

HBOT 1.5 Current Score Card: The Results and Costs of Repairing Our Veterans' TBI & PTSD Injuries -- January 30, 2009

In the Spirit of the Game: Navy came out on top in the annual Service Academy football rivalry, beating both Army and Air Force in winning another in its series of the Commander-in-Chief's Trophy Awards. Air Force was next in gridiron victories in this competition. .

While the score card for recovering our military TBI casualties through the HBOT 1.5 program has a different impact than academy football fortunes, it should still stir a gathering but vital competitive excitement. Similar excitement of the possibilities for hyperbaric therapy was demonstrated at the Navy's "Consensus Conference" which took place on 2008 Army-Navy weekend. Air Force is winning in HBOT-treated war casualties returning to duty, with Army & Navy tied. But the Doctors who treated them have footed the costs.

HBOT Stats as of 30 January 2009: To date, in the HBOT 1.5 National Brain Injury Rescue & Rehabilitation (N-BIRR) effort, led by Dr. Paul Harch at LSU in New Orleans, 16 combat veterans have been treated by four different members of the N-BIRR team with 15 treated with HBOT 1.5 and one veteran treated for broken vertebrae, off-label, with the wound care protocol HBOT 2.0 for 90 minutes. One active duty Marine just finished treatment at LSU and another who began treatment last week is showing improvements after just 8 treatments.

Clinical Improvement Status: Each of these veteran's clinical improvement status has been determined through symptom monitoring, independent functional imaging and neuropsychological testing, plus return of executive function. Each of the 16 combat veterans has demonstrated significant clinical improvement. Most have had significant improvement or complete remission of their PTSD symptoms; most have returned to work or other rewarding pursuits.

Box Score: Casualties Returned to Active Duty Status: Of the 16 patients, five were still eligible to return to duty after treatment. We are pleased that all five have returned to duty. (The other 11 individuals had already been medically boarded out, or otherwise ended their military obligation.) One of the five veterans returned to Iraq after treatment and received a Silver Star. He had been freshly injured in the line of duty and on a path to be boarded out of the service before he received off-label HBOT 2.0 treatments for fractured vertebrae and nerve damage from one of the N-BIRR team.

Treatment Success By Service: Breakout of HBOT 1.5 Treatments			
Air Force	Army	Marines	Navy
Casualties 3	5	7	1*
Colonel Wright, MD (Eddie Zant, MD) (3)	Paul Harch (3)	Paul Harch (7)	Kraig Dorner, USN, Ret (San Diego, CA)
	Walter Reed DC (1)		* Off-Label Wound
	Ken Stoller NM (1)		Care Protocol HBOT 2.0

Retention Benefit Update: In the first discussion of the HBOT 1.5 treatment for brain injury and PTSD with ADM Walsh, Vice Chief of Naval Operations, last June 5th, his main concern was how many of his injured veterans could be retained in the service and put back to work. Here is the score thus far.

As of 27 January 2009 – 5 confirmed and 2 potential as detailed below

HBOT Retention Benefit Status			
Air Force	Army	Marines	Navy
3	1	0 (2 currently in treatment)	1

Costs of Replacing Trained War Veterans

It costs \$20,000 to recruit a new member of the Armed Forces and \$35,000 to send them to basic training. Further costs have been incurred to prepare them for combat operations (\$100,000 to \$150,000), send them through leadership schools, and increase their military skills. SOCOM (Special Forces, SEALs, etc.) cost hundreds of thousands more to train. How much is a senior NCO with 20 years of experience worth, or specialized veterans with technical expertise?

It costs on average \$16,000 to successfully treat a brain in career combat veterans in 120 days with 80 HBOT 1.5 treatments. It costs far less for the military to treat their own injured service members (about \$800 per patient for the oxygen.) An airplane pilot costs \$5 million to train. Dr. Zant just treated a STO (Special Tactics Officer) whose training costs as much as a pilot. Returning the Naval Academy Graduate SEAL team member, who received a silver star, to duty saved the Federal government far more than \$1 million. Not paying the provider the \$7,500 owed for the HBOT 2.0 wound care treatment that enabled him to return to Iraq seems short-sighted, particularly so in view of the number of TBI casualties still in the service, many of whom would like to continue to serve.

Recruiting and retention goals in the volunteer armed services have further been hampered by wide publicity associated with untreated casualties returning from theater and being unable to function. Law enforcement, usually a ready source of employment for veterans, has been refusing to hire them because of TBI & PTSD associated with numerous news reports and adverse experience with this veteran population.

HBOT Retention Savings (Replacement Cost) to Gov't vs Cost of Treatment			
Air Force	Army	Marines	Navy
3 2 Airmen: \$155,000 ea 1 STO: \$5 million	1 E-7(P) Helicopter	0 (2 potential in treatment now)	1 Naval Academy Graduate SEAL
Replacement Costs \$5.03 mil	\$596,000	(\$150,000*2=\$300,000)	Cost Savings: \$706,000
Note: Replacement Costs are Training Costs & <u>Do Not</u> take into account years of service or econometrics of how many Navy personnel, for example, need to be trained to field one qualified SEAL, let alone an E-7 with 20 years of service or qualified Marine or a General officer. [Those metrics will be used as acquired.] Estimates also do not account for the amount to be spent in the future on training a replacement, the cost of replacement of combat experience (priceless), future lost job performance & combat impact, disability payments for life due to unnecessary & premature medical boarding/retirement, & personal, family, & societal costs of the long-term ramifications of untreated TBI & PTSD: unemployment, substance abuse, spousal & child abuse, petty crimes, prison sentences for a range of crimes of violence, & suicide.			
Unreimbursed Treatment Cost: Zant \$35,000	Harch: \$20,000	(Harch: \$40,000)	Dorner: \$7,500

Savings to the Gov't: \$6.3 million. Medical Treatment Costs Unreimbursed: \$62,500. It is hoped with these demonstrated results, policy makers can find a pathway for HBOT 1.5 reimbursement for those who have recovery. When a treatment consistently restores these casualties to work or duty, it should be fostered and is unlikely to be found a placebo. HBOT itself is paid for by Tricare and VA for 13 other approved indications and is well known to heal non-healing wounds. This therapy is available now and hundreds of casualties could be treated each day. This would restore most of them to functional lives and save millions.

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