Veterans In Pain VIP – An Overview of inception, to services, why our veterans suffer now more than ever before, and our Initiatives to empower veterans through change. and LVIP VETERAN APPLICANTS- What To Expect

Veterans In Pain VIP is a National IRS Certified 501c3 Nonprofit which Facilities 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

An Overview of the VIP Veteran Application Process

STEP 1: V.I.P. Veteran Application/Entry Form

Things to keep in mind:

- Submission of DD214
- Submission of Drivers Lisence
- Presence of soft tissue within affected area(s)
- The degree to which their condition(s) has affected their quality of life and that of their family, friendships and ability to engage with the outside world.
- Agreement to participate actively in his/her healing process and commitment to V.I.P.'s post-procedure directives, and acceptance / understanding as to the uncertainty

of results and patience necessary in enduring a traditional OrthoBiologic recovery of 9-12 months.

- Veteran is Officially Cancer Free for at least one year.
- Veteran is devoid of Heart Disease and does not take blood thinners

STEP 2: Submission of our V.I.P. Liability Waiver

STEP 3: Your V.I.P. Veteran Intake Phone Meeting with Founder, Micaela Bensko

This step is crucial to our ability to properly assess each Veteran for candidacy and in assigning a potential physician match.

Schedule your Step 3 Intake with Micaela Bensko at
www.Calendly.com/vetsinpain
Then call 310-990-8389 at the day and time of your appointment.

This personal conversation with our Founder is 45-60 minutes and essential to understanding the wants and needs of each and every Veteran applicant, independent of the official application.

Topics will include:

- The various modalities existing in the field of Functional medicine your potential V.I.P. physician may or may not discuss.

- An overview of Regenerative medicine

- A personal overview of Veteran's history, nature of onset, and story of degeneration and how it has impacted their life and that of their family.

- Previous efforts and any surgeries conducted on their journey toward healing.

- That V.I.P. is solely a facilitator, and does not guarantee treatment, but the opportunity to be scheduled for a physician consult who will then approve or deny procedure(s) uniquely based on their expertise and findings.

- Certain funding resources available to assist in covering hard costs of each procedure if V.I.P. or the Veterans is unable to cover such costs.

- To explain the unpredictability of select Functional and Interventional recoveries.

- Discuss the essentials of engaging in our multidisciplinary post procedural support system available to each Veteran through our extensive network of options generously provided and available through our program.

I'm matched, now what?

From the time you have notified VIP that you have updated MRI images (from within the previous 9-12 months) of your affected areas in-hand, please wait 14 days for VIP to search for an appropriate VIP Physician match for your case.

If you have not heard from VIP or our physician's office within two weeks, please text Micaela at 310-990-8389 and we will be sure to follow up on our submission of your case.

Once you have scheduled your Consultation

Make sure you have all MRI imaging in accessible formats. If it is a local in-person consult this would be a CD/disc. If your physician match is out of state, your consultation may then be by Tele-health for which we request you either fedex a disc of

your images to the physician's office ahead of time, or upload the MRI imaging to a shareable Dropbox folder or upload them to your myhealthevet account for link sharing.

Insurance: Additionally, the Physician's office may request the Veteran's Insurance information. This is simply so that if there are any billable services provided, the Physician may recoup some costs, allowing them to continue in service to our program. This will always be on an Insurance-Only basis.

Do not schedule any procedure until

VIP Physicians volunteer their consultations and services at no cost. However, there may or may not be hard costs involved. Until you have confirmed exactly what, if any, hard costs might be included. Often times there are no hard costs. Other times as with BMAC procedures, there may be a need for an OR setting for sterility purposes, so this may be an unavoidable cost. Ask yourself if you can cover these costs? If not, please contact Micaela for help in obtaining referrals to our fellow funding organizations.

Donated Kit: the Physician may need a PRP or BMAC kit to conduct your procedure(s). These can be generously donated by EmCyte Corporation, eliminating a healthy portion of any potential hard costs. The Physician's office is to reach out to Micaela and she will connect them directly with EmCyte corporate to obtain these pro bono kits.

If there are any hard costs

If there are any procedure, hotel / food/ travel costs entailed in order to make a Veteran's procedure possible, until VIP is able to regain its ability otherwise, these are the responsibility of the veteran. If these costs are outside of the Veteran's means, VIP helps to introduce the Veteran to funding organizations it is aware of.

In Summary

Please be aware of ALL potential hard costs of your procedure(s) PRIOR to scheduling the actual procedure(s). That any kit needs have been requested by the physician. . Be sure ALL procedure, hotel and meal costs are CONFIRMED & COVERED PRIOR to contacting Veterans Airlift Command for Flights.

If you need air travel

Please know that pro bono air travel is available through our partners at Veterans Airlift Command www.VeteransAirlift.org. Your flight request goes out to their extensive roster of volunteer private pilots with their own planes, who pay for their own gas. It is from your submission that a pilot will accept your flight request, sacrificing their own personal time and expenses to do so, and are just wonderful people. So please be careful if possible so as not to cancel or rearrange your flight needs as this impacts their time on a personal level.

Again, Please have your confirmed treatment dates as well as any additional funding requirements you may need in order to make your procedure or trip there possible, as well as current soft tissue imaging in hand, BEFORE making your flight request to either organization.

The flight applications will need to know your
Name:_____
DOB:___________
Name of Practitioner:
Address of Treatment: _____
Date of Treatment:_____
Arrival Flight Date (the day prior to your appt time)
Departure Flight Date (the day after your appt time)
Height:_____
Weight:_____

You must mention you are a Veterans In Pain VIP Veteran in your request, otherwise you may be rejected as we have a unique arrangement with their team to allow coverage for our Veterans' travel.

Directives

Most important to achieving optimal results, is to please follow our Directives! www.veteransinpain.org/directives These are hard core tested and proven bullet points as to what works in support of regenerative procedures. Essential and above all of them are - No Anti-inflammatory medications and no alcohol for 2 weeks pre and 3 weeks post procedure, as well as HYDRATE!

Most of all, please know we are always here for you, and are not a one-and-done organization. We care deeply about each and every Veteran who comes through our program, and want to ensure we address as much healing as is possible for each Hero who has come to us for help.

STEP 4: V.I.P. Quality of Life Survey

This may be the most important Step for each VIP Veteran to take as information gathered due to these submissions with provide the hard numerical data necessary for us to implement our long term initiatives to implement long term ACCESSIBLE Regenerative and Alternative Solutions for Veterans suffering from chronic pain.
We are currently conducting our VIP IRB-Certified Study through the invaluable information provided by our VIP Veterans in Step 4, on the effects of OrthoBiologic solutions on the quality of life of Veterans suffering from joint-specific and spine related chronic pain conditions. This is STEP 4 of our Veteran facilitation process, and is the most important step to our long-term mission in establishing accessible Regenerative solutions for Veterans suffering from chronic pain.This numerical hard-data collective will be published without any Veteran's identifying factors, and is essential to commencing our VIP Legislative Initiative, The Regenerative Therapies for Veterans Act

- Government funding of Orthobiologics and Alternative solutions for Veterans suffering from chronic pain.

Quality of Life - Step 4

Overview of Primary VIP Solutions

Essential Links to Primary VIP Treatment Options and Partners

As of this publication in February 2023, Veterans In Pain VIP has, since 2018, facilitated over 440 Veteran applicants through our program.

The following is just a brief summary of informational videos and text explaining the various procedures/therapies we facilitate.

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

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/iuHl_67WQmA

7 Ayahuasca and Veterans

https://youtu.be/qu8ij_LZgmA

8 A Moment with VIP Physician John Ferrell

https://youtu.be/cfXIcGbVcog

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 MyHealtheVet

https://veteransinpain.org/blog/f/how-to-obtain-imageryreports-on-myhealthevet

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

17 Residential Substance Abuse and Mental Health Support Program Tactical Recovery

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

The Veterans In Pain VIP Initiative

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

Nonprofit Facilitates Interventional Solutions for
Veterans Suffering from Chronic Pain - And the reality of what they've learned along the way, may shock you.

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

OVERVIEW OF VETERANS IN PAIN V.I.P. -

Veterans In Pain V.I.P. is proud to have former member of US House of Representatives for the state of Alaska as our VIP Legislative Liaison, through who's support VIP has since partnered with Alaska's Director of Veterans Affairs to be the first state in the Union to dedicate e its efforts toward the adoption of our Initiative, and allowing VIP full access to treating Alaskan Veterans in need through their facilities. And to offer their unwavering support for ***The Veterans In Pain V.I.P. Interventional Therapies for Veterans Act*** - Government funding of vouchers for Interventional medical solutions for Veterans suffering from chronic pain, and to encourage the VA to adopt V.I.P. as their official Community Care Partner for Regenerative and Interventional solutions for Veterans to obtain such solutions not offered through the current VA system.

THE VIP INITIATIVE -

Some initial thoughts: Implementing an Amendment to the Right to Try Act, would be our first effort, acknowledging "Suicide Pain" as Chronic Pain which has become systemized as an autoimmune disease of the central nervous system with propensity to become terminal through organ affectation or suicide. Chronic Pain can be a terminal disease on a physiological as well as psychological basis. The majority of Veterans who come to us for help, do so as their last and final hope. Without our services, many of them would no longer be here due to suicide, a devastating alternative knowing tangible solutions outside of the traditional western medical system, do exist.

Additionally, although the VA may “cover” or “provide” the biologic procedure Platelet Rich Plasma, PRP, there are currently few controls or training available to VA physicians, or patients referred to community care partners without verification of providing Biologics within FDA compliance. Not to mention, the consistent rejection of Veteran requests for a referral to an OrthoBiologic specialist in their community due to a lack of awareness as to the success rates of Biologic procedures by primary care providers or the administrator’s approving or denying such requests unfamiliar with the field.

Not to mention, the majority of community-based Regenerative practitioners are not currently trained or certified in OrthoBiologic procedures as is mandated by the FDA, nor do they have corporate relations with quality PRP or BMAC Kit providers, to provide responsible administration and care through these modalities.

Additionally, there must be an existing 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. And, the veteran is left only with prescriptive medicine for pain and without any non surgical therapeutic options.

The lack of Chronic Pain training also deeply effects Disability Ratings, as the current assessment protocol would serve better by amending its current diagnostic process for rating chronic pain, by removing the element of “mobility” as its determining factor. There is no direct correlation between mobility and chronic pain.

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 breath 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 itself 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.

The first step toward allowing Veterans access to such therapies is an amendment to the Right To Try Act which allows for coverage of emerging therapies to patients suffering from chronic disease with a propensity to become terminal.

Chronic Pain is a chronic disease of the central nervous system with a propensity to become terminal through organ degradation and escalating suicide rates within the Veteran population.

Long Term Goal - Establishing first Veterans In Pain VIP Center , A Comprehensive Multidisciplinary Chronic Pain Center for Veterans.

Each center will exist as the brick and mortar version of Veterans In Pain VIP. To prevent over-burdening the current VA system, it is our intent to work with each VA as a support module and leading community care partner for Veterans suffering intractable and unresponsive levels of chronic pain.

Each center will offer consistency in care per Veteran assigned to provider teams, on set days, with physicians specializing in the following available fields of specialty operating in tandem and on a Team-Based protocol per Veteran.

- Radiology - Soft Tissue Imaging & Diagnostics

- Naturopathic Wellness, Hormone Regulation, Dietary Guidance & Peptides

- Cellular Therapies & Alternative Joint-Specific, Spin and Systemic Nonsurgical Therapeutic Support Modalities within FDA Compliance Protocols

- Hyperbaric Oxygen Therapy and Additional Oxygen – based Modalities

- Pain Coaching and Marital/Family Support via In Person and Virtual Platforms and Post-Treatment Retreat Programs

- Neurobiofeedback and Physical Therapy

Our goal is after the adoption of our Initiative and year-one pilot program, a full report will be inclusive of hard numerical data collected through V.I.P's Step 4 pre

and post Quality of Life survey, Veterans In Pain's IRB Certified Studies, as well as a fiscal assessment of projected VA cost-savings due to interventional procedures precluding future need of extensive, invasive, and ongoing care – surgical, prescriptive, or otherwise, then the next phase may commence.

WHY INTERVENTIONAL SOLUTIONS?

According to Radiologist and Orthobiolics 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

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.

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, neuro biofeedback, 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,
has authored numerous scientific publications and book chapters in pain management, especially on Complex Regional Pain Syndrome and 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***.

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. The good news is, there's an app for that.

CS is the result of raised hyper-sensitivity within the central nervous system, combined with a reaction which depletes the inhibatory 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 renter 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.

So How Did We Get to This Point?

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 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.

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.

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.

VA EXCLUSIONS

The following specific 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 treatment. 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

Unneccessary 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.

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.

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?

And last, but certainly not least, 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).

“The passage of this bill gives us the determination to inspire every state in this great Nation to ensure its Veterans are allowed access to the therapeutic solutions available through Interventional medicine and the often life-saving results these can provide.”

Thank you for taking the time to learn more about V.I.P. , how we started and what we strive for, so together we might continue to pay forward the quality of life our country's heroes so greatly deserve, through empowering Veterans in pain by providing government subsidized vouchers for each to obtain actual solutions to their suffering,

while eliminating drug addiction, reducing suicide rates, cutting back on bureaucratic red tape, and placing trust in what is now the proven and documented field of non-surgical solutions.

Veterans In Pain V.I.P. - is:
• A GuideStar Platinum-Rated Nonprofit
• A Certified-Resource of Wounded Warrior Project
• Endorsed by the Interventional OrthoBiologic Foundation IOF & American Academy/Assoc of Orthopedic Medicine AAOM
* A Certified Resource of the DOD-sanctioned National Resource Directory

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