



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 262</b>		DATE: <b>1/27/2025</b>	
COMMITTEE: <b>Veterans and Armed Forces</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/27/2025 11:57 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 262</b>		DATE: <b>1/27/2025</b>	
COMMITTEE: <b>Veterans and Armed Forces</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BLAKE ARRON RICHARDSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>blake@helpourheroes.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/25/2025 8:27 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Good day, Honorable Members of the Missouri House and Senate, My name is Blake Richardson, a proud veteran of the United States Marine Corps, having served with distinction and honor to the rank of Sergeant. I am a lifetime member of the esteemed Veterans of Foreign Wars (VFW) organization. In my ongoing commitment to support those who serve, I founded and presently preside over 'Help Our Heroes', a 501(c)(3) non-profit organization. Through this platform, I advocate and build strategic partnerships with organizations that support and or provide evidence-based treatments, therapies, and resources aimed at addressing the mental health challenges that contribute to the high suicide rate among our heroes. Today, I stand before you to recount my personal journey navigating the challenges of Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD). I aim to shed light on the transformative impact of Hyperbaric Oxygen Therapy (HBOT) - a treatment that has revolutionized my life, helped my family, and has helped the lives of countless other Veterans who had similar symptoms that could not be relieved through medications and or therapies. Moreover, I intend to champion the cause for sustained support and acknowledgment of HBOT as an effective therapy for both PTSD and TBI. During my tenure in the military and a series of deployments overseas, particularly in combat zones, I endured low-level blasts (LLBs) and a high-level blast (HLB) which resulted in multiple brain injuries. Over time, the symptoms of mild Traumatic Brain Injury (mTBI) began to manifest more prominently. Furthermore, my participation in numerous combat training exercises exposed me to additional LLB's and even a near-death drowning event, further compounding the challenge. For clarification, the acronym (HLB) refers to high-level blast overpressure, commonly associated with the detonation of an improvised explosive device (IED). On the other hand, LLB signifies low-level blast overpressure, typically generated from the discharge of specific weapons such as artillery, shoulder-mounted devices, .50 caliber firearms, and even indirect fire (IDF). These variations in overpressure are critical to understanding the different sources and impacts of blast-related injuries. In January 2006, while stationed at Al Taqaddum, Iraq, I experienced a life-altering event. An RPG struck the sandbags just outside the general-purpose (GP) tent where I was sleeping. The concussive force of the blast resulted in a mild traumatic brain injury. This incident led to an immediate onset of disorienting symptoms: involuntary urination, sudden ringing and hearing loss, confusion, fragmented recollections of the event, recurring migraines, and short-term memory loss. Prior to embarking on my second tour of duty in Iraq, I underwent rigorous helicopter water crash training which resulted in a near-death drowning incident. This, coupled with various other training and Military Occupational Specialty (MOS)-specific events, marked the onset of progressive and increasingly noticeable symptoms of Traumatic Brain Injury (TBI). Over time, these symptoms have become chronic, persistently affecting my daily life. The challenges I continued to grapple with, up to February 2024, include difficulty concentrating, unpredictable mood swings, persistent ringing in my ears, hearing loss heightened sensitivity to light, insomnia, debilitating migraines, significant anxiety and

depression, as well as short-term memory loss. Currently, the primary therapeutic interventions for PTSD symptoms encompass Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs). While these treatments are generally effective, they may be associated with mild to moderate side effects. These can range from gastrointestinal discomfort and increased perspiration to headaches and bouts of dizziness<sup>2</sup>. In the management of Traumatic Brain Injuries (TBIs), medications such as Carbamazepine and Valproate are employed to control behavioral disorders. However, it's important to note that the full spectrum of their long-term effects remains under investigation and is not yet fully understood<sup>3</sup>. Since 2009, my journey with mental health has led me down a complex path of numerous prescriptions - over ten different types of SSRIs and SNRIs, as well as other medications. These treatments often felt like mere band-aids, offering temporary relief without addressing the root causes of my symptoms. In addition, I spent a decade participating in various forms of behavioral therapy, both group and individualized. Despite these experiences, a sense of true healing remained elusive, leading me to question if a long-term solution truly existed. The turning point arrived in late 2020, when a combat-wounded, amputee Army Ranger reached out to our organization, Help Our Heroes. He was seeking assistance with room and board expenses, as well as meals, while undergoing Hyperbaric Oxygen Therapy (HBOT) at the Hyperbaric Health and Wellness Foundation in Hailey, Idaho. This treatment was aimed at improving his gait and alleviating symptoms of Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). At first glance, I considered his condition to be far more severe than mine. However, this prompted me to delve deeper into the potential benefits of HBOT. To my surprise, my research led me to realize that I, too, could be a suitable candidate for this innovative therapy. In 2021, I discovered a local facility, Restore Hyper Wellness, offering HBOT. This unexpected encounter enabled me to procure a prescription specifically catered to address my PTSD and TBI symptoms using their "soft-shelled" hyperbaric chamber. Understanding the potential benefits of this "soft-shelled" chamber in effectively treating my symptoms, I made a personal investment and completed a series of 30 dives. As I progressively underwent more HBOT sessions, I began to witness and experience tangible improvements. My mental clarity improved, leading to a notable decrease in brain fog. Anxiety and depression levels were significantly reduced. My comprehension abilities enhanced, migraines became manageable, mood swings less frequent, and overall, I experienced a surge in energy. Each dive brought me closer to wellness, proving that this investment was indeed a rewarding journey toward healing. However, after approximately 2 years, my wife and I began to observe a resurgence of the PTSD and TBI symptoms. This led me to delve deeper into research and engage in insightful discussions with leaders at TreatNow.org<sup>4</sup> in July 2023. Through these interactions, I learned that "soft-shelled" hyperbaric chambers may not be as effective in fully healing damaged brain tissue as their "hard-shelled" counterparts. Moreover, it was brought to my attention that typically, individuals using HBOT for PTSD or TBI require between one to three treatment series before experiencing complete healing. Each series consist of 40 treatments or dives. About 1 year ago, I had the privilege of meeting the proprietor of the Hyperbaric Healing Institute, where I was offered therapy in a "hard-shelled" chamber. Upon commencing this new treatment regimen, I noticed a significant decline in my symptoms. My wife also observed further positive transformations, which were not as apparent with the "soft-shelled" chamber treatment, including improvements in my speech, sleep, a noticeable increase in motivation. I chronicled my HBOT journey on LinkedIn, providing others with a transparent view of the results and offering hope to veterans who may feel that there are limited options available for addressing their PTSD and TBI symptoms. This narrative serves not only as my personal testament but also as an inspirational beacon for others navigating similar health challenges. My symptoms post 17th HBOT treatment in a "hard shell" chamber: Following the initiation of Hyperbaric Oxygen Therapy (HBOT) within a robust "hard-shell" chamber, utilizing 100% oxygen at pressures of 1.5 to 2.0 atmospheres (ATA) for an uninterrupted duration of 60 minutes, there has been a remarkable transformation in my symptoms related to PTSD and TBI. From as early as the second session, the therapeutic benefits became evident. I found myself able to enjoy a full night's sleep without the aid of any medication. I feel more motivated in the morning to get out of bed and start my day. I have minimal to no anxiety or depression. I have found that if I have anxiety or depression, I can more easily management it through breathing exercises and meditation. My conversational skills have evolved noticeably. No longer do I find myself pausing mid-conversation, grappling to recall my train of thought. Social situations, once a source of anxiety and stress, have now become more manageable, allowing me to navigate public spaces with ease and confidence. Emotional stability has been another significant milestone. The frequency of mood swings has diminished considerably, and when they do occur, I find them far easier to manage. This newfound emotional equilibrium has fostered a deeper connection with my family, encouraging me to spend quality time with my children and wife rather than withdrawing into solitude. Physical activity has become a welcome part of my daily routine, replacing the inertia that once held me captive. And by the eleventh session, another unexpected benefit surfaced - the joy of reading returned. For the first time in what feels like forever, I could effectively read, comprehend what I was reading, and enjoy literature once again. Moreover, I've

noticed a substantial improvement in my organizational skills, enabling me to structure my life more effectively. Prior to starting my HBOT series (40 dives/treatments) in the "hard-shell" chamber, I attained a RightEye exam. Additionally, I attained a second RightEye exam after my 20th dive/treatment. A RightEye exam is an eye-tracking diagnostic tool designed to measure various metrics relevant to TBI. Through the RightEye exam, we saw dramatic change in the data showing the positive efficacy of HBOT and TBI. This journey through HBOT therapy has been transformative, breathing new vitality into every aspect of my life thus far. I respectfully urge this esteemed committee to lend its full endorsement to House Bill (HB) 262, presently rolled into (HB) 80. I further implore the distinguished representatives of the great state of Missouri to affirm this crucial legislation. This bill represents not just a piece of legislation, but a lifeline for our brave brothers and sisters in the armed forces. They have selflessly served our nation, and it is our collective responsibility to ensure they have expansive resources to address their mental health challenges. Thank you for your time and for taking my testimonial into account. Very respectfully, Blake Richardson, MHA, USMC Help Our Heroes [blake@helpourheroes.org](mailto:blake@helpourheroes.org) Sources: 1.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8700773/#2>.

[https://www.ptsd.va.gov/understand\\_tx/meds\\_for\\_ptsd.asp3](https://www.ptsd.va.gov/understand_tx/meds_for_ptsd.asp3).

<https://www.sciencedirect.com/science/article/pii/S1877065715005540?via%3Dihub4>.

<https://treatnow.org/knowledgebase/5>. <https://righteye.com/wp-content/uploads/2020/09/cnc-2019-0013verticalsmoothpursuit.pdf>



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 262</b>		DATE: <b>1/27/2025</b>	
COMMITTEE: <b>Veterans and Armed Forces</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BROOKS TRAVIS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>trav815@aol.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>1/27/2025 8:43 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**Brooks Travis,D.C. Will be present in support of HB262**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 262</b>		DATE: <b>1/27/2025</b>
COMMITTEE: <b>Veterans and Armed Forces</b>		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DALE C LUTZEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dlutzen@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/25/2025 10:10 AM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Updated and corrected testimony for 2025 Good morning, esteemed members of the Missouri State Veterans Committee and thank you for allowing me time today to provide information on a very critical veterans issue. My name is Dale Lutzen, retired Senior Master Sergeant USAF, and current member of the Air Force Sergeants Association and the Disabled American Veterans, both recognized Veterans Service Organizations. I'm here today to speak in support of HB 262 "Veterans Traumatic Brain Injury Treatment and Recovery Act" put forth by Representatives Chris Brown (District 16). Having served in the Vietnam war and Operations Desert Storm and Desert Shield and regularly engaging with active duty soldiers and recent veterans, I can personally attest to the conditions and effects combat soldiers experience both during and after the battle on the field has been fought. The increased use of Improvised Explosive Devices (IED's) by enemy troops in conflicts such as Operation Enduring Freedom in Afghanistan and Operation Iraqi Freedom in Iraq – collectively referred to as the Gulf Wars – has resulted in increased blunt force trauma type injuries to our service members<sup>1</sup>. Based on a study published by the RAND Center for Military Health Policy Research (2008)<sup>2</sup>:-

Approximately 18.5% of U.S. servicemembers who have returned from Afghanistan and Iraq currently have post-traumatic stress disorder or depression, and-      19.5% report experiencing a traumatic brain injury (TBI) during deployment.- Another 7% have reported probable brain injury and current PTSD or major depression (Rand Report, April 2008)The National Center for Veterans Analysis and Statistics (2020)<sup>3</sup> reports that 156,198 veterans of the Gulf Wars reside in the state of Missouri. Applying the RAND TBI statistic of 19.5%, that translates to approximately 30,458 Missouri Veterans who are likely to be suffering from some form of TBI/PTSD. Examples of symptoms commonly experienced by individuals with brain injury include post-traumatic stress disorder (PTSD), speech difficulties, fatigue, headaches, migraines, insomnia, cognitive impairments, light sensitivity, and having trouble with short- and long-term memory. Another troubling symptom being reported is a higher rate of suicide. A recent study published in the JAMA Network<sup>4</sup> found that veterans with a history of TBI/PTSD are at an increased risk compared to veterans without a history of TBI/PTSD. From 2006-2020, suicide rates increased per year by 14.8% for veterans with TBI, 14.4% for veterans without TBI and 1.2% for the U.S. adult population. Over the 15-year period from 2006 to 2020, veterans with TB/PTSD had suicide rates three times higher than the U.S. adult population, the study showed. The Missouri Governor's Challenge to Prevent Suicide Among Service Members & Veterans<sup>5</sup> website states that the Missouri veteran suicide rate of 45.2 (out of 100,000) is almost two and a half times greater than the national average of 18 (out of 100,000) veteran suicides. Based on a 2022 RAND report<sup>6</sup>, only around half of those who need treatment for TBI/PTSD seek it. And of those who seek treatment, slightly more than half receive minimally adequate care. The study concludes that access to care, cost of care, and effective treatment options result in major gaps for those who need care. Currently, service members with TBI/PTSD are typically prescribed pharmacological treatment plans requiring on-going

drug costs and usage which may treat the symptoms but do NOT cure the invisible brain injury. It may also unintentionally contribute to the TBI/PTSD Veteran suicide and opioid epidemic<sup>7</sup>. From 2006 to 2014, the VA distributed over 847 million opioid pills (DEA.gov) to 4 of 8 Consolidated Mail Outpatient Pharmacies (CMOP). The CMOPs distribute over 80% of the prescription medications to Veterans in the VA. As an alternative to drugs, Hyperbaric Oxygen Therapy (HBOT) stimulates brain wound healing and it can reverse soft tissue and neurocognitive damage. This treatment allows patients to experience recovery of cognitive and neurological functioning without surgery or drugs. Numerous studies<sup>7</sup> have been published scientifically proving the efficacy of HBOT as an effective treatment option for brain wounds. Dr. Paul G. Harch has peer reviewed and published two significant reports in the *Frontiers of Neurology* magazine which may be viewed here and here. So why aren't veterans receiving HBOT as a reasonable and viable treatment option? Why do treatment facilities turn veterans away – even if the veteran's doctor prescribed HBOT and the veteran has their own personal funds to pay for their share of the cost? The primary reason is simple, yet sad - HBOT for TBI/PTSD is not listed on the Medicare 'approved' list<sup>8</sup>. Medicare does allow HBOT for treatment of 14 conditions such as 'crush injuries and suturing of severed limbs', 'progressive necrotizing infections', and 'diabetic wounds'. Yet HBOT is considered 'off label' for treatment of TBI/PTSD despite the expansive scientific evidence of HBOT's effectiveness for treatment of TBI/PTSD. I recognize Medicare is a Federal agency and believe me, we are fighting the fight to enlighten those folks with the support of AFSA and other VSOs. But I'm here today to talk to you about how you can help. How you can change things right here in Missouri to help our Missouri veterans. HBOT is proven to be safe and effective at healing invisible brain wounds. Missouri veterans with TBI/PTSD simply need access to HBOT care. At its most basic level, HB2215 gives veterans, who have been diagnosed with TBI/PTSD, the right to receive HBOT treatment as prescribed by a doctor. The men and women who have served our country, and have been invisible brain injured in the course of serving, deserve to have effective treatment options available to them so they can fully return to their country, their families, and their lives. It's the least we can do for those who have given us so much. I would ask this committee to fully support HB 262 and recommend the representatives of the great state of Missouri approve this bill. Thank you again for your time today. Dale Lutzen, SMSgt (ret) USAFdlutzen@gmail.com 402-312-7895 8700 NE 91st Street Kansas City, MO 64157 1 <https://pubmed.ncbi.nlm.nih.gov/19404818/2> [https://www.rand.org/pubs/research\\_briefs/RB9336.html3](https://www.rand.org/pubs/research_briefs/RB9336.html3) National Center for Veterans Analysis and Statistics. (2020) [https://www.va.gov/vetdata/veteran\\_population.asp#:~:text=MS-,MO,-Missouri4](https://www.va.gov/vetdata/veteran_population.asp#:~:text=MS-,MO,-Missouri4) TBI Triples Suicide Rate Among Veterans vs. General US Population (October 11, 2023) <https://www.usmedicine.com/clinical-topics/mental-health/tbi-triples-suicide-rate-among-veterans-vs-general-us-population/#:~:text=From%202019%2D2020%2C%20suicide%20rates,population%2C%20according%20to%20the%20report5> Missouri Governors Challenge Suicide Prevention <https://mogovchallenge.com/about-suicide/#facts6> <https://doi.org/10.1371/journal.pone.0079995> <https://www.lsuhs.edu/newsroom/Veterans%20Study%20Reports%20Reduction%20in%20Suicide%20Ideation%20after%20HBOT.html> Is the Time Right for Alternative Therapies? [https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2022.815056/full?utm\\_source=Email\\_to\\_authors\\_&utm\\_medium=Email&utm\\_content=T1\\_11.5e1\\_author&utm\\_campaign=Email\\_publication&field&journalName=Frontiers\\_in\\_Neurology&id=8150567](https://www.frontiersin.org/journals/neurology/articles/10.3389/fneur.2022.815056/full?utm_source=Email_to_authors_&utm_medium=Email&utm_content=T1_11.5e1_author&utm_campaign=Email_publication&field&journalName=Frontiers_in_Neurology&id=8150567) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9262363/8> <https://www.medicare.gov/coverage/hyperbaric-oxygen-therapy> and <https://www.oxygenunderpressure.com/general-8-2>



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 262</b>		DATE: <b>1/27/2025</b>	
COMMITTEE: <b>Veterans and Armed Forces</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ERIC KOLEDA</b>		PHONE NUMBER: <b>502-938-1300</b>	
BUSINESS/ORGANIZATION NAME: <b>TREATNOW</b>		TITLE: <b>NATIONAL DIRECTOR-STATE LEGISLATIVE EFFORTS</b>	
ADDRESS: <b>14580 GRANDE CAY CIRCLE, #2507</b>			
CITY: <b>FT MYERS</b>		STATE: <b>FL</b>	ZIP: <b>33908</b>
EMAIL: <b>ewk7405@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/24/2025 2:01 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

Ten states have enacted HBOT legislation since April 30, 2014 by a cumulative vote of 1,364 to 4 in favor of HBOT treatments for TBI/PTSD Veterans. Seven states have funed over \$32.3 million for treatments. The 1990 Textbook of Military Medicine recommends HBOT for Blast Wave TBIs which is still current today. Five major VSOs have provided their written endorsement of HBOT for TBI/PTSD Veteran treatments federal legislation. Eight highly skilled and licensed MDs across the country have signed a medical affidvait attesting to the safety and efficacy of HBOT for mTBI/PTSD treatments. Over 151,000 VA TBI/PTSD Veterans suicides since 2002, over 109,000 opioid use disorder deaths. From 2006 to 2014 the VA distributed over 847 million opiod pills through 4 of 8 VA CMOPS (DEA.gov) decimating our Veterans. What the VA is doing is treating the symptoms of TBI/PTSD, IT IS NOT WORKING. HBOT is an approved wound healing treatment modality approved by the FDA for four simliar wound healing indications (Diabetic Foot Ulcer, Skin Flaps, Radiation Burns, Severe Skin Burns). We are treating Veterans in FDA approved HBOT chambers providing a FDA approved drug called "oxygen" which is healing the invisible brain wounds. Currently 24 clinical IRB trials completed since 2007 demonstrating the safety and efficacy of HBOT for TBI/PTSD Vetrans. HBOT for TBI/PTSD is a current standard of care for the Israeli Defense Forces (IDF) for the past 10 years. Over 100 video testimonials of successful TBI/PTSD Veteran treatments which may be viewed athttps://www.youtube.com/@treatnowdotorg/videos. Thirteen document package delivered to the US Congress and may be viewed here at https://treatnow.org/knowledgebase\_category/congress\_house\_veterans\_affairs\_2024/.We support HB 262 with funding and urge the Missouri legislative body to become the 11th state to help us eliminate the Veteran suicide epidemic besiging our Veterans and their families across the country.





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 262</b>		DATE: <b>1/27/2025</b>	
COMMITTEE: <b>Veterans and Armed Forces</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>WILLIAM K. WARREN III</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>trey_warren4@hotmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/25/2025 7:37 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

My name is Trey Warren and I served 13 years in the Navy. I have over 3000 flight hours in F-14s, F-18s and other aircraft and I have 460 catapult shots and traps on aircraft carriers. I was trained to be a ground FAC, FAC(A), graduated from TOPGUN and was asked to be a TOPGUN instructor. I spent two and a half years deployed in combat zones during four deployments to Iraq and Afghanistan, one of which I served with special forces. After the Navy, my wife and I moved to MO and are raising our 13-year-old twins. I earned my PhD as a full-time graduate student while working part-time and being a full-time dad and husband. From my combat deployments, I suffered a TBI and numerous concussive episodes. I have been diagnosed with severe PTSD, severe anxiety and depression, asthma from the burn pits, bone spurs and a bulging disc in my neck, and I have a bad knee and shoulder. I now suffer from numerous debilitating symptoms from my numerous head injuries. My behavioral issues are causing family problems and have severely impacted my life. Now, I struggle to work part-time, pick up my kids from school, and get dinner on the table without burning it or forgetting a dish I made. I have been suicidal three times in the last 3-years. The last time was this past Dec 26th where I spent about 24 hours in the VA emergency room. I have funding to receive HBOT, but I cannot find a medical facility near me that will let me in due to its use not being approved for my issues. My only option is to move to Virginia alone for 3 months to receive the treatment I need. Instead, I am pursuing a 5-day trip to Mexico to receive an Ibogaine treatment to give me some relief. Our elected leaders are always saying they support veterans, but legal treatments for head injuries and PTSD have not substantially changed in years. I, and many vets I know, have turned to addictions and underground treatments to get relief. If you really care about the 30-40 vets who commit suicide each day, please pass HB 262 out of committee and use your political capital to get Speaker Patterson to bring this bill for a floor vote. Thank you.