



**Veterans In Pain VIP – An Overview of why our Veterans suffer now, more than ever before, and our Initiative to create access to Regenerative solutions through change.**

Veterans In Pain VIP is a National IRS Certified 501c3 Nonprofit which Facilitates Regenerative and Interventional Medical Solutions for Veterans Suffering from Chronic Pain by Connecting Civilian Physicians with our Country's Heroes, Nationwide.

Please Visit [www.VeteransInPain.org](http://www.VeteransInPain.org)



## **The Veterans In Pain VIP Initiative**

### **The Veterans In Pain V.I.P. Initiative for Government Funding of Regenerative Medical Solutions for Veterans Suffering from Chronic Pain**

Veterans In Pain VIP is the first 501c3 IRS Certified Nonprofit to facilitate Regenerative and Interventional medical solutions for Veterans suffering from Chronic Pain, by connecting civilian physicians with our country's Heroes, nationwide.

After conducting over 540 Veteran-Intake sessions, we have curated from these, the consistencies as to why our Veterans are suffering more now than ever before.

**“Why Our Veterans Suffer More Now than Ever Before, and What We as a Nation Can Do About It.”**

**One of the greatest issues facing Veterans in their efforts to obtain therapeutic treatment for chronic pain or any service born condition, is the lack of**

**understanding as to the true derivation of Chronic Pain and the symptoms which come along with pain, PTSD, TBI or Toxic Exposure.**

## **CHRONIC PAIN IS AN AUTOIMMUNE DISEASE OF THE CENTRAL NERVOUS SYSTEM - NOT JUST A SET OF SYMPTOMS**

This Initiative is to breathe life into the 'why' behind our Veterans who still suffer decades-on from their initial onset of injury(s). The first step is for the VA to acknowledge that Chronic Pain manifests as a centralized systemic autoimmune disease of the nervous system.

An injury, incident or surgery can incite the production of enzymes which then prevent pain inhibitors from functioning on a cellular level. This can result in systemic inflammation, randomized yet inexplicable joint pain, not to mention the effects chemical/toxic exposure can have in bypassing the blood brain barrier causing an inflammatory response with scarring within the brain itself.

The greatest challenge we face in the explanation of Chronic Pain, is corralling its various clinical presentations. For our purposes, it is best to focus on its various complexities as the greatest argument for why it is mandatory to incorporate access to specialties within the Regenerative & Interventional realms of pain medicine, for all Veterans suffering from Chronic Pain.

### ***Why Are Veterans In Pain Left Behind?***

Due to our unique position of conducting personal one on one Veteran Intake meetings with each and every V.I.P. Veteran Applicant, we have been able to curate the following consistencies as to why our Veterans are unable to obtain the care they so deeply deserve.

- The backlog of CP Veterans before waiting for the opportunity to be seen by a Pain Management physician.
- The lack of time allotted in PCP appointments.
- The rapid turnover rate of PCP's into civilian practice.
- Many VA physicians are directed to only prescribe for chronic pain symptoms, but not allowed to diagnose.
- Veterans receiving psychotherapy are not allowed to discuss their physical chronic pain conditions.
- Prior to deployment every uniform is saturated with pesticides so as to avoid bug bites, resulting in the Veteran absorbing poisons through their pores before ever landing on foreign soil.
- Military medics are often charged with disposal of patient uniforms upon being admitted to the hospital, resulting in continuous toxic chemicals aerosolized for inhalation and epidermal respiration.
- Dismissal of the Veteran's pain 'psychological' due to the physician's inability to 'see' anything on a film or diagnostic tool, when the majority of chronic pain diseases occur on a cellular or soft tissue level.
- Lack of accessible and timely MRI and high resolution ultrasound imaging. Orthopedics requires x-rays first which takes an average of 3-4 months, after which a Veteran may or may not be approved for advanced imaging.

- Refusal by the 'system' to acknowledge later-onset chronic pain in peripheral regions stemming from the initial incident, which prevents any deserved increase in their current disability rating.
- Upon entering the military, troops are dissuaded from "complaining" about injuries, documenting incidents, and told to "suck it up" or they are "weak". This results in launching of the regenerative process early, and prevents proper disability ratings and benefits due to the inability to confirm service connected injuries.
- Lost or destroyed medical records is extremely common. The following lawsuit is of interest, with the greatest issue being lack of documentation connecting degenerative chronic pain to service due to its late-onset nature and CO orders to "ignore" pain. Additionally, we can add the lack of guidance upon enlistment as to the importance of documentation for long term eligibility of benefits, especially in regard to medal nominations of which a majority feel they are "not worthy" or not "injured enough" to deserve one. This can be catastrophic. Degenerative conditions resulting in some of the most debilitating conditions are incited by a micro-injury and can take only 10-15 years to manifest into disability.

According to Saunders vs VA, "Service connection or "service-connected" is the acknowledgment by VA that a veteran's current health condition is related to their military service. Veterans need to establish service connection in order to receive disability compensation from VA. Before the [Saunders](#) decision, in order to establish service connection on a direct basis, veterans typically needed to show the following:

- A medically-diagnosed condition;
- An in-service event, injury, or illness; and
- A medical nexus linking the current diagnosed condition to the in-service occurrence.

The Saunders decision affects the first of those three criteria: a medically diagnosed condition. VA can now award service connection for chronic pain that lacks a specific diagnosis, as long **as that pain is connected to an event that occurred or symptom that appeared while the veteran was on active duty.** Furthermore, the veteran's chronic pain must cause functional impairment or loss."

There is no direct scientific correlation between pain levels and mobility.

This continues with, "Subjective complaints are not sufficient for an award of disability compensation."

Therefore, the Veteran's word is not adequate enough, and yet for most, their training almost ensures a lack of adequate documentation will be present upon onset of chronic pain.

## **Secondary Service Connection and Pain**

The decision continues, "Many times, veterans suffer from orthopedic conditions or pain that then produce a secondary condition. In these cases, veterans may be eligible for [service connection for the secondary condition](#) if they can prove that it was caused or aggravated by their already service-connected condition." Again, evidence-based criteria would be acceptable, if the culture of pain = weakness can be rectified.

<https://cck-law.com/blog/chronic-pain-va-disability-benefits/>

- Inability to obtain approval for the combination of alternative solutions necessary in the proper treatment of chronic pain due to bureaucratic red tape.
- Often geographic distances to certain facilities preventing access to approved / available solutions..

- Extensive wait times to receiving an actual appointment date resulting not only in increased pain levels over time, but losing windows of viability for survival (suicide rates are skyrocketing due to extensive wait times for appointments which “may” offer a solution.
- Lack of civilian pain physicians certified in Regenerative and Naturopathic medicine secured within a VA’s Community Care registry.
- Community Care Partners leaving Veterans tens of thousands of dollars in debt due to inadequate VA billing training for those who register.
- The lack of civilian physicians who accept government subsidized healthcare.
- TriWest states it covers PRP Platelet Rich Plasma, a injections for Veterans, with the majority still without awareness or logistical accessibility to qualified providers.
- The fear Veterans have of seeking Interventional therapies and expressing any increase in quality of life, for fear of compromising their disability status/rating even though they are still unable to function physically within the normal realm of society
- Veterans (due to all of the above) are misconstrued as a “difficult patient” and flagged as such, simply for demanding adequate access to solutions for Chronic Pain.
- PTS being addressed as solely psychological, completely dismissing the anatomical effects highly concussive sounds over time and impact traumas can have , resulting in inflammation of the brain and TBI lesions AND their connection to chronic pain.

- When assessing for Disability Ratings, Chronic Pain valuation is determined by range of motion, which has little to no direct correlation to pain levels.
  - The inability of Veterans to use Cannabis as a natural healing tool or for pain relief due to the direct correlation of systemically designated THC and loss of VA benefits.
  - The lack of a holistically centered multidimensional program specifically geared toward chronic pain patients with inter-disciplinary protocols including but not limited to pain psychology, neuro-bio-feedback, acupuncture, soft tissue treatment, chronic pain centered physical therapy, controlled Ketamine dosing for PTSD and systemic related conditions, family therapy, as well as acknowledgement of designated secondary PTSD treatment and ongoing care for caregivers.
- Accessibility to MRI's for chronic pain. At many VA facilities, there is a lack of emphasis within the VA system's primary care provider protocols as to the importance of MRI imaging for proper diagnostics of soft tissue damage, for which regenerative medicine is applied. Without this, the majority of inquiring Veterans are sent to orthopedics, which require an X-ray first which may take months to acquire. Then according to our experience, the veterans are almost across the board being denied any further imaging. This is extremely frustrating as X-rays only show bone, therefore the soft tissue damage cannot even be viewed to detect damaged tissue and the opportunity for responsible diagnostics is lost. The Veteran is left only with prescriptive medicine for pain, and without any comprehensive program or concentrated, consistent and alternative non-surgical therapeutic options relating to soft-tissue damage which is at the core of the Degenerative conditions plaguing our Veteran population, today.
- Improper Disability Ratings - The lack of understanding as to the soft-tissue and autoimmune nature of Chronic Pain training, also deeply effects Veterans' Disability Ratings. For example, the current indicator of value for a Veteran's joint pain, is the



mobility of the joint as its determining factor, when there is little direct correlation between mobility and chronic pain.

These are just a few of the hurdles keeping our country's Veterans from living the quality of life they so richly deserve, or better yet, living a life with any quality at all.

Combine this with various government/insurance exclusion lists of additional alternative, non-surgical, non-prescriptive, conservative yet highly effective, specialties in alternative chronic pain support, in what capacity can our Veterans possibly experience comprehensive pain care in exchange for sacrificing the person they were, and the dream of a life they one day wished to lead.

## **Why Regenerative Solutions?**

According to Radiologist and Orthobiologics pioneer, Dr David Harshfield, "Regenerative Medicine allows us to "move away from the existing Allopathic medicine (M.D.) model, where a physician must match a diagnosis to only a binary, pharmaceutical or surgical solution. Instead, Regenerative Medicine is leading the "correction of medicine" by focusing on safe, effective and less costly patient and family centered regenerative medical solutions." That with a transition to a value-based healthcare model, and an industry ripe with ineffective 'group think' solutions, Regenerative Medicine will continue to grow in importance.

" In the U.S., nearly 20% of our government budget is spent on health care (first in the world) and yet our patient outcomes rank nearly last in the industrialized world. The reason is that the Medical-Industrial complex is controlling the debate, and the 'group think' is simply to improve the efficiency and speed of performing the same old surgical procedures and pharmaceutical regimens.

Add to that, the current U.S. system is based on 'acute care' mind set (emergencies, heart attacks, broken bones, etc.) which does not translate well into dealing with chronic diseases (diabetes, obesity, Alzheimer disease, cancer, etc.) or problems associated with normal aging. Regenerative medicine can treat both acute and chronic problems and is more safe and effective at only a fraction of the cost of the existing "standard of care".

U.S. Veterans are facing a devastating drug addiction problem that was caused by the misconception that drugs are somehow the universal answer to our health issues, and one of the most commonly ascribed tool for Veterans in pain.

"The current iteration of Regenerative Medicine is based on decades-old, safe and effective procedures, in most cases eliminating dangerous pharmaceuticals as well as unnecessary and ineffective surgical procedures."

To that end, the State of Arkansas developed the Emerging Therapies Act of 2017, a pilot program providing funding for regenerative procedures for government employees and teachers. Not Veterans, but this is evidence that such change is truly possible. Finally, these patients are being offered a choice beyond drugs or surgery.

Many Veterans suffering from chronic pain conditions continue to feel perceived as an enigma by treating practitioners, misunderstood, and/or left devoid of access to alternative pain solutions.

This can be attributed to various issues faced by today's Veteran Pain population. Few obstacles bare more weight than the inaccessibility of retired military personnel to treatment modalities within the multi-dimensional approach proven necessary in responsible chronic pain management. These are also attributable to the unparalleled suicide rates plaguing Veterans today. Even back to 1999, the study "Suicide and Life Threatening Behavior", this large health survey of Veterans, Veterans Affairs' medical records, and the National Death Index, the association between self-reported pain

severity and suicide among Veterans as examined, after accounting for demographic variables and psychiatric diagnoses, Veterans with severe pain were more likely to die by suicide than patients with mild to moderate pain. These results indicate that pain evaluations should be included in comprehensive suicide assessments and suicide prevention efforts.

Add to this the more current statistic stating the Veteran suicide rate increased 65% between 2012 and 2016, and that the Veteran suicide rate is 1.5 times the national average, the importance of proper pain diagnoses is essential in the proper treatment and care of Veterans in pain. However, for many Veterans, this is proving elusive on their journey.

## **What Are Stem Cells?**

Regenerative Medicine is not defined by 'Stem Cell' procedures, but is rather a combination of various available therapies utilizing cells and procedures addressing degenerative conditions, non-surgical, and incites the regeneration of damaged tissue.

Part of our mission at [Veterans In Pain](#), is educating and empowering patients with the knowledge to make more informed choices on their journey towards healing. During each Veteran Intake process, we explain what Regenerative medicine is, what stem cells are, and what is not a stem cell, while emphasizing the signaling aspect of these solutions; How stem cells ultimately instruct cells in the damaged tissue, to regenerate, rather than stem cells creating new tissue is richly important in confirming there is enough damaged tissue to regenerate. This is also why MRI imaging is essential to proper diagnostics by showing the actual damaged tissue, where it is

located, how much damage has occurred, whether surgery is indicated, or where to best inject for optimal results.

The type of biologic utilized in 'stem cell' procedures is called Mesenchymal Stem Cells. These are known as "Autologous" cells, meaning they originate from the receiving patient, themselves. A common procedure we facilitate is called Bone Marrow Aspirate Concentrate (BMAC). Emphasis on the "Concentrate".

In this procedure, bone marrow is extracted, most often from the hip. A small incision is made, and a long hollow needle is inserted into the bone? where it then aspirates bone marrow. These are called 'bone marrow-derived stem cells". Then, these are concentrated, and the cells are injected into the spine or joint. Thus far the science indicates is best used in addressing osteoarthritis of the joint or spine. Undergoing such a procedure is one thing, but understanding how it works, is everything.

There is a misnomer that if your doctor says there's no soft tissue left in your knee and you need a replacement surgery, that stem cells will help you avoid this. It is true that stem cell procedures can help a patient avoid knee surgery or a replacement, but only possible if there is enough soft tissue left to regenerate.

When an injury occurs, the body senses this injury and the damaged tissue releases compounds that travel through your blood to the bone marrow. These compounds instruct the stem cells within the bone marrow to divide and create more stem cells, which then enter

the bloodstream. During this time, the stem cells continue to multiply.

At the same time, the damaged tissue releases additional compounds which cause the release of Stromal Derived Factor 1 (SDF-1) that attracts stem cells, kind of like a beacon in the night.

The stem cells within the bloodstream detect SDF-1 in the damaged tissue, then concentrate in this tissue, right where the damaged tissue is and where SDF-1 is being secreted. Once in the tissue, the stem cells then begin to multiply and slowly transform into the cell type of that tissue. MSC's have this ability. Other stem cells do not. The ability to differentiate or change composition to become the specific type of tissue or organ cell that's been damaged, is what makes them unique. In short-hand, stem cells encourage/instruct the regeneration and repair of injured tissue.

According to , [Dr Paul Torland DO, FAOASM, CAQSM, RMSK of New England Stem Cell Institute](#) "A common misconception is that the stem cells that are injected undergo terminal differentiation to various tissue types. That has largely been proven to be false."

Dr Tortland continues, "The current theory is that the majority of injected [MSCs](#) (Mesenchymal Stem Cells) act as **signaling** cells that turn on, or activate, cells in the surrounding resident tissue (especially the perivascular cells known as "pericytes") to become activated cells that then do the work." This is one reason why Arnold Caplan PhD, who coined the term "mesenchymal stem cell," has been advocating for a name change to MSC - "Medicinal Signaling Cell."

Hopefully this has helped provide an overview of what stem cells are, and how we think they work, with the most important takeaway that stem cells are at the heart of Regenerative Medicine, whether performed naturally, or with a little help from our friends.

## **What Is Platelet Rich Plasma?**

PRP is Regenerative in nature, but is not a 'Stem Cell' procedure. With PRP, the patient's blood is drawn, processed through a centrifuge to extract red blood cells. These are then injected to the area of concern, inciting an inflammatory reaction, which then instigates the cells within damaged tissue to regenerate.

There are additional approaches utilizing various other methods of cellular extraction. What these two protocols have in common, is they are autologous, derived from the patient's body, and focus on the body's own ability to regenerate its damaged tissue when instructed to do so by cellular properties. Cell therapy may be delivered via injection for joint and spine-specific conditions, and via intravenous therapy for addressing systemic disease.

## **What Is Chronic Pain?**

*First and foremost is understanding that chronic pain is a systemic disease. A disease, which requires a proper diagnosis to treat effectively.*

The majority of Veterans suffering from debilitating Chronic Pain, are told their treating physician is not permitted to diagnose chronic pain, only to treat the symptoms with prescriptive and/or physical therapy.

The VA does not have a specific diagnostic input or proper rating criteria for chronic pain. To receive VA disability benefits for chronic pain, the symptoms caused by the chronic pain disorder must be ratable. In other words, VA assigns ratings based on the functional impact of the affected area. Here, functional loss or impairment refers to the inability to perform the working movements of the body with normal strength, speed, coordination, and endurance. For example, a veteran with a service-connected back condition that produces chronic pain should be able to receive VA disability compensation for problems with sleeping, standing, lifting, sitting, and walking. As such, VA will assign a rating based on those impairments related to the chronic pain. However, there is little if not any correlation between chronic pain and mobility. Add to this the instated CDC opioid restrictions removing what is often the one tool a Veteran's has left, and little scaffolding is left upon which to support a proper pain management treatment plan.

It is important not to speak in absolutes, and understand there are facilities our Veterans rely on which satisfy the needs of their Veterans to the best of their capacity. This paper is to provide a basic understanding of Regenerative Medicine, and how these solutions can improve or often solve the issues faced by Veterans suffering from intractable chronic pain on their healing journey. And doing so without surgical intervention, joint replacements , and the complications of their current available therapies.

The Mission Act is a program which allows veterans greater access to health care. [Congress passed the MISSION Act](#), a law that allows veterans to receive health care at

either a VA facility or another general provider within the community. The law's creation and implementation includes a partnership between the VA and private sector care.

This is a move in the right direction, however, without inclusion of the interdisciplinary alternative and individualized and comprehensive approach necessary in responsible pain management, little ground is covered to increase accessibility to these modalities. Solutions such as Regenerative and Biologic science protocols proven in the treatment of joint and spine specific conditions, neurobiofeedback, certified pain psychology, medical grade cannabis, acupuncture, holistic alternatives, could not only fill the void of caring for those who have served our country, but could also save on government spending long term.

The following touches on the litany of bullet-points responsible for the current state of pain management effecting the lives of our country's Veterans suffering from chronic pain.

To achieve what is considered an 'optimal result' in treating chronic pain, there is no 'one' modality. Proper pain management requires a multi-disciplinary approach.

According to V.I.P. Director of Pain Management, Dr. Joshua Prager, who has authored numerous scientific publications and book chapters on pain management, with a specialty in Complex Regional Pain Syndrome, is the current director of California Pain Medicine Center and Center for Rehabilitation of Pain Syndromes at UCLA where he specializes in pain medicine, proper pain management is considered unachievable without an orchestrated, long term interdisciplinary approach to chronic pain as a ***systemic disease***.

## **Pain is a Disease**

Consider an orchestra with various instrumental sections. Bach would prove sour if all of the sections were out of tune.



Now, imagine a central nervous system. Just like sounds, signals are interconnected. The acoustics of one section effects the others. Without addressing the tonality of the entire orchestra, whether it's music or pain levels, either way it can bring tears to the eyes.

Dr. Jay Joshi is a foremost pioneer in the study of pain and its connection to the central nervous system.

According to Dr. Joshi, Central Sensitization (referred to here as, CS) is a manifestation of activity-dependent plasticity due to an increase in synaptic strength, driven to a substantial extent, by N-methyl-d-aspartic acid glutamatergic receptors and operates after noxious stimuli, peripheral inflammation, and nerve injury in the spinal cord and higher brain centers, and involves multiple presynaptic and postsynaptic changes producing changes in transmitter release and action, as well as synthesis of novel neuromodulators.

This may sound Greek to most. .

CS is the result of raised hyper-sensitivity within the central nervous system, combined with a reaction which depletes the inhibitory transmitters and interneurons necessary which allow a normal pain episode to gradually lessen over time.

Imagine a boxer sparring on a bag. At some point, muscle fatigue will operate as the inhibitor, causing his arms to slow to a halt. Or he could have just remembered he forgot it was his anniversary. Either way, something is present to eventually stop the madness.

Now, consider if suddenly, no matter how exhausted his muscles became, or how terrified he could be of his wife, nothing in this world could stop his arms from punching that bag. He could be bleeding through his knuckles, yet his arms continued on to the

destruction of his well-being emotionally, physically, inter-personally, to the extent the only way to stop it all, would be the unthinkable, to most.

Now imagine, someone comes along and says, I hear you can't stop punching that bag. Here's a pill that will help ease the pain. It won't stop the punching, the physical, emotional or personal toll, nor will it even begin to address the underlying diagnosis.

A non-pain specialist diagnosing a Chronic Pain patient is like having a Mazzeratti tuned at a Jiffy Lube. No offense to Jiffy Lube, but when it comes to optimal performance hinging on invisible elements occurring on a cellular level, unseen on imagery, the absence of the years of on-hand training and experience necessary combined with an almost artistic approach of combining various alternative protocols combined with traditional medicine ~ a lack of expertise in treating chronic pain conditions can literally be, deadly.

This is what a majority of our Veterans are facing across the country.

If a government medical facility does have a Pain Management deployer available, almost every applicant to our program thus far, has expressed their eventual disillusionment due to the lack of accessibility to such care.

Today, more than ever before, Veterans are experiencing delayed onset of degenerative conditions incited years and sometimes decades prior, due to injuries incurred in or around their service to our country. Often times there may not be one inciting injury, but a compilation of various impact episodes such as parachute exercises, physical endurance training, and/or exposure to high impact concussive explosives which launch a series of events resulting in premature deterioration of one's joints, spine and psyche; All of which are relevant in the onset of chronic pain.

Chronic pain is not a condition or a symptom. It is a *disease* of the central nervous system, a fact too often overlooked. One of the greater obstacles faced by our Veterans

seeking proper compensation through revisiting their Disability Rating due to later onset pain, is the misperception by administrators that the Veterans' current complaint is somehow disconnected from the inciting injury which dictated his/her original rating. A rating upon which our Veterans depend upon for survival not only for themselves, but their families already carrying the burden both personally and financially of lives forever altered.

We have been educated through our experience in assessing our Veteran applications and ensuing dialogue, to a unifying factor effecting the quality of care they are so desperately seeking. Across the board, those who come to us, have attributed much of their physical downward spiral to inconsistent pain management treatment parameters, the lack of pain management specialists (Deployers) sometimes counting at one per facility. These physicians, to no fault of their own, are restricted as to the number of Veterans they can care for due to the extensive number of Veterans waiting to be seen. The Veteran's only truly viable option upon receiving notice of a three-week wait or more, and/or if they live outside of a 50 mile radius from the nearest facility, is to utilize The Mission Act allowing the Veteran to receive care under a civilian physician near them.

This sounds like a good idea. And often it is. However, a burden is now placed on the acting facilitator due to multiple factors.

It is now the administrative facilitator who is responsible for procuring a list of qualified and knowledgeable pain management professionals who exercise the knowledge necessary to implement the multidisciplinary approach necessary for proper pain management. Additionally, this referral is only eligible if the preferred practice has registered for the DUNS number necessary to be paid by a government entity and have been entered into the system for eligibility. Not a large effort, but the majority of qualified practitioners are unaware of how to register as a qualifying practice to even be considered for placement of a Veteran referral. Complicating things further, is the lack of pain management professionals who accept TriWest or TriCare (for retired military

personnel), as well as many practitioners resisting acceptance of Medicare or Medicaid.

Once the Veteran's current physician dictates the proposed treatment option(s) for the civilian physician, it is solely in administrative control as to how often the Veteran may be seen by this practitioner, the length of time a Veteran may be seen by the physician, and which protocols are eligible for coverage.

Any protocol suggested by the civilian physician, prescription or extended care program request, must reenter the approval process. This can result in frustration on the part of the civilian practitioner due to these added layers of bureaucracy. Above all and a primary culprit to our Veterans' accessibility to quality care, is that a majority of the universally recognized interdisciplinary solutions effective and essential to proper management are excluded from our Veterans' coverage. One of the most provenly effective and recognized solutions lay under the umbrella of Regenerative or Biologic sciences. This leaves a limited selection of 'solutions' eligible for coverage.

Our Veterans have expressed the above, which has many searching for answers and alternative solutions on their own, with the majority of these emerging modalities set far beyond most anyone's financial capacity. The majority of Regenerative and Interventional nonsurgical yet highly therapeutic solutions are not covered by insurance, and yet if accessible as a frontline tool, could prevent decades of suffering and lives lost in the surrender to pain.

Veterans are expressing their frustration regarding their PCP primary care physicians' inability to technically input the diagnosis of chronic pain in the VA network. Instead of a comprehensive understanding of the centralized systemic autoimmune nature of chronic pain and the multidisciplinary approach required for responsible therapeutic care, prescriptions of opioid pain medication are more often the go-to solution.

Add to this the latest opioid restriction legislations, plethora of red tape, and lack of time allotment per patient, and many Veterans suffering from chronic pain are left devoid of proper diagnosis and treatment. An ultimate Catch 22.

What legislators have failed to recognize, and in turn, are failing our country's Veterans, is regarding the statistical failings realized through the increase in street OD's and suicides amongst Veterans silenced by the decibels of pain and the dismissal of representatives.

Instead, a majority find themselves searching for answers for years, dismissed as difficult, only prescribed opioids, or told there is nothing which can be done to allay their pain. In addition, the lack of access to, or coverage of, the majority of alternative protocols have created a void we are here to fill.

## **VA Exclusions**

The following services are excluded under most circumstances. Or, the number of sessions allowed is so limited, there is no possibility to obtain long-term therapeutically-based results. The solutions with a red pin, are directly correlated with chronic pain solutions.

[📍 Acupuncture](#)

[📍 Alterations to Living Space](#)

[📍 Alternative Treatments](#)

[📍 Aversion Therapy](#)

[📍 Blood Pressure Monitoring Devices](#)

[Computerized Dynamic Posturography \(CDP\)](#)

[🔑 Domiciliary Care](#)

[Dynamic Posturography](#)

[🔑 Elective Psychotherapy and Mind Expansion Psychotherapy](#)

[Elective Services or Supplies](#)

[Electrolysis](#)

[🔑 Elevators or Chair Lifts](#)

[🔑 Exercise Equipment](#)

[🔑 Exercise Programs](#)

[🔑 Experimental Procedures](#)

[🔑 Homeopathic and Herbal Drugs](#)

[🔑 Hospitalization for Medical or Surgical Error](#)

[LASIK Surgery](#)

[Learning Disorders](#)

[🔑 Long Term Care](#)

[🔑 Magnetic Resonance](#)

[🔑 Massage](#)

[Medical Care for a family member](#)

[🔑 Mental Health Exclusions](#)

[🔑 Multivitamins and Megavitamins](#)

[🔑 Naturopathic Care](#) The majority of therapeutic chronic pain modalities are found within naturopathic modalities.

[🔑 Neurofeedback](#)

[Nursing Homes](#)

[Orthoptics](#)

[Paternity Test](#)

[Postpartum Stay without a Medical Reason](#)

[Private Hospital Rooms](#)

[🔑 Psychiatric Treatment for Sexual Dysfunction](#) Often associated with PTSD / TBI or Chronic Pain Disorder

[🔑 Psychogenic Surgery](#)

[Retirement Homes](#)

[Safety Medical Supplies](#)

[🔑 Sensory Integration Therapy](#)

[🔑 Sexual Dysfunction or Inadequacy Treatment](#) The majority of all lumbar spine degeneration, prescription medication and spine injury results in anorgasmia.

[Therapeutic Absences from Inpatient Facility](#)

[Uncovered Services and Supplies](#)

[🔑 Unnecessary Diagnostic Tests](#) These are determined by administrators, rarely those familiar with the Veteran.

[🔑 Unnecessary Inpatient Stays](#)

[🔑 Unproven Procedures](#) Ambiguous, at best

[Vestibular Rehabilitation](#)

[Vision Therapy](#)

[🔑 Weight Loss Products](#) - a majority of chronic pain patients suffer, due to no fault of their own , the inability to exercise and therefore gain weight, only exacerbating pain levels

Now, these are only a few of the exclusions which correlate directly to elements of chronic pain. In regard to the complete list as provided by the VA, the disclaimer states, this list is not all inclusive, and that it does cover what is “medically necessary”.

To be medically necessary means it is appropriate, reasonable, and adequate for the Veteran’s condition and considered proven. There are special rules or limits on certain services, and some services are excluded.

Again, without having a physician on staff who specializes in the systemic inflammatory derivation of chronic pain, or the more mechanical, inflammatory autoimmune nature of

PTSD, there is no possible avenue through which such approvals could be granted. Especially due to the fact that the majority of such approvals are determined by administrative staffers who are not only, non-physicians or medical experts, but have also never met the Veteran who's needs are being determined.

Veterans In Pain V.I.P. is proud to have former member of US House of Representatives for the state of Alaska, Sharon Jackson, as our VIP Legislative Liaison, through who's support VIP has since partnered with Alaska's leadership to be the first state in the Union to dedicate its efforts toward the adoption of our Initiative in support of ***The Veterans In Pain V.I.P. Regenerative Therapies for Veterans Act*** - Government funding of Regenerative medical solutions for Veterans suffering from chronic pain.

One of the oldest and most proven methods of pain relief, is Acupuncture, Veterans are only allowed a limited number of chiropractic appointments which can often offer supportive care by incorporating naturopathic techniques. Soft Tissue Therapy is instrumental in the therapeutic management of chronic pain due to muscular contractions caused by reactions to pain levels. This also restricts blood flow to the area of injury or degenerative disease.

Additionally, psychotherapy can address traumatic injury emotional or otherwise & is essential to include in the responsible multidisciplinary approach to chronic pain. Past trauma has also been proven to effect increased breakthrough pain levels for those suffering from symptoms of chronic pain.

## **Why Regenerative Medicine for Veterans?**

With Regenerative Medicine, physicians are given the tools to help patients restore their health by utilizing the natural healing responses found within the body. Did you know that when a patient opts for spine surgery such as a fusion or artificial disc replacement, that 50% of these cases result in FBSS or Failed Back Surgery Syndrome due to the



added pressure directed on the levels above and below the procedure? With pain levels equal to pre surgical levels, just altered in how the patient experiences the pain? Unlike pharmaceutical and surgical options, few serious adverse events (SAE) have been associated with regenerative therapies when administered by credentialed physicians utilizing certified protocols (conditions mandated by The Emerging Therapies Act of 2017).

(INSERT

- COST SAVINGS ANALYSIS
- VETERAN TESTIMONIALS
- DATA BIOLOGIC'S NUMERICAL QOL DATA

## **Moving Forward**

VIP Manifesto for Change Addendum

By Micaela Bensko, Founder Veterans In Pain VIP

Subject: The legitimizing of Chronic Pain as a systemic autoimmune disease of the CNS with the propensity to become terminal, allows Veterans suffering intractable pain levels the compassion and common sense allocation of humane therapeutic

resources available through Regenerative medical solutions, provided within VIP's framework, and funded by the system created to serve those who have sacrificed their quality of life in service to our country.

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Our Veterans In Pain VIP Manifesto for Change summarizes the reasons why our Veterans are suffering more now than ever before, and our ultimate long term goal of mandating a comprehensive multidisciplinary Chronic Pain program throughout the VA system and ultimately into a brick and mortar VIP Facility.

However, in order to move forward, it's essential to keep the process of incorporating accessible Regenerative Medicine solutions into the VA patient flow, as simple as possible. We understand all too well that shifting an entire division within the VA system into a cohesive multidisciplinary program for

Chronic Pain, comprised of multiple specialties within which specialists often new to the system will need to be procured, is a daunting task to many. So to begin this shift, our suggested focus is narrowed to a 5-Step process.

1. Amendment to the Right to Try Act establishing Chronic Pain as a Systemic Autoimmune Disease of the CNS
2. Establish the VIP Voucher Program with Government Funds Allocated to States for Mental Health Services and Suicide Prevention
3. Utilize VIP and its Physician Network as the VA's CCN for Regenerative Solutions Ensuring Compliance, Quality of Care, and

## Cost-Effective Therapeutic Healing for Veterans Suffering from Chronic Pain

4. Inclusion of IV Stem Cell Procedures for Systemic Inflammatory Chronic Pain Diseases through the Right to Try Act
5. Create Access to and Cost Coverage for PRP and BMAC Joint and Spine Specific Protocols for Veterans through VIP-Trained VA Practitioners, or VIP's CCN of Regenerative Specialists.

The first step to establishing awareness of Chronic Pain as a systemic autoimmune disease of the Central Nervous System with a propensity to become terminal, is through an Amendment to the Right to Try Act. This will validate the terminal disease aspect of

Chronic Pain through suicide and organ degeneration, while providing access to non FDA Approved systemic and joint/spine specific Regenerative medical solutions for Veterans who have otherwise lost hope.

### **Systemic Disease of Chronic Pain**

Chronic Pain is a leading cause of suicide amongst Veterans, and can also be the underlying factor for physiological death through diseases such as Complex Regional Pain Syndrome (CRPS). CRPS is a Chronic Pain disease which can be caused by an injury or a surgery. This results in a cellular breakdown of pain inhibitors, and brain-pain signaling goes haywire. This results in pain levels on the McGill Pain Scale of 1-10, as a medically - designated 1000. This condition over time can spread to vital organs resulting in death, and has

been termed by pain specialists as a “Suicide Disease”. This is just one example when patients, such as myself, are told there is no hope, only prescription medication, which does not even begin to touch the surface of pain relief, and within 10-15 years expire either due to organ degeneration or suicide.

Another Chronic Pain disease is Arachnoiditis. This is when the body reacts to the injection as an invasion, and the immune system begins to attack the nerves within the dura by coating them in plaque. This plaque buildup over time causes a burning sensation throughout the patient’s core, and spinal cord, accompanied by devastating contractions, and can be caused by just one puncture to the dura of the spinal cord. A mother has one epidural and within two weeks she is paralyzed, but with pain levels akin to CRPS and is also coined

a “suicide disease”. Our Veterans are afflicted continuously by injections to the spinal cord for back pain as one of very few options currently available to them other than prescriptive opioids. None of which are therapeutic. And with every steroid injection, the quality of the tissue and bone in the region is degraded by 10% with each treatment, resulting in only temporary relief, and long term damage. Not to mention each injection has the potential to cause Arachnoiditis. The number of Veterans who have come to VIP have ultimately been diagnosed with CRPS or Arachnoiditis after their Intake, is truly overwhelming. To not have awareness of such maladies and their connection to soft tissue inflammatory disease by VA physicians, is a neglect resulting in deaths which could otherwise be prevented.

## **This Gets Personal**

This is where our Initiative becomes personal. I am sharing the following as it is not just my story, but a similar story to hundreds of Veterans who have shared their journeys with us.

After an accident, enduring over 20 spine surgeries and procedures and years in a wheelchair, I was diagnosed with Arachnoiditis complicated by CRPS of the spinal cord. After 6 years in bed 80-90% of the time, with labor- type contractions in my spine every 10-15 minutes any time I would place pressure on my tailbone, and even being married to my soul mate with 4 amazing children, I had completely lost hope, and could no longer see how I could possibly physically endure another 40 years on this planet. Just before the unthinkable, I was told about stem cells and a an intravenous procedure utilizing



adipose-derived mesenchymal stem cells from my own body, minimally manipulated to concentrate, and reintroduced through an IV. Within one day after the procedure, the crippling spinal contractions were completely gone. That was 2017. It is now 2023 and they have not returned since. I learned how to walk again over the period of a year, and live a life I never dreamed could be possible. This is why I founded Veterans In Pain, and why we are fighting so hard for the plight of Veterans in pain to be heard.

Too many Veterans have lost the same hope I was so fortunate to find. Too many are dismissed or seen as problem patients only because well-meaning VA physicians don't know of such solutions or that they even exist. Or that Regenerative solutions are often more conservative than any additional measures they could provide. That when a Veteran has no other options, they are simply left to die of these Chronic Pain diseases, when those suffering from a

more understood disease such as Cancer, are allowed access to possible pain relief or life-saving protocols, which may not be FDA Approved, just because it is accepted as a potentially terminal illness when Chronic Pain is not. Yet it is a disease with the potential to become terminal.

Next is to establish the VIP Voucher Program by utilizing Government funds allocated to states for Mental Health Services and Suicide Prevention.

These government-funded vouchers will be available to Veterans applying to VIP for proven Regenerative medical solutions within FDA Compliance Guidelines and accessible through the Veterans In Pain VIP Physician Network. Essentially, VIP would become the Community Care Partner for Regenerative solutions, for the VA system.

So, the question is, how to create access to such solutions safely and effectively, at the same time

reducing the bottom line of government spending, while increasing the quality of life of our country's Heroes, through healing.

The most important aspect of providing Regenerative solutions, is safety. After 5 years, and having conducted Intakes for over 450 Veterans, facilitating millions in value of services for Veterans in need, VIP not only knows which protocols work, but also how to facilitate such solutions responsibly and within FDA Compliance Guidelines. Our organization is endorsed by, and comprised of, the most renown and respected experts and practitioners in the field, today, with access to supportive numerical data, as well as corporate partnerships through which to provide training for VA Center physicians on how to conduct these procedures, properly, and to do so within FDA Compliance Guidelines.

Stating that the VA provides the Regenerative protocol of PRP, and providing access to these procedures, are in conflict. Currently, TriCare does cover the cost of Platelet Rich Plasma (PRP) for Veterans under narrowly defined parameters.

Unfortunately, the majority of Primary Care Practitioners (PCP) within the VA, and administrators who conduct approvals, are not aware such conservative measures exist, nonetheless how to perform them, or where to responsibly refer Veterans to obtain them.

Therefore, these requests for coverage of PRP protocols through the VA's Community Care Network (CCN) through which our Veterans are supposed to have access, are more often than not, denied.

Now let's look at joint and spine specific procedures we hope to include in this Voucher program.

Platelet Rich Plasma (PRP) is Regenerative in nature but is not comprised of Stem Cells. This is often a misnomer in the field of Regenerative Medicine, that all protocols are stem cell related. PRP involves the traditional draw of one's blood which is then placed through a centrifuge to extract a golden yellow 'Buffy Coat' comprised of Hyaluronic Acid, growth factors and proteins which, when injected into the area of concern, inciting an inflammatory response instructing the damaged tissue to regenerate.

Bone Marrow Aspirate Concentrate (BMAC) is most often used when addressing spine, as well as joints. This procedure occurs in an operating room for sterility purposes, with live X-ray video fluoroscopic guidance. Bone marrow is extracted through a needle most often from the iliac crest of the hip, and the bone marrow derived stem cells are reintroduced

via injection into the damaged tissue where the cells instruct the damaged tissue to regenerate.

Both of these, although not FDA Approved, are available within FDA Compliance Guidelines, and have the potential for providing therapeutic healing, eradicating the need for any future surgeries or expensive and extensive treatments.

We have seen throughout our years of Veteran Intakes, those who are told there is nothing anyone can do and surgery or a joint replacement is the only answer. Only to come to us for help, receive a Regenerative procedure such as PRP or BMAC, and the majority now live a functional and meaningful life.

## **Cost Savings**

What is this cost-savings? An average knee replacement can cost a hospital upwards of

\$65,000. However, a BMAC procedure, with therapeutic results, can be conducted for approximately \$4,500. Not only is this a massive cost savings for the VA system, but our Veterans are granted the healing they so greatly deserve. PRP begins at \$2,500. Our intent is to create a flat rate one- sheet of pricing specifically for the Voucher system for each available procedure so this does not fluctuate.

The argument again often resorts back to, but aren't these procedures unproven? The answer is these procedures are proven, with supportive data available through our partners at Data Biologics, and available upon request.

In summary, the legitimizing of Chronic Pain as a system and potentially fatal disease, allows Veterans suffering intractable pain levels the

compassion and common sense allocation of humane therapeutic resources, provided within a structured framework, and funded by the system created to serve those who have sacrificed their quality of life in service to our country.

It is our greatest hope that the authors of the Right to Try Act consider our plea on behalf of our Veteran pain population to incorporate the inclusion of Chronic Pain, and access to systemic, joint-specific and spine related Regenerative protocols proven effective for service-borne and degenerative based diseases.

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## **Veteran Information/ Resources**

### **📌 Veterans In Pain VIP Origin Story**

<https://youtu.be/pvyXthwPSAQ>

### **📌 What Determines the Efficacy of a Regenerative Procedure**

<https://veteransinpain.org/blog/f/what-determines-the-efficacy-of-an-orthobiologic-protocol>

### **1 Our VIP Regenerative Procedure Directives**

[www.VeteransInPain.org/directives](http://www.VeteransInPain.org/directives)

### **2 What is PRP?**

<https://youtu.be/4X2bWNCav-o>

### **3 What is BMAC?**

<https://veteransinpain.org/blog/f/what-is-bmac>

### **4 Sound-Derived PTSD & Stem Cells**

<https://youtu.be/KdjZ-tpmtDA>

### **5 What is Hyperbaric Therapy? VIP facilitates HBO Therapy through various solution partners around the country from 40-60 day Pro Bono residential programs:**

*VIP Director of Oxygen Therapies, and Founder of Healing AZ Veterans, Neurologist,  
Dr Carol Henricks*

<https://youtu.be/64QnVM9baeQ>

*To Veteran Friendly Discounted HBOT Facilities such as Treat Now*

www.TreatNow.org

**As well as the personal purchase of in-home soft-shell Hyperbaric chambers**

### **6. What is Ketamine Therapy?**

***Our Veterans & Ketamine***

<https://veteransinpain.org/blog/f/our-veterans-and-ketamine>

***An Interview with VIP Director of Ketamine Therapy, Dr Stephen Reichbach***

[https://youtu.be/iuHI\\_67WQmA](https://youtu.be/iuHI_67WQmA)

## **7 Ayahuasca and Veterans**

[https://youtu.be/qu8ij\\_LZgmA](https://youtu.be/qu8ij_LZgmA)

## **8 A Moment with VIP Physician John Ferrell**

<https://youtu.be/cfXlcGbVcog>

## **9 Stellate Ganglion Block for PTSD - A Veteran's Story by James Roberg, with premiere expert in SGB, Dr James Lynch**

<https://veteransinpain.org/blog/f/a-veteran's-sgb-story>

## **10 VIP Virtual Pain Coaching with Override, founded by 9th Secretary of Veterans Affairs, and VIP Advisory Council Member, Dr David Shulkin**

<https://veteransinpain.org/blog/f/vip-override-accessible-pain-coaching>

## **11 Pro Bono CBD Solutions through our Partnership with Kuribl**

<https://kuribl.com/>

## **12 How to Manage Systemic Inflammation from Chronic Pain**

<https://veteransinpain.org/blog/f/how-to-manage-systemic-inflammation-of-chronic-pain>

## **13 How to Obtain MRI Imagery / Reports**

<https://veteransinpain.org/mri-411>

***Obtaining MRI / Reports via MyHealthVet***

<https://veteransinpain.org/blog/f/how-to-obtain-imageryreports-on-myhealthvet>

**14 VIP Partners with Cervigard, the Kessler Foundation-Backed Therapeutic Cervical Spine Correction Tool**

<https://veteransinpain.org/blog/f/veterans-in-pain-vip-partners-with-kessler--backed-cervigard>

***VIP Cervigard Veteran***

<https://veteransinpain.org/blog/f/cervigard-case-of-the-month>

**15 EmCyte Donates PRP/BMAC Kits Helping to Eliminate Hard Costs for VIP Veterans**

[EmCyte & Gulf Coast Biologics Partner with Veterans In Pain VIP](#)

**16 Pro Bono Private Pilot Air Transportation is Provided for VIP Veterans via Veterans Airlift Command**

[www.VeteransAirlift.org](http://www.VeteransAirlift.org)

**17 Residential Substance Abuse and Mental Health Support Program Tactical Recovery**

<https://veteransinpain.org/blog/f/substance-abuse-mental-health-with-tactical-recovery>

# Vision of Optimal Therapy Program

The optimal comprehensive chronic pain therapy program offers comprehensive personalized multidisciplinary approach offering the following:

- Radiology - Soft Tissue Imaging & Diagnostics
- Naturopathic Wellness, Hormone Regulation, Dietary Guidance & Peptides
- Regenerative Therapies Joint and Spine-Specific
- Hyperbaric Oxygen Therapy and Oxygen – based Modalities
- Peptide Therapy
- Stellate Ganglion Blocks SGB
- Pain Coaching and Marital/Family Support via In Person and Virtual Platforms and Post-Treatment Retreat Programs
- Neurobiofeedback and Physical Therapy