

**March 25, 2025**

**HB 3460, House Committee On Emergency Management, General Government, and Veterans**

**Dear Chair Tran, Vice-Chairs Grayber and Lewis, and Honored Members of the Committee:**

My name is Steve Schneider, and I live in Eugene. I am providing this testimony as a private citizen, as a Veteran, and a person living with the long-term effects of traumatic brain injury.

Brain injury, which includes both non-traumatic, such as from a stroke, and traumatic brain injury (or TBI), such as from a fall or a blast, is a common and significant public health concern across the U.S. and around the world.

Different types of TBI include mild, moderate, and severe, based on the nature of injury, effects, medical outcomes, and symptoms. While the term 'mild' seems less serious than moderate and severe, there is a lot we've learned over the past 40 years that should give us pause. Even mild TBIs, or concussions, can have long term effects, and repeated concussions especially compound over time and can lead to very debilitating physical and psychological symptoms.

There are quality studies showing a relation between brain injury and challenging or negative social and health outcomes. For example, a significant percent of people experiencing homelessness in general have a history of TBI, especially the vast majority of housing-unstable Veterans.

As many of us here know well, Traumatic Brain Injury is fairly common in military service, especially among certain types of occupations. TBI is a signature wound for many who served during the Global War on Terror, due to the prevalence of blast injuries from IEDs, mine strikes, and repeated breaches, but also due to the general nature of military service, which often includes physical training, entering and exiting small spaces and vehicles, or simply traversing through a Navy vessel, for example. Both blunt force trauma and overpressure from blasts can have complex, long-term, and debilitating effects on a person.

As a Fleet Marine Force Corpsman assigned to Marine Corps infantry and later Marine Special Operations, my job, in addition to being part of the assault team, was to provide preventative, routine, and emergency medical care to my Marines. I treated numerous head injuries, ranging from concussions in training to severe blast injuries from IEDs and mine strikes while deployed. I myself sustained several TBIs in combat, including one from a recoilless rifle attack and another from a pressure-plate IED. After being medevaced to Germany and then stateside, I began to notice a lot of changes in myself.

From daily headaches to over-sleepiness, to fits of anger and then sadness, I watched myself struggle to *feel* like myself, changing from a formerly high functioning and very motivated member of an elite unit to feeling tired and detached and achy all the time. The funny thing is that as a medic, you are always asking and looking out for others, but often nobody is doing that for you, and at the time, I didn't have a great understanding of why I was feeling that way, as TBI

screening and awareness were still relatively new. Also, I still had all of my legs and arms unlike so many others, so I didn't even think about other types of injuries and felt lucky just to be alive.

However, my symptoms and personality changes persisted. The same goes for many of my battle brothers, including some of the most talented warriors our nation has produced, some of who are now battling substance use disorder, legal issues, health problems, and some of whom have died from suicide. Many of them are true heroes, but due to the nature of repeated combat deployments and blast exposure, I watched some of them make really poor decisions and even get into trouble leading to general and administrative discharges and legal issues later on. Understanding the effects of TBI helps explain why this trajectory is not uncommon among Veterans.

I have to say without doubt that my life has been changed and negatively impacted overall since incurring TBI. While I've been lucky in staying proactive in my own health, and have found ways to manage many of my persistent symptoms, which still include frequent headaches and mood swings, I wish I had had more awareness and access to treatment earlier on, such as Hyperbaric Oxygen Therapy.

Every person is different and will need different treatments and approaches. This is why I am here in support of HB 3460.

A 2025 double-blind study on HBOT found that participants "*reported improvements in depression, headaches, PTSD symptoms, physical quality of life, and [the] degree to which difficulties interfere with daily life,*" as well as improvements in sleep, reduced anxiety, and even improved sense of smell ([Weaver et. al. 2025](#)).

Currently, many Veterans who would potentially benefit from Hyperbaric Oxygen Therapy are unable to receive it. While HBOT is FDA, DOD, and American Medical Association approved, the VA still does not widely prescribe it, leaving most Veterans who need it to pay out of pocket, which can be very prohibitive for them. This includes especially those Veterans who have a correlation between TBI symptoms and poor social, economic, and health outcomes, because it may feel impossible to self-advocate, and to seek out and pay for this treatment.

I believe that HB 3460 provides a smart and compassionate way for these especially vulnerable Veterans to receive this potentially life-changing treatment.

We are all here because we love our Veterans, our military families, and caregivers. What we know is that while we choose and are proud to serve, the tolls that service can take on the body and mind are many. On behalf of my fellow Veterans, I ask that you strongly consider supporting HB 3460 and expanding access to Hyperbaric Oxygen Therapy for those low-income Veterans who need it the most.

Thank you for your time.

Steve Schneider