

Traumatic Brain Injury Update-February 26, 2013

According to a 2011 report by the Veterans Administration 367,749 veterans, approximately 50% of the all cases have sought mental healthcare treatment. Of the 1.3 millions who served in both the Iraq and Afghanistan wars a swiftly increasing segment which in 2011 was around 30%, will begin to acknowledge and be diagnosed with delayed PTSD.¹ Embedded in this number of veterans needing healthcare are veterans with TBI or Traumatic Brain Injury. This segment of suffering veterans represents a point of controversy depending on which bureaucracy is being referenced to prescribe the alleviation of suffering from his or her wounds.

The Rand Corporation in 2008 completed a study based on 1,965 interviews with returning veterans (at that time), projected that approximately 330,000 soldiers or 19% would “*experience a probable TBI while overseas.*”² Note that Rand acknowledges the existence of a TBI injury as a focus of its own early study. In contrast the Veterans Administration reports that only 4% of returning combat soldiers³ “*qualified for the diagnosis.*” In other words, the VA screening process which has its own criteria for the existence and treatment for TBI, is in a position to deny a soldier expensive treatment if the VA’s diagnosis outcome, (*not the diagnosis of an outside civilian neurologist and hospital unit*) is a disqualifier thus eliminating the soldier from any rehabilitation from TBI. The following is *an excerpt* from the most recent report by the Congressional Budget Office to Senate Committee on Veterans Affairs.

- **A great deal of uncertainty** surrounds the prevalence of PTSD and TBI within the OCO population and, hence, the number of veterans with those conditions whom DoD, VHA and other health care providers may encounter in the future.....
- Through March 2011, DoD clinicians had diagnosed symptomatic TBI in a total of 35,000 service members during or just after they returned from deployments to overseas contingency operations. The most recent data available indicate that about 90 percent of those injuries were classified as mild TBI also known as a concussion in which the brain typically heals quickly.
- VHA researchers have reported that its clinicians diagnosed symptomatic TBI in about 26,000 (7 percent) of new OCO patients who were screened from the implementation of its screening program in 2007 through 2009. That rate of diagnosis is consistent with the limited data published by other researchers.⁴

The study of these post combat disorder statistics by professionals is very encouraging. But embedded in these percentages are the real symptoms and suffering experienced by the two examples of Marines presented in this update and petition. Rather than leave the “*great deal of uncertainty*” in the CBO report as a reason to postpone or deny a veteran’s treatment for PTSD and Traumatic Brain Injury, the right and decent course of action would be to escalate these patients to proven facilities like the Shepherd Center in Atlanta for *immediate* care. There is a Shepherd Center in many states.

Similar to an example (see below) I provided in 2010, of a young enlisted Marine in my on-line petition to congressional representatives⁵, Marine Corps Lieutenant Colonel Mike Zacchea retired, encountered the same rejection diagnosis by the VA. An outspoken member of Veterans for Common Sense, Lt. Col. Zacchea indicated to Newhouse⁶, that “...*he was quickly diagnosed with PTSD but he had to fight for his TBI diagnosis.*” The VA prevented Col. Zacchea from seeing a private neurologist. It wasn’t until he defiantly walked into Yale Medical School and obtained a private diagnosis that he “*challenged the VA to disapprove it.*” Lt. Col Zacchea was finally granted a TBI diagnosis by the VA. The Colonel relates how he penetrated his bureaucratic catch-twenty-two situation, but what of a veteran soldier with limited funds, difficult family situation, and little or no education, or just wondering alone on the streets out there, to deal with the same stonewall rejections? He or she was certainly brave enough to stand the watch for all of us. The veteran took fire and concussion from RPGs and cars loaded with C4 for this country. We must eliminate this bureaucratic hair splitting by the VA and stop making veterans beg for relief from their suffering. Suicide should not be an option for them.

“Wait times for VA treatment are still way too long, and this is just the beginning. The VA is going to be overwhelmed by vets from Iraq and Afghanistan for health care, and if the VA can’t handle the demand it has now, it’s going to be powerless against the tsunami that’s yet to come.”

Lieutenant Colonel Mike Zacchea, USMC Retired ⁷

I wrote the petition below and posted it on line two years ago. After reading forum comments and articles about persistent lagging and delaying of treatments for returning veterans, I am again presenting this update and petition on-line so that viewers might print it, sign it, seal it, stamp it, and mail it to their congressional representative. While applauding the VA for much of the fine work done for all veterans of past wars, it is important to listen to veterans in the grip of their present post conflict dilemmas.

If you want to do something, there is really no reason why two hundred million signed copies of this article should not be in the congressional mail room awaiting distribution to each Senate and House member during the month of March, 2013. Add your personal note about a loved one in a similar situation. Veterans have earned the freedom to seek fully paid treatment from a civilian physician or hospital if not satisfied with VA handling or denial of their case or VA care.

M.T. Malsbary

U.S.M.C 1963-1967

PETITION

ATTENTION:

SENATOR OR REPRESENTATIVE _____

U.S.Senate: http://www.senate.gov/general/contact_information/senators_cfm.cfm

U.S. House of Representatives http://www.house.gov/house/MemberWWW_by_State.shtml

ESTABLISHING AN EFFECTIVE SCREENING AND CARE PROCESS FOR POST 911 VETERANS WITH GULF WAR SYNDROME, TRAUMATIC BRAIN INJURY PTSD OR IN NEED OF COGNATIVE BRAIN REHABILITATION.

“The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive the Veterans of earlier wars were treated and appreciated by their nation.”

George Washington

This is a letter of petition to ameliorate the present absence of effective health care screening and funding for military personnel returning from war zones for discharge, on disability leave, or in long term rehabilitation to include all personnel discharged from combat zone duty since September 11, 2001. If there is debate at present over the funding of effective care for those veterans even suspected of Gulf War Syndrome, Traumatic Brain Injury, or in need of Cognitive Brain Rehabilitation, let the debate end in a resolution to override current *ineffective* veteran insurance programs thus far denying coverage for these veterans. If there is a debate over profit and loss, let it be over what is right and decent. If there is debate over the value of those American men and women who have volunteered to serve in our military services to thwart America’s enemies, the terrorist cells, the organizations, overt and clandestine, cells that target civilized society the world over, let the debate end now.

CBS Evening News, Saturday April 16, aired a brief news feature about the dismal experience of one such veteran, a United States Marine who, during the famous battle of Fallujah, Iraq in 2004, received a well documented head wound. This veteran courageously allowed viewers a synopsis of his dreadful drawn out experience since 2004. Your busy schedule likely prevented viewing of this news item. Take time to replay it from CBS's news archives. Select the CBS Evening News of April 16, 2011, view the *Struggle to treat traumatic brain injury*⁸ feature. No other words can properly represent or paraphrase the testimony of this fine Marine. He spoke for nearly 400,000 who have been improperly screened at discharge and whose lives often now tragically end in utter despair. They need our help.

The silver lining of this story offers a glimmer of hope. Part of the news story included a documented medical solution that puts these veterans back on the road to recovery and to meaningful productive lives. The *Shepherd Center for Spinal Cord Injury* in Atlanta has administered a program called the "*Share Initiative*". This is a four month program which at this writing in 2010 has treated two hundred patients and given hope to those with no hope. As the young Marine veteran stated, "*...for the first time in five years I have hope for the future...*" Under the direction of Dr. Darryl Kaelin a select lucky few of veterans, under a two million dollar donation by Mr. Bernie Marcus Founder of Home Depot, have responded positively. "*It absolutely works.*" said Dr. Kaelin responding to a question by Mark Strassmann of CBS. Other supporting scientific papers thus far presented to the Pentagon, according to the story, have yet to be accepted by the military. The problem seems to be expense.

This letter of petition is being sent to all of your fellow members of the House and Senate by their constituents. It is a request that prompt TBI and PTSD care be re-examined and acted upon at the earliest possible date to allow proper screening and adequate health care from either VA or civilian provider for post 911 combat veterans whether insurance funded *as dictated by law* or federally funded as part of the new Healthcare Reform Bill. We appreciate the legislation and hard work you have done in the areas of improving healthcare and post 911 educational benefits for our veterans as an expression of gratitude for their service to this country. *We respectfully ask that you include the Cognitive Brain Rehabilitation or TBI immediate screening, diagnosis, treatment and follow-up from VA or civilian facility, for this group of post 911 combat veterans as a necessary part of that commitment.* In the words of John Adams written in 1775, you "*...are an assembly of the wisest men [and women] upon the continent, who are Americans in principle.*" We trust you will receive this letter of petition in a constructive spirit. Thanking you for your attention to this matter, I am,

Sincerely,

_____ Print _____

County _____

State _____

This letter of petition was written by M.Malsbary, veteran USMC 1963-1967 and presented on SCRIBD in 2010 so that citizens concerned about this issue may express it to their respective legislators by mail or email attachment.

¹ Eric Newhouse, *Half of Vets Returning Home from Afghanistan and Iraq Need Medical Attention*, Truthout website, Nov. 11, 2011, www.truthout.org - search the title.

² Ibid, Newhouse, Truthout.org

³ "Soldiers" is often a simplification word used to represent all personnel who serve. (Army, Marine Corp, Navy, Coast Guard and Air Force and all specialty elements of these branches, Seals, Recon, Rangers, Medical Units, etc.

⁴ Heidi Golding, CBO Testimony on the Potential Costs of Health Care for Veterans of Recent and Ongoing U.S. Military Operations, Congressional Budget Office, July 27, 2011. Accessed 2/27/2012
www.CBO.gov/publication/42208

⁵ M.T. Malsbary, *CBI Fix It*, SCRIBD, originally posted in 2010. This same petition is included in this TBI update.

⁶ Ibid, Newhouse

⁷ I quote Lt. Col. Zacchea as quoted by Newhouse in this truthout.org article.

⁸ <http://www.youtube.com/watch?v=YCfnlUsmLkg> See this link for the complete CBS feature on TBI, still available as of 2/27/2013