INITIATIVES AND REFORMS IN THE PLAN REQUIRED UNDER SUBSECTION (A) (2) OF THIS SECTION **ON OR BEFORE JUNE 30, 2029**.” Thus, regardless of the initiatives and reforms included in the plan, the suicide epidemic continues unabated for at least two and possibly eight more years. We cannot stand by for years while short- and long-range plans are developed. Every day without effective treatment means more lives lost. Despite the good intentions and dedication of the legislators who crafted this legislation it lacks the urgency that is required to bring a swift end to the current suicide epidemic. An epidemic that is taking the lives of far too many of the men and woman who volunteered to take the fight to the terrorists and thus keep it away from our homeland.

It is time that Maryland and every state join the states listed above by enacting meaningful legislation to provide immediate insured access to well vetted, proven alternative treatments. **Our veterans deserve nothing less and they deserve it NOW. We must continue to insist that legislators in all fifty (50) states pass similar legislation. By doing so we guarantee** that every available tool is being brought to bear to bring an end to the tragic suicide epidemic that continues to take the lives of so many of our veterans.

**Bill Collins, Co-Founder**

**Marines Helping Heroes Foundation, Inc.    Contact: Cell (410) 271-4847**

Email....[dvader1937@gmail.com](mailto:dvader1937@gmail.com)

