

POINT PAPER

OREGON/VA/MILITARY

SUICIDE PREVENTION STRATEGIES:

- Since 9/11 > 153,000 military suicides; upward trend continues (1).
- Suicides: Unaltered by White House, NIH, CDC, VA, DoD, US Army, USMC prevention programs (1,2,3,4,5,6,7,8,9,10,11).
- Programs focus on: “risk/protective factors,” not healing brain wounds (At ATT - A).
- White House (2): “We increasingly know what works”: Wrong answer that only reinforces existing suicide prevention strategies (at ATT - B):
  - Suicide Rates continue unabated for VA/DoD/military services.
  - Despite over \$3B spent on Suicide Prevention since 9/11, there is no science available to support government prevention programs, and
  - Prevention not alleged by any government agency, for any strategy.
- Suicides more likely with debilitating, physical brain injury, unaddressed by government programs:

Dysfunctional Injury = Pain/Suffering = Hopelessness/Despair = Suicide (13,14,15,16).

- VA: “TBI Veteran 2.45 times more likely to die by suicide” (14).
- **Hyperbaric Oxygen Therapy (HBOT) for TBI/PTSD Injured:**
  - **Restores Hope/Life, Stops Suicide** (16,17,18,19,20,21,22,23,24).
  - **TreatNOW Coalition: 31,000 successes, including over 12,500 Veterans, including over 600 Special Operators**
  - **Hyperbaric Oxygen Therapy (HBOT) virtually eliminates suicidal ideation by healing the underlying/invisible brain wound. VA does not use HBOT** (25)

Prepared by: Robert L. Beckman, PhD, [beckmanr88@gmail.com](mailto:beckmanr88@gmail.com), (703) 346-8432

ATTACHMENT A  
MILITARY SUICIDE RISK FACTORS

- Mental Health/Substance Disorders
- TBI
- TBI Cognitive/Behavioral Symptoms
- Lethal Means Access
- Depressed Mood
- Suicidal Thoughts
- Chronic Pain
- History of Suicide Attempts
- Recently Released from Jail
- Exposure to Suicide Behavior
- Intimate Partner Problems
- Health Problems
- Alcohol Dependence
- Hopelessness
- Lack of Access to Care/Medications
- Lack of individual/community connectedness
- Insufficient training
- Veteran inequity, inequality and injustice

\*Compilation from references 1-11.

ATTACHMENT B

SUICIDE PREVENTION

OREGON/VA/MILITARY SERVICE STRATEGIES

REFERENCES

- 1) Department of Veteran Affairs, National Veteran Suicide Prevention 2022 Annual Report, Page 9 Figure 2.
- 2) The White House, Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross Sector, Evidenced-Informed Public Health Strategy, 2022.
- 3) Reducing Military and Veteran Suicide, CDC, Washington, DC, June 15, 2022.
- 4) National Institute of Mental Health, Suicide Prevention web site, accessed 10 October, 2022.
- 5) Department of Defense Annual Suicide Report, Calendar Year 2021.
- 6) US Army Suicide Prevention Program , Headquarters, Department of the Army, Deputy Chief of Staff, G-1, Friday, September 3, 2021.
- 7) US Marine Corps Suicide Prevention Program, Web site accessed 10/20/22.
- 8) National Strategy for Preventing Veteran Suicide, 2018-2028, US Department of Veteran Affairs.
- 9) VA/DoD Clinical Practice Guideline for Management and Rehabilitation of Post Acute Mild TBI, Version 3.0, June 2021.
- 10) Defense Suicide Prevention Office (DSPO) web site accessed 10/16/22.
- 11) Long-Term Impact of Military-Relevant Brain Injury Consortium Chronic Effects of Neurotrauma Consortium, [cencdbc@vcu.edu](mailto:cencdbc@vcu.edu), accessed 10 September, 2022
- 12) Instilling Hope for All North Carolinas: Reducing Our Suicide Rate by 2030. North Carolina Medical Journal, May/June 2022, Volume 83 Number 3 Page 183.
- 13) VA Suicide and Traumatic Brain Injury Among Individuals Seeking Veterans Health Administration Services Between Fiscal Years 2006 and 2015.

- 14) VA Research on Traumatic Brain Injury, VA research related to TBI is wide-ranging. Researchers are examining various approaches to detect, monitor, and treat Veterans with TBI. [www.research.va.gov](http://www.research.va.gov), accessed 6/23/22.
- 15) Traumatic Brain Injury Information Page, National Institute of Neurological Disorders and Stroke, Accessed July 14, 2022.
- 16) What Obituaries Are Trying to Tell Us About Veterans and Suicide, Jessica Campbell, Legacy.com, Culture and History, December, 2018.
- 17) Case Control Study: hyperbaric oxygen treatment of mild traumatic brain injury persistent post-concussion syndrome and post-traumatic stress disorder, Paul G. Harch, Susan R. Andrews et al, Medical Gas Journal, 2017.
- 18) Systematic Review and Dosage: Oxygen Therapy Efficacy in Mild Traumatic Brain Injury Persistent Postconcussion Syndrome, Paul G. Harch, Frontiers in Neurology, 17 March, 2022.
- 19) A Case Series of 39 United States Veterans with Mild Traumatic brain Injury Treated with Hyperbaric Oxygen Therapy, Alison C. Bested, Arif M. Rana, et al Clinical Translational Neuroscience, 2022, 6,21.
- 20) Oxygen Can Induce Neuroplasticity and Improve Cognitive Functions of Patients Suffering From Anoxic Brain Damage; A Hadanny et al, Sagol Center for Hyperbaric Medicine and Research, Sackler School of Neuroscience, Tel-Aviv University, Tel-Aviv, Israel.
- 21) Treatment of persistent post-concussion syndrome due to mild traumatic brain injury; current status and future directions; Amir Hadanny and Shai Efrati, Expert Review of Neurotherapeutics, 2016.
- 22) How Oxygen Works in Wound Healing; 2010 E)2 Concepts, Inc., 690024 Rev 1010.
- 23) Retrospective Case Series of Traumatic Brain Injury and Post-Traumatic Stress Disorder Treated with Hyperbaric Oxygen Therapy, Cell Transplantation, 10.11177/0963689719853232, Jul; 28(7):885-892.
- 24) Video testimony, hbotforvets.com, accessed 2 October, 2022.
- 25) [https://treatnow.org/knowledgebase/va\\_dod-interventions-and-responses-to-invisible-wounds/](https://treatnow.org/knowledgebase/va_dod-interventions-and-responses-to-invisible-wounds/)