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Cover Photo: *Tracking terrorism on the Internet.*

HYPERBARIC OXYGEN THERAPY

Helping Those with the Invisible Wounds of War

by Anthony E. Jones, Major U.S. Air Force, ret.

Navy Petty Officer 3rd Class Benjamin Knauth (blue), a 29-year-old native of Centennial, Colo., and Petty Officer 2nd Class Dustin Koch, a 26-year-old native of Las Cruces, N.M., corpsmen with 3rd Battalion, 3rd Marine Regiment, place reassuring hands on the shoulder of an Afghan National Policeman while examining his injuries in the battalion aid station here following an attack by a suicide bomber in Helmand province's Garmsir district, April 19, 2012. U.S. Marine Corps photo by Cpl. Reece Lodder

In the spring of 2010, one of my students in our tactical driving course told me about hyperbaric oxygen therapy, or HBOT, for war veterans with traumatic brain injury (TBI).

He had noticed my headaches and I had told him that I had been blown up in Iraq, resulting in multiple concussions. He also told me about two U.S. Air Force airmen, injured by a roadside improvised explosive device (IED) blast in Iraq, who had been helped by HBOT. He went on about the research and success of Dr. Paul Harch, of Louisiana State University School of Medicine. At first, I assumed he had watched one too many YouTube videos, but then I found out this young man had a PhD, and was entrenched deeply in the industry. Always searching for a way to ease my "brain pain" (what I call my headaches) and to bypass a future of possible

The author's home HBOT Chamber. Photo: Major Jones

Alzheimer's, I started looking into it.

In HBOT, the patient breathes pure oxygen, under pressure, which speeds it through the bloodstream, reducing edema, activating senescent neurons, down-regulating inflammation, promoting growth of neural pathways, stopping swelling/reperfusion injury (damaged tissue due to lack of oxygen), restarting stunned cellular metabolism, stimulating white blood cells, regrowing blood vessels, and activating stem cells eight times faster than normal.

HBOT is approved by the FDA to treat over 14 different conditions, including diabetic open foot/leg wounds, soft tissue injuries, acute skin burns, carbon monoxide poisoning, crush injuries, decompression sickness, severe anemia, intracranial abscesses, and compromised skin grafts and flaps.[i] It provides oxygen, breathed under pressure, to deep tissues inside the body. The oxygen helps the healing and regrowth of damage at the cellular level. The standard protocol for a TBI regimen is forty treatments, or "dives," in a sealed and pressurized chamber, at 1.5 atmospheres of pressure (atm), equivalent to an hour of diving underwater at 33 feet of depth. The pressure causes oxygen to saturate tissues at a rate seven to twelve times that of normal breathing.

The military has spent tens of millions of dollars doing research, only to come to the conclusion that the science behind HBOT is not provable. Yet, ten times as many studies, nationally and internationally, show just the opposite! The *latest* research study funded by the U.S. Department of Defense and the military medical system showed that there was no significant effect on post-concussive symptoms.[ii] "The researchers were told by many participants that they felt better, that their traumatic brain injury or PTSD symptoms improved, but the researchers hypothesized that these *'improvements'* were placebo effects." [iii] It significantly downplayed the actual improvements of many of the participants, although there are dozens more studies from countries all over the world, touting the opposite. Russia, China, Israel, to name a few. The *cost*? Of course it's the cost.

In the fall of 2010, I purchased my own chamber. The cost was nearly $20,000. I made the purchase to give myself every chance of maintaining my brain health, hopefully stalling any future deterioration of dementia, Alzheimer's, and neurodegenerative disease.

Dr. Paul Harch is a groundbreaker and long-term advocate for Hyperbaric Oxygen Therapy. His 2010 Louisiana State University School of Medicine IRB-approved study of 15 blast-injured veterans showed a significant improvement in patients treated with HBOT[iv]. Patients showed an average IQ jump of 15 points in 30 days, 40% improvement rate in post-concussion syndrome symptoms, 30% reduction in PTS symptoms and 51% decrease in depression. Yet a similar study done by the Department of Defense showed no significant improvement. Come on?

The U.S. Olympic team has treated numerous sports injuries and concussions, as has the U.S. military's Special Operations Command, who have used HBOT to treat knee replacements, fractures, and concussions, as well as hundreds of professional athletes,

A U.S. Army soldier with Alpha Company, 1st Battalion, 17th Infantry Regiment covers his ear as a controlled detonation destroys an improvised explosive device during Operation Helmand Spider in Badula Qulp, Afghanistan, on Feb. 23, 2010. Photo: Defense.gov News

A Stryker on its side after surviving a buried IED blast on April 15, 2007. The Stryker was recovered and protected its soldiers on more missions until another bomb finally put it out of action. The Stryker was hit by a deeply buried improvised explosive device while conducting operations just south of the Shiek Hamed village in Iraq. (also see the article: Photo: www.flickr.com/photos/soldiersmediacenter/

including football players, MMA fighters, soccer players, rugby players and professional wrestlers. Air Force research demonstrated that fractures heal 30% faster and stronger under HBOT[v]. There are also hundreds of plastic surgeons across the country using HBOT post-surgery to speed the healing process. *Our U.S. military's Special Operations Command is using this. Why weren't we told about HBOT? Oh yeah: equipment, infrastructure and manpower.* The cost.

Here's the deal. We aren't offering our wounded warriors the best possible treatment, so unless you discover this on your own, or are somehow connected with those who know about this treatment, you are shuffled around, stalled, and left to your own devices.

On August 21st of 2005, U.S. Army Brig. Gen. Patt Maney was blown up by an improvised explosive device (IED[vi]. The blast left him with a transient loss of consciousness, and several seconds' anterograde memory loss (loss of the ability to create new memories after the event). Other symptoms he had were headaches, short-term memory loss, and fatigue. He was medically evacuated to Walter Reed in Washington, DC, where his cognitive deficits were noted as low normal. He was medically retired in April of 2007.

General Maney was not only a military officer, but a Florida county judge, as well. This injury left him unable to balance a checkbook, understand the storyline of a TV show, read a paragraph in the newspaper, as well as remember what he had just read. This was very similar to my experience my first year back. I understand these feelings all too well.

With his wife as his advocate, she discovered HBOT through Dr. Albert Zant, Jr. According to Gen. Maney, "We were initially told about HBOT by Dr. Zant, who then consulted with the PM&R physician at Walter Reed and with the, then hospital commander, both wonderful physicians who were willing to try something different. The hospital commander had to contact Tricare to have the treatment at GWU Hospital authorized."

He began the Dr. Harch protocol at George Washington University one year post his incident/injury. There he had 80 dives at 1.5 atm, of one hour, with

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blocks of 40 each. He showed noticeable improvement at 18 dives. At 25 dives he was much more sociable and had less fatigue. After 80 dives there was a significant improvement in his cognition and he was able to return to duty in the summer of 2007, as a judge in Okaloosa County, Florida.

This was in 2007, just prior to my injuries. Why wasn't the success of General Maney's case broadcast out to those who could assist other blast victims? The media? This success could have been passed down to the tens of thousands of TBI-wounded warriors who followed him, yet they weren't.

I contacted General Maney for my book and he told me, "I have tried to disseminate the information, but the DOD and VA medical establishments were and are resistant. With several other volunteers, I've met and written to members of Congress, Surgeons General of each of the services at different times, and with VA officials. For many of the meetings, I was accompanied by a

Major Jones.

Major Jones in Baghdad.

former Secretary of the Army." This was a general officer attempting to get the word out and it seems as even he was mostly dismissed. Trying to advocate with an ongoing brain injury can in itself be exhausting, yet he tried, and still advocates to this day. *What do you have to do*?

Here's another one. In January of 2008, two United States Air Force airmen from the 720th Special Tactics Group, Hurlburt Field, Florida, were injured by a roadside IED blast in Iraq.[vii] Although both survived with no physical wounds, both suffered from TBI concussive injuries. Soon afterwards they both developed insomnia, headaches, irritability, memory difficulties, and other cognitive issues, typically what I call "brain pain."

Prior to their deployment, they were tested with the Automated Neuropsychological Assessment Metrics, or ANAM. This is a computer-based testing tool designed to observe the speed and accuracy of the person's attention, memory, and thinking ability. It's conducted prior to an individual's deployment and is used to identify and monitor an individual who is involved in a brain-related injury. This allows a before-and-after analysis of any TBIs. Six months after being injured, the two airmen were tested again and the scores were notably decreased, showing marked deficiencies in memory and thinking ability.

Once again, these two airmen were also able to get treated with HBOT. Someone knew something? The special operations community knew something. These successes were *documented*. Were they buried?

Both airmen had continuous symptoms of TBI, which did not improve for almost seven months and were on track to be medically discharged. With HBOT, substantial improvement was made within the first two weeks. Headaches and insomnia improved quickly, while irritability, cognitive defects, and memory problems improved more slowly. Follow-up testing at nine and twelve months post-injury showed continued improvement in all areas. Both airmen were returned to duty, saving the government an estimated $2.6 million each in lifetime disability cost. Most importantly, their brain pain was gone.

Gen. Maney was injured in August of 2005. These two airmen in 2008. I was hit twice in 2007, yet no one ever mentioned HBOT to me as a treatment option. This not only affects me, but *upwards of 70,000 known combat blast injuries*, as well as the millions of civilians who are living with TBI.

Again, it seems as if the easiest and

A hospital corpsman cleans facial wounds after an improvised explosive device attack during a patrol in Afghanistan. Photo: U.S. Marine Corps, Cpl. Michael J. Ayotte

> The Iraq and Afghanistan wars have birthed a new group of blast-related TBI victims. Over the next forty years, these blast victims will require care. This is the next combat concussion crisis.

cheapest methodology is to medicate the patient with pills, send them to counseling, medically discharge or retire them, and/or leave them to their own resolve. With veteran suicide at an all time high, we should be doing everything possible to help our war veterans. I personally know warfighters who have comitted suicide because they could no longer take the painful headaches.

When we go to war we "plan" on blowing things up. In turn, we know our enemy will do the same. Kill or be killed. We have to realize that a "plan" must be in place to maintain a healthy and *intelligent* fighting force. We must plan for their return and the care they will need to reintegrate back into society and become thriving members once more. We did not learn that lesson after World Wars I and II, Korea, and Vietnam, and we must learn it now. We owe our combat veterans.

At a minimum, portable HBOT chambers like mine should be located at every Combat Support Hospital (CSH) deployed to a hostile area. The cost is minimal—fifteen to twenty thousand dollars—and it requires minimal space, a ten-by-eight foot area. This can be used immediately on any blast victims while they're recuperating from their injuries. I would have been there everyday.

Out of every war, our medical communities learn valuable lessons in life-saving protocols. When it comes to blood loss, pneumothorax, airway obstructions, eye and ear injuries, infections and amputations, these wars have produced dramatic increases in survivability. These lessons have helped millions of civilians as a result. We need to put into practice some of the newest and most advanced protocols for TBIs, giving our veterans every possibility of a future without neurodegenerative diseases.

The Iraq and Afghanistan wars have birthed a new group of blast-related TBI victims. Over the next forty years, these blast victims will require care. This is the next combat concussion crisis. We are just now acknowledging TBI, but much like professional football concussions, the real manifestations are yet to be realized.

I hope that in the next war, HBOT chambers will be deployed to the combat support hospitals in the field. I've spent hundreds of hours in my chamber, firmly believing HBOT has helped. It is now part of my long-term management strategy. ●