



THE AMERICAN LEGION
TBI/PTSD COMMITTEE

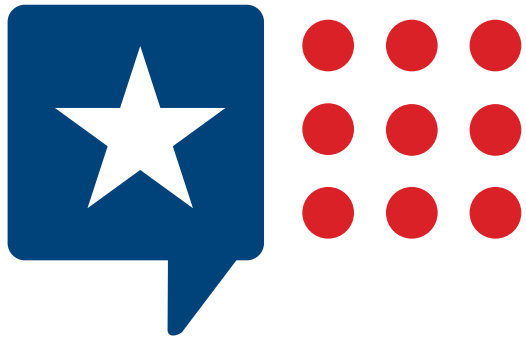
The Road Home

Treatment of Traumatic Brain Injury and Post-Traumatic Stress Disorder

Volume 2: Companion to *The War Within*



Veterans Crisis Line



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Marine turned yoga instructor Michael Stickley teaches a yoga class at Soaring Spirit Yoga Studio in Occoquan, Va. Photo by Justin T. Gellerson

EXECUTIVE SUMMARY

Routes of relief and recovery for those who suffer

The mission of The American Legion’s TBI/PTSD Committee is to understand, evaluate, expand awareness and advance research into effective therapies and treatments for post-traumatic stress disorder, traumatic brain injury and the effects of military sexual trauma. This mission spans prevention, screening, diagnosis, treatment and family support for military personnel and veterans dealing with PTSD, TBI or MST.

The committee includes national American Legion leaders, along with a renowned Columbia University epidemiologist and a former military doctor and current University of Pittsburgh researcher. They have made site visits, interviewed specialists, studied findings and investigated the strategies of various government departments and agencies whose responsibilities include addressing these conditions, which affect hundreds of thousands of men and women who have served in the U.S. military, as well as their families.

By some estimates, upwards of 30 percent of post-9/11 servicemembers have sustained some form of TBI, PTSD or MST. The phenomenon is not new. From the Epic of Gilgamesh to Shakespeare’s *Henry IV*, the psychological effects of combat have been recorded throughout history. The American Legion, founded in 1919 in part to support comrades who returned from the Great War experiencing what was then called “shell shock,” has always been keenly aware of psychological and neurological service-connected conditions.

When high suicide rates among combat veterans were reported in newspapers around the country in 1922, The American Legion declared that “the worst casualties of the World War are just appearing.” By that time, Thomas Salmon – a pioneer in neuropsychiatry and a member of the Legion’s Committee on Hospitalization and Vocational Training, had led the organization to a policy position it maintains today: that psychological conditions

caused by wartime service can be as disabling as any other service-connected condition, that adequate resources must be provided for veteran-specific treatment programs, and that efforts to remove stigmas are essential for effective treatment.

Salmon and the Legion concluded that “shell shock” was a misnomer for veterans suffering long after the guns of the Great War fell silent. Long-term, insidious mental conditions – known at the time by such terms as “psychoneurosis” and “hysteria” – required specialized facilities and care providers. At best, Salmon estimated, only about half of those afflicted had come forward to seek help, which at the time was poorly provided, often in state sanitoriums, asylums or jails.

In 2010, when The American Legion TBI/PTSD Committee began its work, PTSD and TBI were described as the “signature wounds” of the war on terrorism. The committee soon reached some key positions, including:

- Because the conditions affect different people differently, and recovery times vary, no one treatment or quick fix is possible.
- The entire family must be involved in treatment programs.
- Effective alternative therapies must be recognized by VA and made accessible.
- Too many veterans are dropping out of their VA programs before completion.
- Resources and trained mental health professionals are in short supply to meet demand.
- Too many veterans have had their PTSD diagnoses reversed and recharacterized as pre-existing personality disorders.
- Veterans continue to be over-prescribed off-label medications and experience negative side effects.

Since 2001, the U.S. military has been engaged in combat operations on multiple continents. The global war on terrorism has entered its 17th year, and more than 3 million Americans have served in Iraq or Afghanistan. Numerous articles and reports have covered and documented the increasingly high rates of TBI, PTSD and suicide among veterans and active-duty personnel. VA reported in June

Committee members



William M. Detweiler, Chairman | American Legion Past National Commander 1994-1995; Louisiana State Veterans Advisory Commission; other local, state and national appointments



Ralph P. Bozella, Vice Chairman | Chairman, American Legion Veterans Affairs & Rehabilitation Commission; former American Legion Department of Colorado Commander; former American Legion National Executive Committeeman for the Department of Colorado



Ronald F. Conley | American Legion Past National Commander; creator of the Legion’s System Worth Saving program, which conducts annual site visits of VA medical facilities to ensure quality and timeliness of VA health care



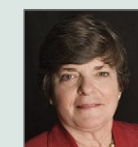
John P. Powers | 9-11 Memorial American Legion Post 2001, New York City; past post and county commander; retired NYPD



William W. Kile | American Legion National Executive Committee 1999-2013; chairman, Liaison Committee for Veterans Affairs & Rehabilitation Commission



Dr. Ronald Poropatich | Retired colonel; executive director, Center for Military Medicine Research, Health Sciences at University of Pittsburgh; led Army effort in development and deployment of telemedicine (1992-2012)



Jeanne Mager Stellman | Columbia University Mailman School of Public Health epidemiologist; pioneer in establishing connections between Agent Orange exposure, combat, and health-care conditions later affecting veterans

2018 that U.S. military and veteran suicides occur at a pace of about 20 per day throughout the United States, according to data compiled from 2015. In some demographic categories, veteran suicides were two to 10 times greater than non-veteran suicides.

Often, these suicides – especially among the youngest age category of veterans – are attributed to TBI and/or PTSD.

Improvised explosive devices and indirect fire account for over 60 percent of U.S. battle casualties. Yet more servicemembers than ever are surviving attacks that might have been fatal in previous conflicts; many return home with severe psychological and neurological wounds.

According to the Department of Defense, no fewer than 370,688 servicemembers were medically diagnosed with TBI between 2000 and 2017. The RAND Corp. reports that at least 20 percent of Iraq and Afghanistan veterans have PTSD and/or some form of depression. In 2014, the suicide rate among 18- to 24-year-old combat veterans rose to an all-time high of 124 per 100,000, nearly 10 times the national suicide average.

On May 8, 2013, The American Legion TBI/PTSD Committee was made permanent under the Veterans Affairs & Rehabilitation Commission. Since then, the committee has continued its research into the needs of veterans and families dealing with PTSD, TBI and the effects of MST. Through its findings, the committee has influenced federal legislation and operational policies that have improved services and provided relief for veterans and their families.

An American Legion survey of 3,100 veterans nationwide in February 2014 validated the committee's contention that too many seeking treatment terminated their VA PTSD programs before they were completed. Fifty-nine percent of respondents reported that they experienced no improvement, or that their conditions worsened, after VA treatment programs. Thirty percent reported that they ended their programs before completion. This information was shared at a symposium cosponsored by The American Legion and the Institute of Medicine in June 2014.

In testimony before a joint session of the Senate and House Committees on Veterans' Affairs on Feb. 25, 2015, American Legion National Commander Michael D. Helm urged Congress "to study alternative therapies, and introduce and pass legislation that will require VA to recognize treatments other than those measured in milligrams and doses per day."

Helm reiterated the committee's position that individualized treatment programs are necessary, the entire family must be involved, and non-pharmaceutical alternative therapies must be recognized.

As The American Legion testified for legislation to improve VA mental health services and insisted on investigation into reversed diagnoses, the high suicide rate among veterans had risen on the national agenda. As many as 20 veterans a day were taking their own lives. In 2016, the 98th National Convention passed a resolution calling on Congress and the FDA to move cannabis from Schedule 1 to reclassify it in such a way as to allow medical research into marijuana as a PTSD treatment for veterans. In 2017, the 99th National Convention called on VA to permit discussions about cannabis treatment between providers and patients in states where medical marijuana is legal.

In 2016, *The American Legion Magazine* published a four-part series titled "The Mind Field" that explored non-pharmacological treatment efforts, including Summit for Soldiers' "adven-therapy," cannabis, equine therapy, service dogs, hyperbaric oxygen, outdoor recreation programs and others. It also profiled the Mynd Analytics program, which uses brain waves and a 10,000-patient database to properly calibrate prescription drugs for conditions related to PTSD and TBI, in an effort to avoid over-medication. (A large number of veterans with PTSD reported in the 2014 American Legion survey that they had been prescribed 10 or more medications.)

In 2010, VA Clinical Practice Guidelines for the Treatment of PTSD cautioned providers against the use of benzodiazepines, citing evidence of negative side effects, including increased PTSD symptoms, risk of

suicidal thoughts and accidental overdose. Despite the risks, over 25 percent of veterans newly diagnosed with PTSD are still being prescribed harmful and potentially deadly amounts of medications. According to a 2013 study, 43 percent of servicemembers who attempted suicide between 2008 and 2010 had taken psychotropic medications. The link between certain dangerous prescription medications should be recognized and steps taken to reduce unnecessary prescriptions.

American Legion media staff has produced digital media stories and photos on the Sierra Club's outdoor program, the Growing Veterans agricultural program in Washington, electrical stimulation treatment and service dogs, all in support of the committee's call for a reduction in prescription drugs for veterans coping with these conditions.

An independent survey of 802 veterans and their caregivers commissioned by the Legion in 2017 found that 92 percent of respondents support medical research into cannabis as a treatment for PTSD, and 82 percent support legalization of medical cannabis. Sixty percent of respondents were age 60 or older. A Legion press conference in Washington, D.C., Nov. 4, 2017, brought together members of Congress, veterans and families of sufferers who support rescheduling cannabis to be researched as a treatment. Many press conference participants spoke of personal relief from PTSD and the so-called "combat cocktail" of prescription drugs that can lead to isolation and suicidality.

The Legion's TBI/PTSD Committee continues to examine issues related to the signature wounds of today's wars and is poised to follow through on a policy position first outlined in 1920 by Dr. Thomas Salmon, one of the organization's founders. Today's landscape for veterans and their mental health care is different in many ways, but much hasn't changed: combat trauma causes unique psychological and neurological conditions that require specific and effective treatment. That proposition is as valid for the post-9/11 warrior as it was for the World War I doughboy.

Today, American Legion interests and concerns in this area of advocacy include:

- Continued promotion of VA's Veterans Crisis Line, which responds to 500,000 phone calls and thousands of other communications from veterans every year, along with continued emphasis on staffing and outreach programs to help prevent veteran suicide.
- Work to fix the burdensome job-application process and provide incentives to fully staff VA health-care facilities with qualified mental health professionals.
- Close monitoring and study of drugs prescribed in potentially toxic combinations, particularly involving addictive benzodiazepines and opioids, especially when veterans qualify to receive care from non-VA providers through the Choice Program.
- Provision of mental health care for any veteran who was deployed to a combat theater, regardless of character of discharge; 62 percent of veterans separated for misconduct between 2011 and 2015 were diagnosed with PTSD.
- Improved training for DoD and VA personnel to identify suicide risks and to find effective prevention strategies.
- Expansion, recognition and enhanced promotion of complementary and alternative therapies such as acupuncture, yoga, martial arts and meditation.
- Expansion and increased promotion of volunteer opportunities for veterans struggling with loss of meaning and purpose after discharge from the military.
- Expansion of safe, non-invasive, non-drug and proven therapies such as Transcranial Magnetic Stimulation (TMS) and the Alpha-Stim.

The Legion's PTSD/TBI Committee is committed to helping veterans take the right road home after suffering mental wounds documented throughout history. These conditions are real and can be life-threatening. They affect entire families. No two are alike. As it was in 1920, that's the challenge before this committee and the nation today. It will be a challenge for as long as wars are prosecuted.



Attendees of a PTSD retreat camp in Wetumpka, Ala. show their medical ID bracelets. Photo by Clay Lomneth

Part I: The challenges we face

Since 2001, U.S. troops have been engaged in combat operations on multiple continents in the global war on terrorism. More than 3 million Americans have served in Iraq or Afghanistan through the first 17 years of the war, and VA projects a post-9/11 veteran population of just under 3.7 million by 2020. Traumatic brain injury and post-traumatic stress disorder have become known as the “signature wounds” of these wars, and in recent years thousands of studies, articles and reports have focused on their effects on veterans and active-duty personnel.

With no end to the global war on terrorism in sight, the post-9/11 cohort will continue to grow, as will the number of veterans requiring psychological care.

While the number of veterans diagnosed with TBI and PTSD is increasing significantly, the types of treatments offered remain limited and inadequate. The American Legion’s TBI/PTSD Committee has spent eight years studying scientific research and meeting with

clinicians, policy analysts and mental health experts to better understand the problem. This publication will provide veterans, their families and the general public information discovered regarding TBI, PTSD, and the different types of medicines, therapies, procedures, programs and alternative methods used to treat them.

PTSD

Accepted as a recognized clinical diagnosis as recently as 1980, post-traumatic stress disorder (PTSD) has been known by other names throughout history, including soldier’s heart, nostalgia, shell shock, battle fatigue and Vietnam Syndrome. Symptoms among those who witnessed the trauma of battle appear in some of the earliest literature. Reactions to trauma, for example, are described in the Epic of Gilgamesh, the *Odyssey*, the Old Testament and Shakespeare’s *Henry IV*. Among them are reoccurring nightmares, anxiety, loss of interest and feelings of hopelessness following traumatic events.

Symptoms of PTSD – hypervigilance, reoccurring memories, insomnia, depression, irritability and anxiety – can be debilitating and severely effect how a veteran reintegrates into his or her new life at home, at work or in academia. In addition, PTSD is often accompanied by secondary effects, such as strained intimate relationships, higher divorce rates, substance abuse, legal issues and financial problems.

Combat exposure can result in significant psychological injury, which when left untreated may have a long-term effect on a veteran’s health and well-being. Untreated PTSD is associated with a higher risk of cardiovascular disease, fibromyalgia, gastrointestinal problems and other diseases.

Troublingly, several VA studies found that a large proportion of veterans do not receive the recommended treatment following a PTSD diagnosis. Many receive minimal care or drop out of treatment before completion. This may be due to perceived stigma or barriers to care, such as transportation, work conflicts or the cost of child care.

TBI

Traumatic brain injury (TBI) occurs when an external force such as an explosion, accident, or a severe blow injures the brain. TBI is the most common injury suffered by deployed U.S. troops. According to DoD, at least 370,688 servicemembers were medically diagnosed with TBI between 2000 and 2017.

The detonation of improvised explosive devices (IEDs) and indirect fire account for over 60 percent of U.S. battle casualties. The shock waves from blasts can cause severe brain injury. Thanks to modern armored vehicles, protective body armor and improvements in battlefield care, U.S. servicemembers are surviving attacks that in previous conflicts would have been fatal. The ratio of being wounded or killed in the war in Afghanistan is 7.4 to 1, compared to 1.7 to 1 in World War II and 2.6 to 1 in the Vietnam War. The saved lives of U.S. military personnel often means that more return home with brain injuries.

A chronology of combat trauma

2100 B.C. | The Epic of Gilgamesh describes despair and intrusive memories after Gilgamesh witnesses his friend die in battle.



800 B.C. | In “Iliad,” Homer chronicles combat trauma and survivor’s guilt resulting from the Trojan War.

1688 | Military post-traumatic stress is first described in medical literature as “nostalgia” by Swiss physician Johannes Hofer.



Napoleonic Wars | Napoleon’s Army physicians observed “*vent du boulet*” syndrome and recommended a treatment regimen of exercise, listening to music and “useful instruction” for conditions related to combat stress; symptoms included anxiety, insomnia, melancholy and heart palpitations.



Civil War | The Union Army identifies 5,200 cases of nostalgia and 2,600 cases of insanity among the troops. In 1864, the War Department orders some of the soldiers transferred to the Government Hospital until their families can retrieve them.

1871 | Dr. Jacob Mendes Da Costa observes rapid heart rate, anxiety and hyperarousal among military personnel, giving rise to the term “soldier’s heart.”

Further complicating the issue are the many co-occurring symptoms of TBI and PTSD, such as fatigue, irritability, and insomnia. This makes diagnosing and treating the often co-occurring invisible injuries difficult and problematic. Additionally compounding this challenge is the scientific evidence that TBI can increase the risk and severity of PTSD.

MST

Military sexual trauma (MST) is a term used to describe sexual assault, threatening sexual harassment or unwanted sexual activity during military service. Unfortunately, MST has emerged as a major cause of PTSD among veterans and servicemembers. VA research shows that one in four female veterans and one in 100 male veterans have experienced MST. The extent of the problem may actually be underestimated, as many victims of MST do not report the events or their attackers. The under-reporting may be due to a variety of reasons, including perceived shame, feelings of helplessness, or the fear of consequences and retaliation.

MST clearly affects an individual's mental and physical health, with studies showing that veterans who have sustained MST are at a higher risk for developing PTSD. Research has documented that sexual trauma is a risk factor for psychological injury and may be the reason for an increase in suicide rates among female veterans.

Effects on family relations and caregivers

Spouses, children and family members of veterans play a large role in their physical and psychological recovery. Unfortunately, due to added stress, many caregivers experience changes in quality of life and economic strain from having to leave employment to provide needed care to a loved one. Veterans' family members often report their own significant mental and emotional issues in response to the responsibilities of caregiving.

The symptoms of PTSD often weigh heavily on a family. Research shows that combat veterans have higher divorce rates than the

general public. Secondary PTSD, which is the emotional stress felt by living with a person suffering from PTSD, can severely affect the psychological health of caregivers and those who are in intimate relationships with veterans with PTSD.

Nearly 20 years of war has taken a toll on military and veteran families. In addition to the added stress of caregiving, thousands of American families have had to grieve the loss of a veteran or servicemember, whether the death was in combat overseas and to suicide here at home. Additional attention and research is needed to address the special needs of veterans and families whose lives have been changed by war.

Military suicide

Historically, the peacetime suicide rate among U.S. military personnel has been much lower than the civilian rate. In 2004, the suicide rate among servicemembers began increasing, and in 2008 the suicide rate among active-duty personnel exceeded that of the civilian population for the first time in history. This sharp increase corresponded with the beginning of the global war on terrorism, the longest war in U.S. history.

Today, an average of 20 veterans a day take their own lives, and a majority are over the age of 55. Particularly concerning is the suicide rate among 18- to 24-year-old male Iraq and Afghanistan veterans, which has risen nearly fivefold to an all-time high of 124 per 100,000 – 10 times the national average. A spike has also occurred in the suicide rate of 18- to 29-year-old female veterans, doubling from 5.7 per 100,000 to 11 per 100,000.

To ensure that all veterans are properly cared for by DoD and VA, The American Legion has established a Suicide Prevention Program and aligned it under the TBI/PTSD Committee. The committee is currently reviewing methods, programs and strategies that can be used to reduce veteran suicide. This work will help guide American Legion policy and recommendations.

Harms of over-prescription

In 2010, VA Clinical Practice Guidelines for the Treatment of PTSD cautioned providers against the use of benzodiazepines, a class of fast-acting sedatives, citing growing evidence of negative side effects.

Benzodiazepines can increase PTSD symptoms, increase suicidal thoughts, interfere with talk therapy, and lead to accidental overdose. Despite the severe risks, over 25 percent of veterans newly diagnosed with PTSD are still being prescribed harmful and potentially deadly amounts of medications.

Additionally, benzodiazepines can be extremely harmful to veterans who are already prescribed opiates for pain therapy. Sixteen percent of veterans with PTSD are prescribed a morphine-equivalent dose of opioids with a benzodiazepine. The concurrent use of these two medications is extremely dangerous and puts individuals at increased risk for overdose. Combining these medications can lead to depressed breathing, affect heart rhythm, increase sedation and lead to accidental death. Marine Corps veteran Jason Simcakowski died while receiving care at the Tomah VA Medical Center in 2014 after being prescribed this deadly drug combination.

Despite this known risk, VA dispenses benzodiazepines and opiates concurrently to thousands of veterans every year. Multiple studies have shown that benzodiazepines have no health benefit in treating PTSD and that there is serious concern for overdose among veterans who misuse alcohol while on them. This is especially worrisome, considering that nearly 50 percent of veterans with PTSD also struggle with comorbid substance abuse.

Once initiated, it can be extremely difficult for veterans to stop or taper off from benzodiazepines. In many cases, providers prescribe medications they know are likely harmful to a veteran who is unaware of the potential negative side effects. The link between certain dangerous prescription medications and veteran suicide and accidental death needs to be recognized, and steps should be taken to reduce unnecessary prescription.



World War I | Soldiers with “staring eyes,” violent tremors, inexplicable deafness, blindness or paralysis are described as suffering from “shell shock.” The Army Surgeon General’s guidelines, issued in 1917, call for “immediacy,” “simplicity,” and “expectancy” (of return to the front lines) in treatment.

World War II | The medical community describes PTSD as “combat fatigue” and begins to study the connection between the condition and duration/intensity of combat.

Korean War | The Diagnostic and Statistical Manual of Mental Disorders, the definitive reference for psychological conditions, calls PTSD “stress response syndrome.”



Vietnam War | Veterans are treated for “stress-response syndrome.” If symptoms last more than six months after returning from Vietnam, they are judged to be suffering from a pre-existing condition, not PTSD.

1980 | The American Psychological Association identifies PTSD as a distinct diagnosis.

1995 | Drs. Richard Tedeschi and Lawrence Calhoun coin the term “post-traumatic growth,” the philosophy that describes the positive psychological changes that occur after someone recovers from trauma or suffering. Many veterans return home with a renewed appreciation of life, increased personal strength, more meaningful relationships, and deeper spiritual connections.

PTSD and TBI advocacy in American Legion media



Minnesota Legion post assisting local PTSD treatment efforts (June 2018)

American Legion Post 560's Legion Riders chapter donated \$15,000 each to three different organizations that help veterans facing mental injuries. Two provide service dogs for veterans battling PTSD. The other offers housing, meals and recovery services.

www.legion.org/riders/242146/it%E2%80%99s-just-rush-relief

Legion post providing service dogs (May 2018)

Since August 2017, American Legion Dornblaser Post 203 in Georgetown, Ill., has raised more than \$30,000 to purchase and train service dogs for local veterans battling PTSD.

www.legion.org/veteranshealthcare/241887/we-want-our-post-be-known

Electrical stimulation treatment helps PTSD patients (April 2018)

A number of veterans affected by PTSD are finding relief in PrTMS (Personalized Repetitive Transcranial Magnetic Stimulation), which uses an innovative technique that targets specific areas of the brain using brief, painless electrical pulses through an FDA-approved device intended to stimulate and align brain waves.

www.legion.org/veteranshealthcare/241722/electrical-stimulation-treatment-helps-ptsd-patients



Legionnaire praises VA decision to allow hyperbaric oxygen treatment (December 2017)

American Legion Past National Commander William Detweiler, chairman of the Legion's TBI/PTSD Committee, noted that the organization has "urged VA for years to allow the use of HBOT to treat veterans suffering from traumatic brain injuries and/or post-traumatic stress. Using oxygen as a drug has been proven to be successful for many veterans, members of the military and professional football players. It's another tool in the physician's tool box. (HBOT) is not addictive, has no side effects, is inexpensive and readily available. It's a win-win for America's veterans."

www.legion.org/veteranshealthcare/240160/legionnaire-praises-va-decision-allow-hyperbaric-oxygen-treatment

Tom Satterly (Black Hawk Down) on his battle with PTSD (November 2017)

Army Delta Force Command Sgt. Maj. Tom Satterly served his nation for 25 years, including time in Mogadishu, Somalia, with Delta Force. He was among those involved in the ill-fated mission described in the book and movie "Black Hawk Down." Satterly and his wife, Jen, are pushing Congress to work on reducing the number of veteran suicides in the United States. They hope to rally Congress by focusing on how PTSD and TBI affect veterans and their families.



www.legion.org/veteranshealthcare/239885/ptsd-enemy-hidden-trojan-horse-our-loved-ones%E2%80%99

Results of Legion cannabis survey (November 2017)

The results of an independent research company's nationwide poll about the opinions of veterans, their family members and caregivers on the issue of medical cannabis reinforce The American Legion's continued efforts to urge Congress to amend legislation to remove marijuana from Schedule I of the Controlled Substances Act and reclassify it, at a minimum, as a drug with potential medical value.

www.legion.org/veteranshealthcare/239814/survey-shows-veteran-households-support-research-medical-cannabis

Call for backing of cannabis study (September 2017)

American Legion National Commander Denise Rohan submitted a letter to then-VA Secretary David Shulkin urging the secretary and his department to support an FDA-approved marijuana/PTSD research study at the Scottsdale Research Institute in Arizona.

www.legion.org/veteranshealthcare/239200/legion-va-support-cannabis-ptsd-study

Legion Baseball, Boys State alumni capture effects of PTSD on film (June 2017)



American Legion Boys State alum Danny Buday and former Legion Baseball player Lane Carlson produced "Battle Scars," which examines the effects of war on U.S. troops returning home. The film received the GI Film Festival's Founder's Choice Award.

www.legion.org/troops/237801/legion-baseball-boys-state-alumni-capture-effects-ptsd-film

Veterans show peers that recovery from PTSD is possible (June 2017)

Combat veterans David Donaldson and James Loeh work as peer support specialists for the Phoenix VA Health Care System. They're trained to help others with mental health and/or co-occurring conditions, as well as identify and achieve specific life and recovery goals.

www.legion.org/veteranshealthcare/237335/veterans-show-peers-recovery-ptsd-possible

Treatment through farming (February 2017)

Marine Corps veteran Chris Brown and trauma counselor Christina Wolf have teamed up to help prevent veteran suicides through farming, fellowship and an effort to end the stigma of getting help.

www.legion.org/magazine/236270/growing-veterans



Therapy dog gives veteran 'a new attitude on life' (November 2016)

A 12-week-old Papillon therapy dog traveled more than 500 miles by car to meet his new owner, Marine Corps veteran Larry Barnett. A survivor of the deadly *Mayaguez* incident during the Vietnam War, Barnett received the dog as a gift after its original owner could not care for him after a motorcycle accident.

www.legion.org/veteranshealthcare/234949/therapy-dog-gives-veteran-%E2%80%98new-attitude-life%E2%80%99

The Mind Field: Alternative Routes of Recovery, Medical Marijuana (October 2016)

In 2016, The American Legion passed a resolution supporting research of medical marijuana as an alternative treatment for veterans suffering from combat-related mental health disorders. "Our veterans deserve the best medical care that we can offer," American Legion Past National Commander William Detweiler said. "We believe that funding additional medical research in this field will provide another tool in the physician's toolbox for the treatment of TBI and PTSD."

www.legion.org/magazine/234564/mind-field-alternative-routes-recovery-medical-marijuana

American Legion PTSD committee: No cookie-cutter solution will work (October 2016)

Each of the three presenters at the October 2016 meeting of The American Legion's TBI/PTSD Committee confirmed the group's primary thesis that there is no magic pill to vanquish the psychological conditions faced by hundreds of thousands of wartime veterans, whose 20-a-day suicide rate has caused serious national concern. "There is nothing that we can do that is cookie-cutter," said American Legion Past National Commander William Detweiler, the committee's chairman.

www.legion.org/veteranshealthcare/234413/corpsman-ceo-and-scientist-perspectives-ptsd

Alabama retreat gives veterans a chance to deal with their PTSD together, as comrades (September 2016)

The American Legion Department of Alabama's annual Veterans Retreat offers fellowship and outdoor activities, including fishing, air-rifle shooting, a ropes course, photography and paddling a 12-person war canoe in a team-building exercise. "It's our way of showing them an alternate means of treatment," Department of Alabama Adjutant Greg Akers said. "The biggest thing is camaraderie: get out here, start talking to one another and know you've got a shoulder to lean on."

www.legion.org/magazine/234125/mind-field-alternative-routes-recovery-alabama-getaway



Thoroughbred Therapy (August 2016)

By August 2016, more than 400 veterans going through the Saratoga WarHorse program reported being able to sleep through the night for the first time in years, thanks to the power of the horse-human connection. Saratoga WarHorse founder Bob Nevins, a member of Adirondack American Legion Post 70 in Saratoga Springs, N.Y., calls that kind of epiphany "the sacred moment," often marked by a veteran burying his face in a horse's neck and sobbing.

www.legion.org/magazine/233889/thoroughbred-therapy

Legionnaires take PTSD message to top of the world (May 2016)

Legionnaire and co-founder of Summit for Soldiers Mike Fairman accomplished what few Americans have done: climbing Mount Everest. A former Navy corpsman and an Afghanistan war veteran from Columbus, Ohio, he reached the highest point on the planet on May 19, 2016, taking with him a message of encouraging healthy outdoor activity and veteran-to-veteran support for those who suffer and may be at risk of PTSD or suicide.



www.legion.org/membership/232809/ohio-legionnaire-reaches-summit-mt-everest

Booted after battle, with little regard for the reasons why

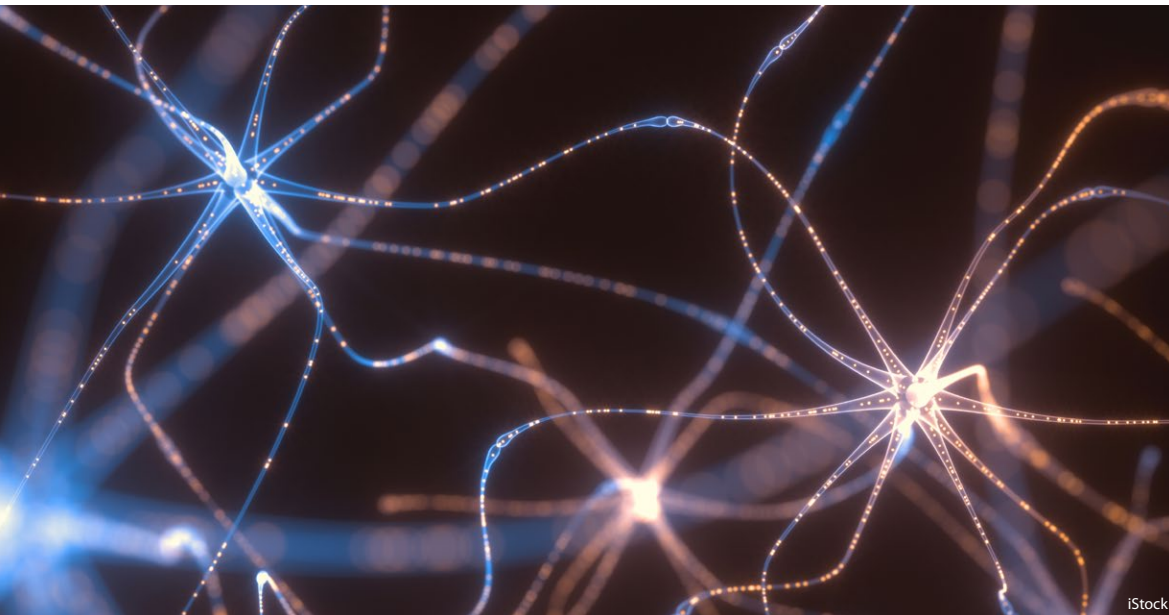
Thousands of former servicemembers who don't get help when their combat injuries fuel misconduct have been discarded with involuntary discharges that prevent them from receiving military retirement, medical care, disability and GI Bill benefits – all in the interest of speed and cost savings. These discharges occurred without regard to PTSD, TBI or the servicemembers' right to medical retirement.

www.legion.org/magazine/232778/booted-after-battle#

Legion survey: PTSD/TBI care not working (June 2014)

Of the more than 3,100 respondents who completed The American Legion's online survey, 59 percent reported either feeling no improvement or worse after undergoing TBI and PTSD treatment, and 30 percent said they terminated their treatment plan before completion. Of those who terminated their treatment plans early, 20 percent did so because of a side effect associated with the treatment.

www.legion.org/veteranshealthcare/222891/legion-survey-ptsdtbi-care-not-working



iStock

Alpha-Stim for the treatment of pain, anxiety, insomnia and depression

Ryan Britch, TBI & PTSD Programs Coordinator

Background

Traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) are often referred to as the “signature wounds” of the wars in Iraq and Afghanistan. The Department of Defense (DoD), Department of Veterans Affairs (VA) and private sectors continue to investigate and provide new treatment methodologies to meet the increased needs of post-9/11 veterans. One innovative and proven treatment provided to servicemembers and veterans with PTSD is the Alpha-Stim.

The Alpha-Stim is a medical device used by more than 100 VA medical centers and at many military installations worldwide. Alpha-Stim is a safe, non-invasive, non-drug, FDA-approved treatment for anxiety, insomnia and depression. The device may be used in a clinical setting or in the comfort of the patient’s home.

Since 2005, VA and DoD have purchased 42,500 Alpha-Stim devices at costs ranging from \$700 to \$1,200, depending on the type of device.

A cranial electrotherapy stimulation device, Alpha-Stim delivers micro-currents directly to the brain via the earlobe. The micro-currents stimulate alpha waves in the brain that are associated with feelings of deep relaxation. When an individual is in an alpha state, he or she has decreased stress, reduced agitation, and a stable mood. Alpha waves are also connected with increased mental focus and improved long-term memory.¹

The traditional approach of treating anxiety, depression, insomnia and pain often includes prescribing medication. While some of these medications can be helpful, there are often adverse side-effects such as weight gain, sexual difficulties, insomnia, headaches, dizziness, sedated mood, suicidal ideations and potential accidental death.

Evidence suggests that benzodiazepines, a class of sedatives prescribed by VA, can actually harm individuals with PTSD. In many studies, they were shown to increase cognitive dysfunction, making cognitive behavioral therapy less beneficial². In 2010, VA cited studies suggesting that benzodiazepines interfere with the extinction of an individual’s condi-

tioned fear response and can make it extremely difficult to recover from PTSD.³

VA guidelines cautioned providers against the use of benzodiazepines due to growing evidence of the potential risk of negative side effects, including higher occurrences of suicidal thoughts. However, benzodiazepines are still prescribed to over 25 percent of veterans with newly diagnosed PTSD⁴. Veterans need non-pharmacological options to treat symptoms of post-traumatic stress.

Studies and findings

“Effects of Integrative PTSD Treatment in a Military Health Setting”⁵

- Alpha-Stim was integrated into the Warrior Combat Stress Reset Program at Fort Hood, Texas.
- Dramatic decreases in PTSD, depression, and anxiety scores.
- Patient satisfaction with Alpha-Stim rated higher than acupuncture, yoga, and reiki.

“Efficacy of Cranial Electric Stimulation for the Treatment of Insomnia: A Randomized Pilot Study”⁶

- Conducted at Walter Reed National Military Medical Center.
- A randomized double blind and placebo-controlled trial.
- Significant improvement in total time slept.

“A Clinical Trial of Cranial Electrotherapy Stimulation for Anxiety and Comorbid Depression”⁷

- Five-week double-blind study with 115 participants.
- Results show significantly lower anxiety and depression rates.

- 83 percent of participants had a decrease of greater than 50 percent in anxiety scores from baseline.
- 82 percent of participants had decrease of greater than 50 percent in depression scores from baseline.

“Efficacy of Cranial Electrotherapy Stimulation for Anxiety, PTSD, Insomnia and Depression: US Military Service Members and Veterans Self Reports”⁸

- Follow-up survey on 1,512 U.S. servicemembers and veterans who have received Alpha-Stim
- Participants reported clinical improvement of (≥ 25 percent) from using CES for anxiety (66.7 percent), PTSD (62.5 percent), insomnia (65.3 percent) and depression (53.9 percent)

Conclusions

The Alpha-Stim is FDA-approved to treat anxiety, insomnia, depression and pain. DoD and VA already have established a working relationship with Alpha-Stim, so no advocacy or further research required. However, there is a lack of knowledge regarding this device; many servicemembers and veterans remain uninformed regarding Alpha-Stim treatment.

Lack of access to alternative treatments may cause an increase in prescription drug trends. The American Legion commends VA for establishing its pilot program on integrative health and wellness services. Many veterans have reported great success with a wide variety of complementary and alternative therapies. The American Legion continues to advocate for the expansion of these programs and their maximum funding.

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Story of the Taoist Sage

Chrisanne Gordon, M.D.
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On his 16th birthday, the sage's grandson captures a wild horse and brings it home with him. Seeing his return, the people in the village say to the sage, "Oh, how wonderful!"

The sage responds, "We'll see."

One day while trying to break the horse in and train it, the grandson is riding and gets thrown off the horse, breaking his leg. He's no longer able to walk. Upon hearing about this, the villagers say to the sage, "How terrible!"

The sage responds, "We'll see."

Some time passes, and military men come to the village to recruit all young men for the war. All the other young men are sent off to fight, but the grandson can't fight because of his leg. The villagers say to the sage, "How wonderful!"

And yet again, the sage knowingly responds, "We'll see."

In the nearly two decades since I quite literally hit the wall, changing the course of my life forever, I've reflected on the sage and the contemplative question, "Is this good? is this bad? We'll see."

I still think of that day in awe because I'd survived other significant assaults on my brain without the type of repercussions associated with this one accident.

"Is this good? is this bad? We'll see." This recurrent thought makes me grateful I decided to dig in with what was left of my former self and learn to embrace my new normal. In doing so, I found this is good. Those who know about TBI understand that it is a slate of pluses and minuses. Something is given, and something is taken away. Parts of the brain cease to function while other parts step up to the plate, so to speak, to get you through this game of life.

My life in TBI recovery is a constant source of irony for me. New, defining attributes have replaced things I lost that I believed were core to who I was. The polar opposite of what I expect to happen, what I expect to feel, who I intend to be, all becomes magnified in my attempt to recover and improve my damaged brain. The challenges continue to this day, though not on a moment-by-moment or day-by-day basis, as in the beginning. I'm happy to report that overcoming challenges remains a significantly rewarding experience.

My nearly photographic memory is gone. My ability to read and remember disappeared for a while. It was devastating. Right after the injury, I could have dwelled much longer on my inability to read, but I am an impatient spirit. I managed to recover my ability to read, but more important was the opportunity this injury gave me to discover audiobooks. I now cherish my Audible reading room.

Professional reader Scott Brick – whose voice is as clear as any I've heard, with nearly perfect cadence and crisp pronunciation – assists me even now with my speech pattern. Since my traumatic brain injury, my speech has become hesitant and choppy, leaving me feeling less than confident. Listening to Brick, trying to mimic his cadence and clarity, I have learned to become a better communicator. My initial loss of visual abilities gave me increased auditory abilities; my initial loss of speech altogether eventually molded me into a better communicator.

My passion for numbers continues to this day even though I can no longer play number games, add columns of numbers in my head for sport, or calculate the grocery bill in my head at the register. Still, I remain fascinated by what I believe is the purest of the sciences: mathematics.

"Is it good? Is it bad?"

Now I dabble with numerology instead, and it brings me a similar joy. Numerology

deals less with mathematics and more with the occult significance of numbers. I'm not a true believer in that, but I am bewitched by the playful configuration of the potential symbolic significance displayed through the numbers I've always loved. Replacing the science of math with the possibility of good fortune in a number sequence gives me a familiar pleasure. The irony is my enjoyment of the possibilities that numbers may influence my brain and my life, rather than my manipulation of numbers to effect outcomes.

As for my loss of mapping skills – well, my friends and relatives would confirm that I didn't have much sense of direction to begin with. Being unable to read a map was a great inconvenience as I began driving to events to speak about TBI. It wasn't until almost 11 years after my accident that the ability to use maps returned. Surprises like this make me joke that the brain clearly has a mind of its own.

Without a doubt, my greatest gift from this brain injury is the gift of the people I have met and my resolve to use my reclaimed voice to share the stories of those who can't share for themselves. Almost daily I'm reminded in news stories and other resources about how servicemembers, veterans and their families have had their cries for help unanswered by the bureaucracy of our current health-care system in the process of TBI diagnosis and treatment. There simply are not enough rehabilitation physicians with experience in TBI recovery to provide services for the nearly 750,000 Iraq and Afghanistan veterans who struggle with some form of TBI or PTSD. I believe my purpose for recovery is to provide hope to those who still need to be properly diagnosed and treated.

I am not, by nature, extroverted. At first, my TBI only exacerbated my desire to keep to myself. But seeing the plight of our returning service personnel, veterans and their families reflected in my own recovery encouraged me to move out of my comfort zone and into the company of DoD, VA and the Fortune 500 companies trying to tackle this silent epidemic.

As I tell my heroes struggling with TBI and PTSD, I can only sympathize about the

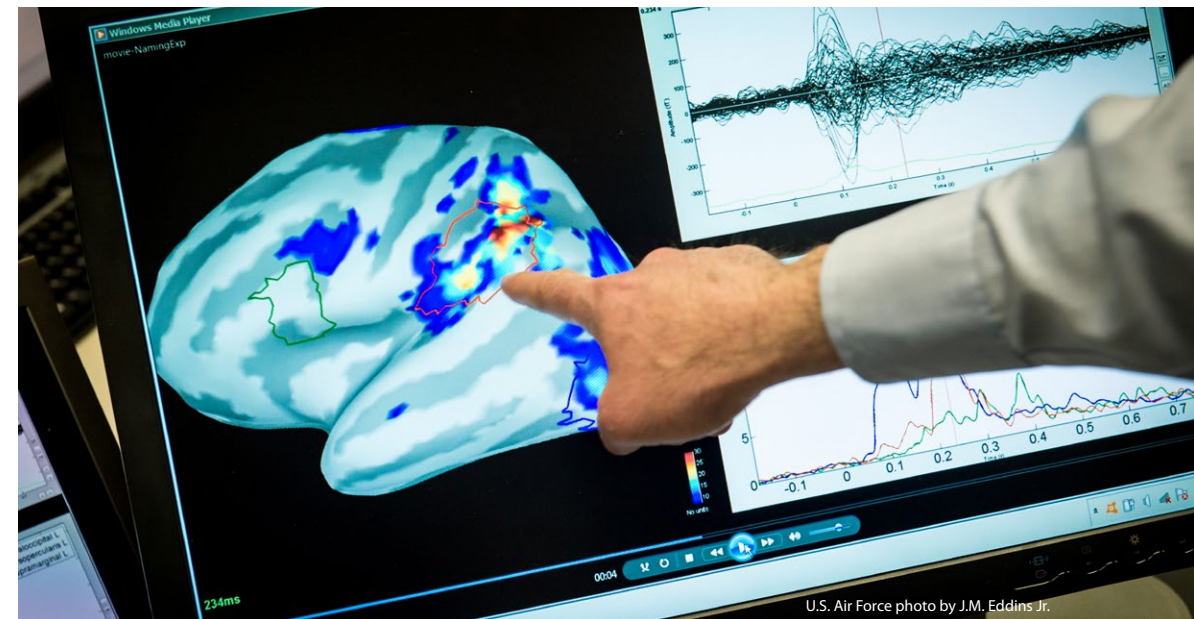
method of injury, but I can empathize with them regarding the consequences – and, most importantly, offer a path to recovery if they're willing to go the distance. Miracles can be made to happen in small and big ways. When I could not utter an intelligible sound for weeks, I never would have imagined that speaking at Fort Sam Houston or on Capitol Hill would be in my future. In the past, when I attended hospital meetings that involved just a handful of colleagues, I would never have thought that I would one day collaborate with major veterans service organizations, VA and civilian health-care leaders who are fighting for these brave men and women. The chaos within me, as I struggled to regain my brain, has rallied into a desire to tame the chaos within others who are still suffering – and to encourage them to strive for their new balance in life as well.

We are in a global TBI epidemic. I am one of the luckiest survivors I know, and I am bound by duty to share my energy and my experience with those still in the dark. I am not the person I was once, and is it good? Yes, it is good. I embrace the new me as I learn more daily about how the brain functions by understanding how my brain functions.

I sometimes look back on that day in my life – that darkest, hopeless, most oppressive day, when I tried to figure a way out.

When I see the concern of a veteran's family, or the face of a child who doesn't quite recognize a parent injured in combat, or the light coming on in a suffering veteran's eyes, I realize why I hit the wall. I now realize that I temporarily lost my brain so that I could regain my sense of humanity. I temporarily lost the science of medicine so that I could once again practice the art of being a physician. That has made all the difference.

Chrisanne Gordon, author of "Turn the Lights On!: A Physician's Personal Journey from the Darkness of Traumatic Brain Injury (TBI) to Hope, Healing, and Recovery," suffered a TBI in 1996. She has treated veteran patients for years and is a frequent consultant to The American Legion TBI/PTSD Committee.



Out of your brain, not out of your mind: The truth about traumatic brain injuries

Chrisanne Gordon, M.D.

A slip on the ice, a fall down the stairs, a “header” in soccer – all common occurrences – are erroneously classified as “mild” traumatic brain injuries (mTBI). These injuries can cause disability and lead to a protracted recovery.

As a rehabilitation physician, I treated many patients with brain injuries, but it wasn't until I experienced the effects of TBI firsthand that I really understood this life-altering injury that affects more than 4 million of patients each year in the United States alone, and over 20 percent of our military personnel.

We are, in fact, experiencing a global TBI epidemic.

March is TBI Awareness Month, a time to tackle TBI and raise awareness about these injuries that forever change how people think and process information. In my book “Turn the Lights On!: A Physician's Personal Journey from the Darkness of Traumatic Brain Injury (TBI) to Hope, Healing and Recovery,” I share the story of my recovery from TBI – a process I did not learn by reading medical texts but developed in a survival challenge to return to

my old self, to regain my brain. This year-long process of recovery is recounted so readers might understand that recovery is difficult but quite possible.

The first step to recovery is discovering the truth about mild TBI and not falling victim to the many myths surrounding this injury, which we are just now defining and treating. If you or anyone you know is struggling from the signature wound of war, TBI, or a sports “concussion,” share the information below. It may be the difference between light and dark, hope and despair, life and death.

Myth #1 You need to be knocked out to have a brain injury.

Studies show that even mild injuries such as a soccer header or hitting your head on the car door frame can result in TBI. Often, there is a dazed feeling that lasts for only a few seconds, but you do not have to be knocked out to suffer a TBI. The more severe the injury, the greater the risk of blacking out. As a rule, the longer you are unconscious, the more likely that injury is severe.

Myth #2 If you are dazed or only mildly knocked out, you can return to normal activities immediately.

Multiple studies reveal that resting the brain is imperative to healing. That includes limiting stimuli from light, noise, and physical and mental activity. For example, high school athletes who suffer concussions may not return to school immediately due to difficulties they experience with studying.

Myth #3 A small concussion without noticeable effects is nothing to worry about.

Every head injury should be evaluated, treated and followed, based on the diagnosis. It is proven that the No. 1 predictor for a head injury is having had a previous head injury, even a mild one. Also, the effects of repetitive injuries are more than additive. In fact, “second impact syndrome,” when the second concussion is close to the first (within hours, days or weeks), can lead to a more severe injury or death.

Myth #4 Everyone with a brain injury who fears or avoids crowds has post traumatic stress disorder (PTSD).

Avoiding crowd, light or loud noise is a trait of PTSD but also a hallmark trait of TBI. This results from the injured brain’s ability to filter information and stimuli. If a TBI sufferer experiences high activity areas, the result is stimulus overload for the brain, which creates an adrenaline release that may lead to panic attacks and further avoidance of these activities.

Myth #5 Everyone can self-medicate the effects of TBI with alcohol or drugs.

Self-medication, especially with alcohol, is prevalent among TBI patients. The initial use may help to reduce the brain overload typically related to the injury, but over the long term can lead to significant social, financial and legal problems. A combination of brain injury and addiction is the leading cause of the suicide and homelessness among veterans.



Myth #6 You just have a headache after injury, nothing serious; aspirin or acetaminophen will help.

The persistent headache resulting from TBI is a warning sign and often related to vascular instability in the brain. Migraine-type headaches are common with TBI and should be treated differently. As an anticoagulant, aspirin can increase bleeding, and use of acetaminophen in high dosages or regularly over a long period of time can lead to liver problems. Any pain treatment following a TBI, even over-the-counter medication, should be prescribed by a physician.

Myth #7 You can’t concentrate or remember things after your injury. You must be going crazy. You are out of your mind.

Difficulty remembering and concentrating are functions of the brain that may be affected by TBI. Recent advances in neuroradiology, such as diffusion tensor or functional MRI, can show us areas of the brain that are injured or deficient. Even a small area of injury can affect a significant function, such as a lesion in the speech center.

Myth #8 Your CT scan or MRI were normal, so you must not have an injury.

Current standard imaging techniques such MRIs and CTs are unable to reveal lesions or damage in a majority of TBI cases. Newer imaging techniques such as diffusion tensor MRI, SPECT and PET scans can better determine the extent of injury in people with TBI. Neuropsychological testing, similar to tests done with athletes, also help determine functional difficulties and identify the location of the brain injury.

Myth #9 You still feel out of sorts six months after brain injury, so you won’t ever get better.

The brain can continue to recover for up to two years or longer after an injury. Brain retraining through speech therapy and mind strategies such as computer games or other applications can assist the healing process by prompting the brain to lay down new pathways to perform the functions lost through injury.

Myth #10 You cannot wait to be fully recovered and your old self again.

Even mild traumatic brain injury can lead to a shift in brain function and personality. The period of loss of consciousness or decreased consciousness is often followed by a period of heightened awareness or hyperactivity, especially if you were injured during a time when you were adrenaline charged.

While healing and recovery are possible for those affected, diagnosis comes first. This requires increased awareness of what TBI looks like to health-care providers, first responders, employers, family members, friends and community leaders. From pro football players to war heroes returning home, it is our job to support those suffering from this injury.

“Turn the Lights On!: A Physician’s Personal Journey from the Darkness of Traumatic Brain Injury (TBI) to Hope, Healing, and Recovery” is exclusively available on Amazon.com. For more about Chrisanne Gordon and her work with TBI, visit ChrisanneGordonMD.com or her nonprofit veterans foundation, ResurrectingLivesFoundation.org.

From the Oral Remarks of Past National Commander Michael D. Helm to the House and Senate Committees on Veterans' Affairs

February 25, 2015

I have visited hundreds of American Legion posts this year. When I speak of the four pillars of service our organization upholds – veterans, defense, Americanism and youth – one particular topic always gets a collective nod of understanding.

That topic is effective treatment for the “signature wounds” of the global war on terrorism: post-traumatic stress disorder and traumatic brain injury.

The American Legion has been personally helping veterans suffering from head injuries and mental health conditions since the doughboys came home from the Great War with what was then called “shell shock.”

It took about 60 years – and unbridled persistence from The American Legion – for PTSD to be recognized as a service-connected diagnosis by VA. The Vietnam generation shed light on the struggles families endure when their lives are upended by combat PTSD.

For the past 30-plus years, however, too often VA's treatment plan for veterans coping with PTSD has been pharmaceutical.

The American Legion's Task Force on PTSD and TBI has worked with top medical experts, VA, veterans and their families to offer a more effective strategy, one which recognizes that:

- No two cases of PTSD/TBI are the same, so no magic pill is going to solve the problem.
- The entire family must be involved in treatment programs, especially caregivers.
- Non-pharmaceutical, alternative treatments really do work for individual veterans, and they must be recognized as such by VA.

Just as everyone's stress experience is unique – including those who suffer with the distinct effects of military sexual trauma – so too must be our compassionate response.

For tens of thousands of veterans, VA's current prescription is not working.



Photo by Lucas Carter

A 2014 American Legion survey of more than 3,000 veterans with PTSD or TBI showed that:

- 59 percent of respondents said they experienced no improvement as a result of their treatment plans.
- 30 percent said they terminated their plans because they were ineffective.

This breakdown contributes mightily to the high rate of veteran suicide, substance abuse and homelessness that our nation – and The American Legion – simply cannot abide.

We implore you to study alternative therapies. Many have proven much more effective than pills alone. Introduce and pass legislation that will require VA to recognize treatments other than those that are measured in milligrams and doses per day.

This is just one among many opportunities we share to improve the lives of veterans and their families at this time of enormous urgency and transition.

TBI/PTSD Committee After Action Reports

Oct. 7, 2017

Room 301, American Legion National Headquarters, Indianapolis

The TBI/PTSD Committee heard from George Carpenter, CEO of MYND Analytics, a predictive analytics company. Dr. Ron Poropatich presented on his work with the University of Pittsburgh on TBI research and important neuroimaging breakthroughs. TBI/PTSD Committee member Dr. Jeanne Mager Stellman presented on her and her husband's medical research, titled “A Third Look: American Legion/Columbia University Vietnam Veterans Study.” The committee also heard from Dusty Baxley, executive director of Boulder Crest Retreat (BCR), on how his organization assists veterans and their families who suffer from mental health illnesses and disorders such as PTSD.

The committee also discussed a strategic plan for 2017-2018 that includes:

- The American Legion Suicide Prevention Program
- Complementary and Alternative Medicine (CAM) usefulness to evidence-based VA treatments for TBI and PTSD
- The American Legion's involvement in the VA/VSO Suicide Council
- The American Legion Caregiver Support Program
- Advances in Medical Cannabis
- The American Legion 2018 TBI/PTSD Symposium

The TBI/PTSD Committee developed an American Legion resolution titled “Columbia University Vietnam Veterans Health Study,” regarding continued professional and logistic support to the Columbia University team in its research and outreach to American Legion members and their families who have

participated in earlier studies, as well as the Legion's long-standing collaboration with Columbia University, to help ensure the team has access to all needed records and research.

TBI/PTSD Committee members in attendance

- Ralph P. Bozella**, Chairman, American Legion Veterans Affairs & Rehabilitation Commission
- Ronald F. Conley**, Past National Commander
- William W. Kile**, Chairman, Liaison Committee for Veterans Affairs & Rehabilitation Commission
- Jeanne Mager Stellman**, Ph.D., Columbia Mailman School of Public Health
- John P. Powers**, TBI/PTSD Committee Member
- Dr. Ronald Poropatich**, TBI/PTSD Committee Member

Staff in attendance

- Louis Celli**, Director, Veterans Affairs & Rehabilitation Division
- Roscoe Butler**, Deputy Director of Health Policy
- Warren Goldstein**, Assistant Director of Health Policy
- Ryan Britch**, TBI/PTSD Programs Coordinator

Speaker 1: George Carpenter, CEO of MYND Analytics, Inc., a biotechnology firm that uses brain waves and a database of more than 10,000 patient files to find the right mix of medicine to treat post-traumatic stress disorder and traumatic brain injury.

Carpenter described MYND Analytics and the Psychiatric Electroencephalography Evaluation Registry (PEER), stating that never before in psychiatry has there been a quantitative database of patients' brain waves and their responses to certain types of anti-depressive medications. PEER contains data from more than 10,000 patients suffering from

depression and the clinical outcomes of those patients treated by a variety of different types of medications.

PEER has had four randomized, controlled trials, two of which were successful. PEER allows the provider to compare patients to a database of others with similar brain waves to prescribe a specific medication mix with a greater chance of success. Doctors can prescribe medication that is individualized to a veteran's brain. PEER provides objective data by medication class, true positive/true negative, and builds evidence with "machine learning" algorithms. Currently only used at a Boston VA facility, MYND Analytics wants to expand into more VA and DoD facilities.

Carpenter referenced the following points and statistics in his presentation:

- Many veterans with PTSD and 17 million Americans are deemed "treatment-resistant patients" after two failed medications. According to Carpenter, "There is no such thing as a 'treatment-resistant patient.'"
- The current method used on veterans is "trial and error" rather than a quantifiable justification to prescribing drugs. We can reduce medical errors and wrongful deaths by utilizing EEGs to determine which medications to provide. Currently, medications are only effective about one third of the time.
- The average VA visits is two before dropout due to "lack of efficacy of treatments," Carpenter said.
- According to Charles DeBattista, M.D., Stanford University School of Medicine, we can predict non-responders with "an easy, relatively inexpensive, predictive, objective office procedure that builds upon clinical judgment to guide antidepressant choice."
- Electroencephalography (EEG) is an effective, inexpensive tool that can be used to measure brainwaves before and after medication use. Patients enter feedback via a smartphone app. The data collected is used to predict which types of drugs work best for similar brains. After initial

data is received for a patient, statistics for particular medication suggestions are sent to the mental health provider for their consideration. This significantly improves clinical outcomes and reduces suicidal ideation in the patients studied.

- Those in clinical trials who have used MYND Analytics data-driven therapies are staying with their programs at two and a half times the rate of those who typically meet with a doctor for an evaluation, get a prescription and give up.
- People's brains change not only due to ECT or chemicals but also with alternative therapies, such as acupuncture, meditation, service dogs, etc.

"One of the best ways we think there is to honor veterans is not to give them the wrong drugs," Carpenter told the committee. "I would ask The American Legion to engage VA leadership at different regions and ask them to allow MYND Analytics to brief VA on PEER."

In response, Roscoe Butler of the Legion's Veterans Affairs & Rehabilitation Division staff stated, "I think we would start on a higher level and brief Sec. Shulkin, and allow them to give you an audience." MYND Analytics has briefed Secretary Shulkin but was referred to individual hospitals. Dr. Poropatich said they would have more credibility as an organization if they pursued VA research grants.

Chairman Bozella asked, "One of the things we tell VA is that CAMs keep veterans in therapy. Is there a way that we can study this?"

Answer: "Yes, we plan on keeping biomarkers for service dogs."

Ryan Britch of VA&R asked, "What is the cause of the high rate of dropouts?"

Answer: "I believe it's the lack of efficient treatments that cause veterans to stop visiting VA facilities."

Speaker 2: Dr. Ron Poropatich, a researcher and professor at the University of Pittsburgh, is also a consultant on the Legion's TBI/PTSD Committee.

During his presentation, Dr. Poropatich described medical research and programs currently conducted by the Center for

Military Medicine Research at the University of Pittsburgh. The main highlights were efforts to improve TBI treatment, new neuroimaging techniques, and mTBI research programs. He reported:

- There are three manufacturers of MRI scanners (Philips, Siemens & General Electric). VA, DoD and leading universities have different types of scanners, and there is no standard measurement; all three provide different levels of measurement.
- UPitt is a leader in medical research and development and serving the needs of our military and veteran communities.
- UPitt has High Definition Fiber Tracking (HDFT), which is an advanced method of neuroimaging.

Speaker 3: Dr. Jeanne Stellman, professor at Columbia University, has a long history of working alongside of The American Legion and conducting research on Vietnam War veterans. She is also a consultant on the TBI/PTSD Committee. A majority of her research has been on the long-term effects of combat and Agent Orange on Vietnam veterans. She presented on her upcoming study, titled "A Third Look: The American Legion/Columbia University Vietnam Veterans Study."

- Dr. Stellman shared with the committee information on two surveys she conducted on Vietnam veterans in 1984 and 1998 with the help of The American Legion.
- Her study was recently awarded a small grant to conduct a third round of surveys to collect more data.
- Her research examines connections between PTSD, TBI and depression with later diagnoses of heart disease, high blood pressure, stomach ulcers and arthritis.
- Her research shows that increased levels of combat will cause specific health conditions to become more frequent.
- "Even after PTSD goes away, combat still has lasting effects on the human body," Dr. Stellman stated. "Veterans who have experienced high levels of combat are more prone to medical issues." Louis Celli, director of the Legion's Veterans Affairs &

Rehabilitation Division, compared this phenomenon to adverse childhood experiences (ACE) and its lasting effects.

- Dr. Stellman discussed the CDC study that detected high rates of birth defects among children of Vietnam veterans. However, the CDC concluded that the studies were negative for herbicide exposure.
- Ryan Britch asked, "Is there any correlation between the high rate of suicide among older male veterans and military herbicides?" Dr. Stellman responded that she thought other factors (loneliness and divorce) were most likely to blame.
- Dr. Stellman requested that The American Legion assist her with outreach to ensure that her pending study "gets a decent response rate."
- She also requested help negotiating with the CDC in order to gain access to certain information.

Speaker 4: Dusty Baxley, executive director of Boulder Crest Retreat (BCR), presented on how his organization is assisting veterans and their families who are suffering from mental health illnesses and conditions such as post-traumatic stress disorder. Boulder Crest Retreat is a local organization near the foothills of the Appalachian Mountains in Bluemont, Va., roughly an hour from Washington, D.C. He reported the following to the committee:

- Positive adjustment among American repatriated prisoners of the Vietnam War due to phenomenon known as "post-traumatic-growth."
- BCR is conducting an 18-month longitudinal study into dramatic increases in stress management and reductions in anxiety, depression and insomnia.
- "The guys who are the most severely disabled are the ones who are out getting things done: running marathons, forming foundations, public speaking, giving back to their communities."
- "The veterans I speak to are sick of being over-medicated."

- “BCR is prepared to train external programs teams on their Warrior Pathh Curriculum in order to equip them with the tools they need to implement similar programs for free.”
- “Veterans struggle to connect with their providers, who are usually civilians who do not understand the military.”

BCR’s mission is to help veterans and their families rehabilitate from mental-health issues through education, individual and group therapy. This is accomplished by giving them “resiliency tools,” teaching them about post-traumatic growth, and a follow-up post PATHH program at no program cost to them (minus travel and food).

BCR has five programs, including couple, family, caregiver, mentoring and Warrior PATHH. The Warrior PATHH is BCR’s focal point, a seven-day intensive therapy program designed to rehabilitate those on whom the tolls of war have had the greatest effect. Individual therapies in several of the programs include equine, meditation/yoga, culinary/gardening, counseling, art, archery, and other programs that heal mind, body and spirit. BCR is currently expanding nationwide with a facility being developed near Tucson and plans to open more servicemember and veteran wellness retreats within a few years.

Also during the meeting

Veterans Affairs & Rehabilitation Division Director Louis Celli asked the committee for feedback on his article regarding cannabis.

The committee tasked Ryan Britch, new TBI/PTSD Programs coordinator, with planning the TBI/PTSD 2018 Symposium, with tentative dates in June or November.

The committee also discussed the Veteran Service Organization and VA Suicide Prevention Advisory Council and assigned staff participation.

The committee discussed the Legion’s Suicide Prevention Program and tasked Ryan Britch as lead staff member. Jeanne Stellman stated that VA needs to broaden what it deems “suicide” to get a more accurate data on veteran suicide, especially regarding post-9/11 veterans (referring to single car accidents and

drug overdoses). The committee also discussed staffing of the American Legion Caregiver Support Program.

Oct. 8, 2016

Sheraton Hotel, Indianapolis

Doug Thompson, board member and co-founder of the Ohio-based Summit for Soldiers, told the committee about the therapeutic value of outdoor “adven-therapy” and the healing power of camaraderie among mental injury sufferers, particularly including their families.

George Carpenter of California-based MYND Analytics, which is building evidence through clinical trials to prove that cloud-stored brain-wave data from patients can help doctors prescribe the right medicine for veterans with PTSD and TBI, says, “If we can crack this code, we can save lives.”

Dr. Jeanne Stellman says a critical obstacle to treatment is defining the conditions. “When we say PTSD, we have no idea precisely what that means. All traumas are not equal. (PTSD) means different things under different circumstances. Being exposed to a trauma is going to affect different people in different ways. That’s what makes all these biological inquiries difficult.”

TBI/PTSD Committee members

William M. Detweiler, Chairman, Past National Commander

Ronald F. Conley, Past National Commander

Ralph P. Bozella, Chairman, The American Legion Veterans Affairs & Rehabilitation Commission

William W. Kile, Chairman, Liaison Committee for the Veterans Affairs & Rehabilitation Committee

Robert W. Spanogle, Past National Commander

Jeanne Mager Stellman, Ph.D., Columbia Mailman School of Public Health

John P. Powers, TBI/PTSD Committee Member

In his opening remarks, PNC Detweiler welcomed the attendees and speakers before

introducing Jennifer Christner, assistant director for TBI/PTSD programs in the Legion’s Veterans Affairs & Rehabilitation Division. PNC Detweiler told the committee that a resolution about cannabis, passed at the 98th National Convention, drew international media inquiries. “The press response was quite interesting,” he said. “The important thing is that we are supporting research. We are into research, not advocating the recreational use of marijuana.”

Veterans Affairs & Rehabilitation Commission Chairman Ralph Bozella introduced Doug Thompson, a former Navy corpsman who once had three mass-casualty incidents within a 3-day span in Afghanistan. He has a history of PTSD, TBI and multiple combat-related physical disabilities. He has been married for 28 years and attributes his survival to his wife’s support. He says many veterans are frustrated with medications that don’t work and the lack of continuity of care with VA providers due to contact issues within VA. Each provider he has seen had different ideas about treatment approaches.

He went on to present about Summit for Soldiers (SFS).

- SFS’ mission is to utilize outdoor adventure programs to provide camaraderie, support, education and encouragement as a therapeutic approach to healing and recovery for veterans, servicemembers and family members who are living with, or suffering from, service-related mental health injuries or loss to suicide. They provide an adjunct to treatment/recovery through VMC (Veteran Mountaineering Club), Safe Camaraderie, tools to be proactive leaders, and education to reach lost veterans.
- Therapies include hiking, bicycling, rafting, camping, mountaineering and other activities.
- He identified the following benefits of outdoor “adven-therapy”:
 - » **Therapeutic:** There is a healing power of camaraderie among mental injury sufferers, including their families. Participants can learn from one another and develop positive social sup-

port networks. They reduce day-to-day stress by asking participants to turn in their phones. Families and loved ones are invited as well.

- » **Reduces stigma:** Outdoor therapy helps reduce the stigma. “If you say, ‘I’m going to mental health to talk to my therapist,’ what does that automatically assume? Well, not stable. But if you say, ‘I’m going camping for the weekend or whitewater rafting,’ what does that say? That sounds like a fun time. That’s how you get people to build that positive network.” Thompson added, “The key to reducing the stigma surrounding PTSD is educating future leaders that it is OK to get help. Start with new recruits, ROTC programs, future leadership, so they understand that it doesn’t necessarily mean automatic discharge.”

- » **Community outreach:** “Re-abled” veterans accept the “repurposed” mission to reach out to other veterans throughout the community and get them involved.

The “Silently Fallen” flag is carried on every climb, outing and event to remember and honor veterans who have succumbed to suicide and to give veterans a voice to reach out to other struggling veterans. It includes the names of those known to SFS who have died by suicide.

Questions from the committee

Have you thought about ways you could keep the same provider to deal with the issues?

Thompson said this is the norm within the catchment area of military medicine, due to contract issues. He once tried a civilian contractor, but she lost the contract for a few months, so he had to find someone else.

Do you have any recommendations that we can pass on to Congress or VA to alleviate some of the stress involved with changing providers?

He says VA only signs one-year contracts with providers, which contributes to the lack of continuity of care. He is not sure of recommendations to stabilize the situation or

how to get providers to choose to stay in the same area for a period of time.

How are families involved?

Everyone is invited. Families get to interact with other families and learn what is normal and what is not. They are looking at mental-health first-aid classes to help families to de-escalate situations. Inclusion, the idea that they are not alone, gives families another resource through bonding. Camaraderie is therapeutic.

Do you use Vet Centers? How is the feedback?

“Yes, we refer ... to a list of resources available on the website.”

Have you noticed increased awareness of program and interest by parties?

Yes. “We took five Legionnaires to base camp, where an earthquake occurred one is returning to Nepal to teach.”

They have received increased calls for information. A group in Kansas wants to set up SFS in its area; SFS will adapt to the natural resources available in their region.

All SFS members are volunteer, funded with retirement pay, etc.

Will you go back to Everest?

“Not sure we’ll do another Everest, but base camp is definitely in the picture.”

Are there plans for other programs?

The goal is to have a summit in all 50 states. The American Legion has opened the door for this. This month they are doing a camping trip with a focus on education regarding destructive behaviors.

Talk a little more about your relationship with The American Legion and how you are collaborating to fulfill your mission.

“Right now, our members belong to different posts; we are considering a virtual post.” The American Legion gives them the chance to speak, to publicize, to a more captive audience. It gives validity to their cause to change the public perception of PTSD.

Are you addressing gender differences?

Mostly men?

SFS has about equal gender participation. It is not specifically addressing MST separately

from PTSD because it is outside its scope at this time.

Men have higher suicide rates, but do you notice a difference between men and women?

They plan to broach this in the future. They do notice that females are more likely to bring a friend or family members to activities.

Lou Celli, director of the Legion’s Veterans Affairs & Rehabilitation Division reported the following as an overview of the Legion’s role and how this information can be used:

The American Legion gives advice on future legislation. The American Legion is at the tip of the spear, leading this industry in research, and is recognized as premier professionals in this area. “The War Within,” as an example, has made an incredible impact on the legislative body over the past few years.

The American Legion is the only VSO that brings in experts and evidenced-based research that we can present to the rest of the organization. The committee has advocated an individualized approach to include such alternative treatments as hyperbaric oxygen and equine therapy – whatever works best for the veteran – as well as expanded research into medical marijuana, which is reported as effective for some patients.

Chairman Bozella introduced **George Carpenter**, CEO of MYND Analytics, Inc., a biotechnology firm that uses brain waves and a database of 12,000 patient files to find the right mix of medicine for PTSD and TBI. (See Oct. 7, 2017, After Action Report, above, for a report on MYND Analytics.)

Dr. Jeanne Mager Stellman, Columbia University epidemiologist

Dr. Stellman shared with the committee research into connections between PTSD, TBI and depression with later diagnoses of Alzheimer’s disease, dementia and cognitive impairment. She also expressed frustration about the overall lack of research into PTSD treatment even though more than 30 years have passed since it was first accepted as a service-connected condition by VA.

“Everybody has a favorite theory or favorite approach,” she said. “We do not have definitive data yet.”

- Obstacles to treatment
 - » Defining the condition. “When we say PTSD, we have no idea precisely what that means. All traumas are not equal. (PTSD) means different things under different circumstances. Being exposed to trauma is going to affect different people in different ways. That’s what makes all these biological inquiries difficult.” DSM-IV has been changed—patients no longer have to have to be personally exposed to trauma.
 - » Caution is needed for the studies. Biologic symptoms affected or altered in PTSD may not be the same as those associated with trauma in the absence of symptoms, pathology, or functional impairment. You can have injuries that haven’t shown symptoms yet.
 - » One approach is to consider trauma-exposed persons with and without PTSD for study as distinct groups, compared to those unexposed to trauma.
 - » Very few studies include all three criteria, and some don’t include veterans in research.
- Alzheimer’ & Dementia: Researchers are now convinced of a relationship between Alzheimer’s, TBI, and motor-neuron disease.
- Positive Adjustment Among American Repatriated Prisoners of the Vietnam War: Modeling the Long-term Effects of Captivity, by Daniel W. King and Lynda A. King. Dr. Stellman suggested that the American Legion ask the researcher to speak at an event or publish an article about them in The American Legion Magazine.
- She said the mission of the organization and of helping veterans should be less “medicalizing” and more toward enhancing social systems.

Feb. 22, 2015

**Washington Hilton Hotel,
Washington, D.C.**

TBI-PTSD Committee participants

William M. Detweiler, Chairman, Past National Commander

Robert W. Spanogle, Past National Commander

Ralph Bozella, Colorado, Chairman, Veterans Affairs & Rehabilitation Commission

William W. Kile, National Executive Committee member

John P. Powers, TBI/PTSD Committee Member

Dr. Ron Poropatich, TBI/PTSD Committee Member

Dr. Jeanne Mager Stellman, Ph.D., Columbia Mailman School of Public Health (via conference call)

Also in attendance were Missouri Department Service Officer Tracy Vawter and Department of Arkansas Adjutant and Alternate National Executive Committeeman Mary Erdman.

Warren Goldstein, the Legion’s assistant director for TBI/PTSD Programs, briefed the committee on 2014 accomplishments, which included conducting an American Legion survey of patient health-care experiences for veterans suffering with TBI/PTSD (February); sponsoring with Military.com a TBI/PTSD Veteran Health Care Symposium titled “Advancing the Care and Treatments for Veterans with TBI and PTSD (June); and providing oral testimony at a House Committee on Veterans Affairs’ hearing titled “Service Should Not Lead to Suicide: Access to VA’s Mental Health Care” (July), which highlighted the work of The Legion’s TBI/PTSD Committee.

Dr. Ron Poropatich, executive director of the Center for Military Medicine Research at the University of Pittsburgh and medical consultant for the TBI/PTSD Committee, said the committee can help create awareness of the need for TBI/PTSD treatments to be more tailored to individuals’ specific symptoms. He also said that physicians need to look at individual patients and long-term outcomes of current treatments with other conditions.

The committee conducted a strategic planning session for 2015, which considered topics of interest for the upcoming year that will be analyzed and researched further by the committee and health policy staff, including:

- Identifying open issues from previous meetings, such as, “Are members of the Guard and reserves who have TBI and PTSD receiving the care they need?”
- mCare project initiated by Dr. Ron Poropatich
- Researching how many veterans diagnosed with TBI and PTSD are experiencing issues with their relationships, reproduction and intimacy
- Reviewing the VA caregiver program to include inviting representatives from the program office to address the committee’s concerns about the care and well-being of severely injured veterans. (Note: There are 19,208 veterans enrolled in VA’s caregiver program, of which approximately 25 percent have a TBI diagnosis and approximately 80 percent have a PTSD diagnosis.) Committee members stated that they were interested in learning how the program trains enrolled caregivers with the basic skills necessary for caring for severely injured veterans.
- The possibility of expanding on the TBI and PTSD veterans health-care experiences survey for the purpose of collecting further information that the initial survey did not specifically highlight, such as:
 - » Types of medications veterans prescribed for TBI and PTSD symptoms to help with understanding the long-term health care effects medications have on veterans overall well being
 - » Types of CAM treatments are offered, and if their effectiveness is based on the number of treatment/therapy sessions
 - » If current treatments and therapies for treating TBI and PTSD symptoms are practical and effective, and whether veterans are benefiting from these treatments and/or therapies

Ian DePlanque, director of The American Legion’s Legislative Division, provided the

committee updates on current TBI and PTSD legislation, including:

- *The Clay Hunt Suicide Prevention for American Veterans (SAV) Act*: This is a significant piece of legislation that aims to help reduce military and veteran suicides and improve access to quality mental health care. This legislation would create a third-party evaluation of VA mental health and suicide prevention programs, a pilot program that would repay education loans for mental health providers to make it easier for recruitment and employment within VA, create programs to improve servicemembers’ transition process, create additional peer-to-peer support and community outreach pilot programs, and provide transitioning servicemembers a website to access available resources.
- *Expanding Care for Veterans Act*: Sponsored by Rep. Julia Brownley, D-Calif., this legislation would direct the VA secretary to develop a plan to expand the scope of VA’s research and education on the delivery and integration of complementary and alternative medicine (CAM) into the current models of health care. The bill addresses VA’s needs to identify best practices of where complementary and alternative medicine are working and to identify the gaps where they are not fully implemented and integrated. It would also include the following:
 - » Expanding a program on the integration of complementary and alternative medicine within the VA health-care system that includes studying barriers veterans are experiencing in receiving CAM treatments from the medical centers
 - » Establishing a program on the use of wellness programs as CAM approaches to mental health care for veterans and their families
- *The Veterans and Armed Forces Health Promotion Act of 2013*: Sponsored by Rep. Tim Ryan, D-Ohio, this legislation is meant to improve health care for veterans and servicemembers through complementary and alternative medicine (CAM) treatments and therapies.

- *The Veterans’ and Armed Forces Protection Act of 2013*: This is the house companion bill of the Veterans’ Health Promotion Act, sponsored by Sen. Bernie Sanders, I-Vt., chairman of the Senate Veterans’ Affairs Committee. It would expand the scope of research and education on the delivery of integrative care for veterans that would include complementary and alternative medicine (CAM), establish a pilot project to establish CAM centers within VA medical centers, and transform community VSO facilities into health and wellness centers.

Speaker presentations

Sharyn J. Saunders, Director, Army Resiliency Directorate, discussed the Army’s Ready and Resilient campaign efforts and shared information regarding the Army Suicide Prevention Program. The Army is examining sexual assaults within its ranks to see if there is a correlation with mental health and substance abuse disorders. It has launched the Ready and Resilient campaign, which looks at soldiers holistically. The campaign integrates and synchronizes multiple initiatives to improve the readiness and resilience of the active duty, reserve, National Guard, Army civilians and families, building on mental, physical, emotional, behavioral and spiritual resilience.

Dr. Harold Kudler, Chief Consultant for Mental Health, Department of Veterans Affairs, presented on suicide prevention programs and initiatives within VA. He shared the demographics of today’s veterans; of the 21.9 million veterans, 19.7 million are male and 2.2 million are women. Suicides are increasing among older veterans enrolled in the VA health-care system and are slightly higher than the general population. Dr. Kudler also presented on the Veterans Crisis Line, which has been in existence for seven years. Veterans can access the crisis line through many channels, including online chat, calling, texting, and mobile applications. As of September 2014, the crisis line had rescued more than 42,000 people.

Dr. Chrisanne Gordon, Chairwoman, Resurrecting Lives Foundation (RLF), presented on a pilot program through a partnership with Fort Bragg and Cardinal Health titled “From CO to CEO: An Employment Program to BRAGG about!” RLF partners with other nonprofit organizations to coordinate programs and resources such as job placement, training and other career opportunities for veterans with TBI and PTSD. RLF is currently collaborating with Fort Bragg on the “Adopt a Veteran” pilot program, to provide returning servicemembers who are suffering from TBI and PTSD with employers who are interested in long-term commitments that match skill sets with military experiences.

Next steps considered by the committee

- Examine the possibility of conducting another TBI and PTSD veteran survey.
- Research possible collaboration with the Community Health Promotions Council with the Guard and reserves to identify redundancies and voids within programs and services by evaluating community needs, assessing existing programs and coordinating targeted interventions to enhance the quality of life for military personnel, family members, retirees and civilians. The Community Health Promotion Council, chaired by the senior commander, ensures resource utilization is focused on improving the health and resiliency of the community and total Army.
- The TBI/PTSD Committee will research development of a peer support program independent from DoD and VA. Committee member John “Sean” Powers will look at developing this program further and will bring recommendations to the committee for further discussion and possible resolution development through the Department of New York.
- The TBI/PTSD Committee would like to invite the VA caregiver program leadership to provide a presentation on how caregivers are trained in providing health-care services to severely injured veterans.

Key findings

Veterans

According to the 2016 U.S. Census, approximately 3 million servicemembers have deployed in support of operations in Afghanistan and Iraq.

According to the most recent data from VA, 62 percent of eligible Operation Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn veterans have enrolled in VA for health-care treatment.

Researchers have reported that between 20 and 30 percent of Iraq and Afghanistan veterans have PTSD and/or depression.

According to DoD, at least 370,688 servicemembers were medically diagnosed with TBI between 2000 and 2017.

Successful treatments

Cognitive behavioral therapy, prolonged exposure, and eye-movement desensitization and reprocessing (EMDR) are the most recommended and effective psychotherapies for treating PTSD.

VA guidelines recommend only the following SSRIs and SNRIs for the treatment of PTSD: sertraline, paroxetine, fluoxetine or venlafaxine.

Studies have shown the efficacy in transcranial magnetic stimulation (TMS) in treating depression and PTSD symptoms, and VA guidelines state that it may enhance a patient's response to cognitive processing therapy (CPT). Studies also show that the use of outdoor recreation and adaptive sports greatly reduce negative mood states such as depression, anger, tension and fatigue.

A large number of veterans report quality-of-life improvements with veteran-centric treatments such as acupuncture, yoga, meditation, martial arts, and other forms of complementary and alternative therapies.

Dangerous drugs

In 2010, VA/DoD Clinical Practice Guidelines for the Treatment of PTSD cautioned providers against the use of benzodiazepines, citing growing evidence of negative side effects, including an increase of PTSD symptoms, risk of suicidal thoughts, accidental overdose and interference with cognitive processing therapy.

Staggering numbers of veterans are still prescribed off-label and non-FDA approved medications.

Barriers to care

The lack of a bilateral medical record continues to impede veterans with TBI and PTSD in the transition from DoD to VA.

High percentages of OEF and OIF veterans are not engaging in or are dropping out of mental-health therapy programs before completing treatment. A majority drop out after one to three sessions.

Many veterans face competing demands, such as work and family. Telehealth may help reduce barriers to care by eliminating the need for reliable transportation, work conflicts and finding child care.

Veteran suicide

The suicide rate among 18-to 24-year-old male Iraq and Afghanistan veterans is particularly troubling, rising nearly fivefold to an all-time high of 124 per 100,000 – 10 times the national average.

A spike has also occurred in the suicide rate of 18- to 29-year-old female veterans, doubling from 5.7 per 100,000 to 11 per 100,000

American Legion resolutions in support of The Road Home

No. 23: Department of Veterans Affairs Provide Mental Health Services for Veterans with Other than Honorable and General Discharges (May 2017)

Veterans with PTSD, TBI and MST have been released from active duty for misconduct at an alarming rate since 2009. Some have died by suicide due to a lack of proper treatment for their mental ailments. Currently, veterans with less than honorable discharges may not be eligible for many VA-provided health-care benefits. This resolution urges Congress to allow VA to treat veterans requiring mental health care who have “bad paper” discharges, as long as the discharges do not impose a bar to benefits under section 5303 of Title 38.

No. 20: Suicide Prevention Program (May 2018)

The American Legion’s Suicide Prevention Program is aligned under the TBI/PTSD Committee through this resolution. The program is charged with examining recent trends of veteran suicide as they relate to PTSD, TBI and MST, and analyzing best practices in veteran suicide prevention.

Furthermore, The American Legion will conduct a biannual mental health survey to more accurately assess veteran experiences with traditional and non-traditional mental health resources.

In addition, the System Worth Saving Mail Out Questionnaire now includes an assessment of each VA site’s emergency and non-emergency mental health processes. The Suicide Prevention Program will also submit an annual report to the Veterans Affairs & Rehabilitation Commission and the National Executive Committee, highlighting the results of the survey and advising on other suicide-prevention and awareness initiatives in VA and throughout American Legion departments.

No. 11: Medical Marijuana Research (August 2016)

The American Legion urges the U.S. Drug Enforcement Agency to license privately funded medical marijuana production operations to enable safe and efficient cannabis drug development research to determine its efficacy in the treatment of PTSD and TBI among veterans. This resolution also urges Congress to amend legislation to remove marijuana from Schedule 1 and reclassify it so that it may be recognized for its potential medical value.

No. 160: Complementary and Alternative Medicine (August 2016)

Congress is urged to provide oversight and funding to VA for innovative, evidence-based, complementary and alternative medicine (CAM) in treating various illnesses and disabilities. Legislation is also urged to require DoD and VA to improve pain-management policies for veterans and military personnel.

No. 165: Traumatic Brain Injury and Post Traumatic Stress Disorder Programs (August 2016)

The American Legion’s position on PTSD and TBI prevention and treatment by VA and DoD is expressed in this resolution, which calls for:

- Congress to provide oversight and funding to DoD and VA for innovative research into hyperbaric oxygen therapy (HBOT), virtual reality exposure therapy and other non-pharmacological treatments.
- Congress to increase DoD/VA budget for research, screening, diagnosis and treatment of TBI/PTSD, and for DoD and VA to develop joint offices for collaboration in research.
- DoD and VA to establish a single office for each agency’s research.

- Servicemembers and veterans who participate in DoD/VA research studies to give their consent and be provided with a disclosure of any negative effects of treatment.
- DoD and VA accelerate research efforts to properly diagnose and develop evidence-based treatments for TBI/PTSD.
- Servicemembers and veterans to only be prescribed evidence-based treatments for TBI/PTSD and not non-FDA-approved medications or non-evidence-based treatments.

Resolution No. 26: Mischaracterization of Discharges for Servicemembers With Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST) (May 2013)

This resolution requests that the Legion’s Veterans Affairs & Rehabilitation Commission and National Security Commission staff conduct a study of existing DoD policies and procedures for character of discharge for servicemembers who served during time of war and were susceptible to or diagnosed with PTSD or TBI, are victims of MST, and/or have any other personality-related disorders.

Resolution No. 9: Appointment of TBI/PTSD Committee (October 2015)

The American Legion TBI/PTSD Ad Hoc Committee, established in 2010, became a permanent committee at the National Executive Committee’s Spring Meetings in 2013. It continues to investigate existing science and procedures as well as alternative methods for treating TBI and PTSD not currently employed by DoD or VA for the purpose of determining if such alternative treatments are practical and efficacious. This resolution assigns the TBI/PTSD Committee to the Veterans Affairs & Rehabilitation Commission, and refines its purpose and conditions of committee appointment.

Resolution No. 145: Veterans Treatment Courts (August 2016)

A number of veterans entering the criminal justice system face charges stemming from issues related to TBI or PTSD. Veteran treatment courts are hybrid drug courts and mental health courts that have evolved out of the need for a model designed specifically for justice-involved veterans. This resolution urges Congress to continue to fund the establishment and expansion of veterans treatment courts, and to establish a separate program office within VA Central Office with an increased budget and authorization to hire staff to expand the Veterans Justice Outreach program and policies.

Resolution No. 27: Veterans Crisis Line (May 2015)

In 2015, this resolution called upon VA to directly connect the call of any distraught veteran to the Veterans Crisis Line. Previously, veterans were instructed to hang up and call the Veterans Crisis Line.



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