

Homeless Veterans in Action

Traumatic Brain Injury- A Protocol to Help Disabled Homeless Veterans within a Secure, Nurturing Community

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Table of Contents

1. Executive Summary
2. House the Homeless, Inc. Traumatic Brain Injury Survey 2016
3. The Millennium Health Centers TBI Project
4. Warrior Angels Foundation
5. Community First Village
6. Biographies
7. Draft Budget

Executive Summary

Richard R. Troxell

Each year, for 15 years, House the Homeless, Inc.(HTH) has worked with Austin's homeless population in a collaborating fashion to learn what affects them and what they need to end and prevent homelessness. This is done by fashioning surveys that are crafted from this author's direct daily field interaction with people experiencing homelessness in the capacity of Director of Legal Aid for the Homeless; an outreach project of Texas Rio Grande Legal Aid, when I work with the disabled homeless to secure disability benefits for each of them. The 2010 House the Homeless Health Survey told us that 47% (or about half) of people experiencing homelessness are so disabled that they cannot work.

In 2013, a client's case had me stumped. A man in his mid 40s came to my office expressing the inability to work anymore. He was affable, and on the surface, he seemed quite fit. He had been relatively successful as a **master plumber**. His articulation failed him in expressing the problem, but through repeated discussion, I realized that he was having trouble thinking clearly or remembering things in the present (working memory failure.)

He relayed no past significant injuries, or car accidents, no exposure to poison, no history of alcohol or drug abuse, but clearly something was wrong. Eventually, after repeated interviews, I learned that he had played football back in high school. However, he had never had any event where he was driven in an ambulance to the hospital, etc. But I sensed this was the key. His good natured attitude, and his willingness to please others, his size, and his ability to stop an opponent as a linebacker, lead me to research the issue. On the day that the NFL settled their historic Traumatic Brain Injury case, we won disability benefits for our man. While there was no single event that he could recall, he had gotten his "bell rung" so significantly, and so many times, *without proper recovery between events*, 20 years later, in my personal opinion, he was quite possibly displaying **chronic traumatic encephalopathy**, known as **CTE**. When the brain is struck significantly without rest, followed by other minor events, it cannot fully recover. In fact, without the simple rest that one might provide for a sprained ankle, events can occur that set the *law of entropy* in motion. There is no test to prove my assertions, (the condition can only be proved after death by slicing and dyeing the brain) but the research and the preponderance of the evidence and the existence of multiple symptoms enabled us to accept the argument.

Having noticed what I believed to be somewhat similar situations, on January 1, 2016, House the Homeless geared its annual survey toward health once again, and specifically on the subject of Traumatic Brain Injury. The results are nothing short of astonishing.

A 2010 HTH survey included the fact that of 47% of the homeless population had said that they were too disabled to work, and now in 2016 80% of those folks had displayed many of the 26 symptoms

of Traumatic Brain Injury. House the Homeless, Inc. and the National Health Care for the Homeless released a joint national press release along with the survey findings.

As a result, I learned of Dr. Mark Gordon in California and of the Millennium Health Centers, Inc. Dr. Gordon had conducted decades of research on the topic of Traumatic Brain Injury. He had discovered that when the brain had first been traumatized and neuro-pathways are disrupted, that the body responds with an upsurge of *site directed hormones*. Using this information, he has designed a “protocol” that he has been using to treat our veterans from the Vietnam, Iraqi, and Afghanistan Wars for their traumatic brain injuries. He collaborated with Andrew Marr, a Green Beret, and Iraqi War Veteran, who 15 months before they met, had been on 13 high powered doctor prescribed medications, drinking heavily and in extreme danger in his marriage, as was his wife.

Today, Andrew, having undergone the protocol therapy is off all medications, is no longer drinking, and at peace in his life and in his marriage. Wow! Today, Andrew is running the Warrior Angel Foundation which he has since created in collaboration with Dr Gordon, and is treating and helping veterans in Dallas, Texas.

After a series of e-mails and lengthy conference calls, initiated by House the Homeless, Inc., we have formed a team that shares the philosophy that it is quite possible that

...a significant percentage of people experiencing homelessness got there due to a Traumatic Brain Injury, and who may never have been asked about that possibility, and therefore didn't learn of the symptoms that lead to anger, alcoholism, Parkinson's Disease, Bi-Polar disorder, bad decision making, etc. **until now.**

When researching Dr. Mark Gordon's studies, reports, background and web interviews, I heard him being asked what is the rate of success attributed to his approach. He responded with: **“In 98% of the cases, we see from 50% to 100% reduction in the symptoms.”**

I have asked him about this in the presence of others, and he has repeated the claim.

House the Homeless founded in 1989, is the oldest, all volunteer, action organization in Texas fighting to combat, end and *prevent* homelessness all across North Texas.

Given the severity of the symptoms, even just the reversal of one or two of the symptoms would greatly improve the lives of our constituents. Note- He has successfully treated over 1,200 civilians, along with 110 veterans in clinical trials.

Dr. Gordon has written books and numerous reports on the topics, and created a Certification Program to train and certify medical clinicians in his protocol, which amounts to site **directed hormone therapy**. Note- In order to achieve the highest possible success, Dr. Gordon has stressed the need for improvement, both within the brain and with the external environment where people are being treated.

I have shared with Dr. Gordon and Mr. Marr information about Alan Graham and Community First! Village. I have since reached out to Mr. Graham, Founder of Community First Village, with whom I have collaborated with for the past 12-15 years by sending him SSI awarded recipients. In turn, he has been able to house them for the small check that I have been able to get the government to provide. And more than that, he has been able to create that positive, loving, community-based, external environment that Dr. Gordon has called for.

According to a previous HTH survey, 28% of the people in the Austin area experiencing homelessness are veterans.

Now working in collaboration, and pursuant to our lengthy discussions, Dr. Gordon and Mr. Marr have agreed to expand their treatment to include **homeless veterans**.

Mr. Graham has now also agreed to the creation of a program to be operated under the name Homeless Veterans in Action, and to be sited within Community First Village.

This collaborative program, with House the Homeless! Inc., Community First! Village (a project of Mobile Loaves and Fishes), Millennium Health Centers, Warrior Angels Foundation, and local doctors (medical clinicians) will come together to create a first of a kind, ongoing program for ten *homeless veterans* to specifically treat their Traumatic Brain Injury thus combining the two populations of both *veterans* and *people experiencing homelessness*.



TBI Survey 2016

By Richard R. Troxell

Since 1997, House the Homeless! Inc. has conducted surveys focusing on people experiencing homelessness in Austin, Texas. We have conducted multiple surveys in the areas of health, welfare, jobs, wages, disability, causation of individual homelessness, personal goals, and the criminalization of homelessness. I have selected topics based on my day-to-day personal interaction with people in the homeless community in my role as Director of Legal Aid for the Homeless at Texas Rio Grande Legal Aid (TRLA). I studied survey mechanics under Dr. Robert Ambrosino from the University of Texas¹.

Traumatic Brain Injury indicators found among people experiencing Homelessness

Expected Survey Results:

People growing up in America, as a matter of normal daily activity, have experienced rough and tumble activity or play. Additionally, many people have often engaged in formal or informal contact sports (often without protective headgear.) Our purpose in surveying adults in the general homeless population, is to determine if there might be *indicators* or *symptoms* that point to past head trauma.

This is significant when looking at the 2010 House the Homeless, Health Survey when we learned that 47% of people experiencing homelessness, by their own self-reporting, have become so disabled that they cannot work a full 40 hour a week job.

Survey Venue

600 people attended the 15th Annual House the Homeless Thermal Underwear Party when we attempt to winterize anyone in Austin who is abjectly homeless at the start of our winter-January 1st. The party consists of a feast, new thermal winter clothing, a live band, fellowship and our annual survey. The Kitchen served 500 people and a total of 248 people took the survey focused primarily on health issues relating to head injuries.

Traumatic Brain Injury, TBI

It is only within the last half decade that head injuries have begun to get as much attention as other bodily injuries. Today, the medical community understands that getting one's "bell rung" is evidence of a concussion. Simply put, a concussion or a traumatic brain injury (TBI) is an injury caused by an outside force that "disrupts the normal function of the brain." A TBI occurs when the brain is bounced back and forth within an intact skull. This is what occurs during the event that doctors describe as *shaken baby syndrome*.

Of the 225 people responding to the question asking, "Have you ever been hit hard enough to 'see stars' or 'get your bell rung'," 181 said they had.

While TBI is in no way limited to sports activity, within high school sports, it has been found that football and women's soccer lead to the number one and number two sources of concussions. The third highest sports related incidents come from wrestling. However, concussions can also occur from falling out of a tree. Falling just a few feet to the ground can result in a serious concussion as can crashing one's bicycle, being in a car accident or being caught in an explosion. However, any event that results in a bump, jolt or blow to the brain that interferes with the normal function of the brain, results in a concussion.

Of the 185 people responding to the question, "Have you ever played contact sports?" 125 informed us that they had played football. 37 had played soccer, 12 had participated in hockey, 26 in wrestling and 39 in boxing/fighting.

Of the 225 people answering the question, "Have you ever suffered a fall/ off a roof, out of a tree, etc." 173 people said that they had.

The brain is protected from a concussion by having a layer of *cerebrospinal fluid* that envelops and thereby protects, and cushions, the brain. But an individual can stop so suddenly that the brain continues its forward motion with such force that it will penetrate the fluid and slam into the interior of the skull. The brain can then bounce back with such force that it slams into the opposite side of the interior skull. This causes the cells within the brain to stretch and tear causing chemical changes in the brain. This results in a concussion.

Of the 258 people responding to the question, "Have you ever been in a car accident?" 177 had answered in the affirmative and acknowledged that they had been in a car accident.

Unfortunately, no brain scan, blood test, or any other medical examination can diagnose a concussion. Additionally, this means that as observers or diagnosticians, we can only look to *symptoms* or *indicators* to give us clues as to whether or not someone has had a concussion. Also, while there are 26 symptoms/indicators, people rarely display more than a few at a time. Additionally, only 10% of concussions are coupled with being knocked unconscious. While every concussion is different, *all* are considered to be very serious.

When people had acknowledged that they had “seen stars” when struck or gotten their “bell rung,” 162 of them had also admitted to having been dazed. 145 confessed to being confused while 102 suffered headaches and 65 became irritable.

Remarkably, while only 10% of concussions are usually coupled with being knocked out as cited above, **this** population, with 228 people responding to the question, reported to have been knocked out an astonishing 109 times when having reported 169 incidents of being beaten or hit hard in the head!

It is now believed that the number of concussions suffered in the general population is much higher than the number reported. They are under-reported and under-recognized.

It is important to note that just as Veterans are over represented in the population of people experiencing homelessness, of the 239 people answering the question, “Have you ever been in an explosion? 26 people answered in the affirmative.

There are two types of blunt-force trauma that can lead to concussion. One is linear acceleration and the other is rotational acceleration. Rotational acceleration occurs when hit from off center or from the side (e.g. a quarterback being “blindsided”). Here, the brain in response to the blow, will rotate and then hit the skull. The medical community now believes that this “rotational acceleration” does more damage than “linear rotation” since the blood vessels can stretch and tear as the brain rotates. In both instances, a chain reaction begins as chemicals in the brain move around in chaos creating disruption. “Messages carried by our brain’s neurotransmitters are interrupted before they reach the axon.” Instantly, the brain is unable to send or receive messages properly. The long term implications can be devastating.

Note- A blow to the head is not necessary for a concussion to occur. **Even a jolt to the body that causes the brain to rapidly change speed or direction can result in a concussion.**

We now believe that the best treatment for a concussion is rest and time. We **must** introduce a period of rest with no further physical or mental exertion. **Also, it is imperative that there be no further head trauma during the recovery period.** Without taking full advantage of the recovery period, the length of the concussion can be extended. Suffering a *second* concussion without having fully recovered from the first concussion leaves the individual subject to **Second Impact Syndrome, SIS**. This occurs even when experiencing a second (even minor blow) when massive amounts of blood flood the brain that can lead to “catastrophic brain damage.” This can lead to a serious unexpected medical condition where a person is simply not diagnosed with having had a concussion because of a lack of indicators or symptoms. At the very least, continued head knocking after a concussion can result in no symptoms *but can cause damage to working memory*.

Post-Concussive Syndrome is a condition when intense concussion symptoms last an unusually long time. Symptoms include headaches, poor memory, problems concentrating, and on-going sleep problems. **CTE**, otherwise known as *Chronic Traumatic Encephalopathy*, means long-term disease caused by brain trauma. **Once started, this condition cannot be stopped.**

The Survey takers were asked the general question, “Are you currently experiencing any of the following?”

Headaches-	Yes-92	Ringing in Ears-	Yes-62
Dizziness-	Yes-72	Irritability-	Yes-59
Memory Problems-	Yes-115	Sleep Problems-	Yes-92
Balance Problems-	Yes-65		

CTE cannot be diagnosed in a living person. In order to determine if a person had CTE their brain must be analyzed post mortem. However, as the symptoms worsen the damaged cells can no longer transmit messages in a normal fashion. This is when the long-term symptoms become noticeable and manifest as poor judgment, drug taking, dementia, severe memory loss, lack of insight, decreased concentration, inability to multi-task, depression, ear ringing, and balance problems.

Summary

While it is unclear whether or not concussions or Chronic Traumatic Encephalopathy, CTE, run rampant throughout the pool of people experiencing homelessness, we do know that there is something that is growing this pool of damaged people. Many of the symptoms and indicators of brain injury are found within and being exhibited by this population. Because at this time, definitive, conclusive evidence cannot be attached to any living human being as to whether or not they have had a concussion or are permanently afflicted with CTE, it is *imperative* that further study involving this population be conducted.

It is also clear that little is known and very few steps have been taken to prevent head injuries that affect the brain. It was only as recently as 1943 that the National Football League, NFL, began to require helmets. While their design have helped prevent skull fractures we have only recently come to realize the inherent irony that while a good helmet can help a race car driver or a fullback from cracking their skull open, *a closed head injury* can cause severe brain damage. Post trauma, the closed skull cannot yield to the expanding brain and permanent damage can occur. So collapsible fins encased in double hulled layers with a cushioned outer covering is being explored even as this document is being written. But what about jungle gyms and falling out of tree injuries? Until we understand the nature of these injuries we will not know their suspected connections with Dementia, Parkinson’s disease, memory problems, ALS (Lou Gehrig’s disease) and even Bi-polar Disorder, etc. All of the debilitating conditions share neurotransmitter disruption.

Again this year, 3.5 million people will experience homelessness. 49% or half of them are so disabled that they cannot work. Perhaps this is where we should start looking for the origins of these medical questions.

Survey Results

1. Have you ever been in a car accident? **Yes 172 No 76 Total Responding 248 [69% yes]**

Have you ever been hit from the rear while in a car?* **Yes 112 No 127 Total 239 [47% yes]**

***Note-** 2 people indicated that they were "T-boned" and 6 other people indicated that they were hit from the side. While rotational shearing is more damaging than straight line linear brain damage, there may have been no reason for distinction here regarding front and rear collisions.

2. Have you ever been in an explosion? **Yes 26 No 206 Total 232 [11% yes]**

The 26 affirmative respondents may be veterans.

Have you ever suffered a fall (off a roof/ out of tree, etc.)?

Yes 173 No 52 Total 225 [77% yes]

3. Have you ever been mugged? **Yes 96 No 128 Total 224 [74% yes]**

Note. The dictionary defines *mugging* as "assault with intent to rob." This was our understanding when we used it here. However, we have since learned that some people define mugging as not necessarily involving assault but rather as a purse snatching (for example) without physical abuse. This could possibly skew this particular tabulation, to what degree is undeterminable at this point.

Have you ever been beaten up or hit very hard in the head?

Yes 169 No 55 Total 224 [75% yes]

4. Have you ever been knocked out? **Yes 109 No 119 Total 228 [48% yes]**

5. Have you ever been hit hard enough to "see stars" or get your "bell rung"?

Yes 181 No 44 Total 225 [80% yes]

If yes, indicate all that apply:

Dazed 162 Confused 145 Suffered Headache 102 Irritability 65

6. Have you ever played contact sports? **Yes 125 No 60 Total 185** **[68% yes]**

(Indicate the sports below)

a. Football **116**

d. Wrestling **26**

b. Hockey **12**

e. Boxing/Fighting **3**

c. Soccer **37**

f. Other: Baseball-19, Basketball-5, Softball-4, Rugby-2, Break-Dance, Acrobatics, Racquetball, Track, Snow Ski, Dirt-Bikes, Karate, Bowling, Volleyball, Gymnastics, Tae Kwon Do, Swimming⁺, Dancing/Ballet.

⁺Before the reader scoffs at “swimming” as a contact sport, I’ll share my own traumatic brain injury when doing a back flip off a low diving board when at age 12, I tore off the top of my head, sunk to the bottom of the pool momentarily “dazed” to the point of nearly drowning. I had to be saved by my best friend. I retain a lump on the top of my skull the size of a chicken egg. As far as skiing... we need to look no further than Sonny Bono who flew top speed into a tree that ended his life.

The **Grand Total** answering in the affirmative is **398**. **Note. Some people played more than one sport.**

7. Have you ever been **told** that you might have a concussion?

Yes 110 No 112 Total 222 **[50% yes]**

***This would seem notably high given only the recent focus on this issue.**

8. Are you **currently** experiencing any of the following that make you think you had a head injury or concussion? If so, **circle all that apply:**

a. Headaches- Yes **92**

g. Sleep problems- Yes **92**

b. Dizziness- Yes **72**

h. Other: Chronic pain, Hearing loss, Poor blood

c. Memory problems- Yes **115**

flow to brain, Seeing and hearing problems,

d. Balance problems- Yes **65**

Anxiety Disorder, agitation, Schizophrenia,

e. Ringing in Ears- Yes **62**

Depression, Bell’s Palsy

f. Irritability- Yes **59**

9. How long have you been homeless all together? **7.1 years** (on average)

10. What caused you to become homeless? **Please check all that apply:**

a. Economics e.g. poor wages	175	e. Health issues	61
b. Unable to afford housing	149	f. Drugs	55
c. Criminal background	81	g. Alcohol	50
d. Failed relationship	80	Other: paranormal activity, by choice, my life crisis	

11. Last grade of school completed: **11.57 years**

Special Education: **Yes 42** GED **Yes 56** Certificate: **Yes 54**

Note. While the average school career completed is only half way through the 12th grade, 56 people went on to get their GEDs and 54 others attained some certificate like welding, auto mechanics, nurses assistant etc.

12. What is the #1 thing that will make your life better? **Please check all that apply.**

Housing **195** Living Wage Job **187**

Livable Income from Disability Benefits **80**

Note. 19 people selected all three choices which indicate to us that they just want enough money to have a home.

Other: Better Health, Jesus in my life, being absorbed into care by my fiancé, getting off the street, peace, freedom, a car, a job, affordable job, transportation, good people in my life, any, Love (2), move to Malaysia, God Choice, Social Security, Education, (and finally) Salvation.

Note- There was only 9 totally non-responsive cards. They were not included in the results.

From all indications, (2010 House the Homeless Medical Survey), it seems that about half, (47%) of people experiencing homelessness are so disabled that they cannot work. **Now**, we learn that 80% had been hit in the head hard enough to “see stars” or get their “bell rung,” 47% were in car accidents, 77% fell from a roof/tree etc, 74 % were mugged, 75% were beaten or hit in the head and an astonishing 48% were knocked out.

Just considering the 75% who were beaten or hit in the head and the 48% who were knocked unconscious, and the 80% who “saw stars” or “got their bell rung, ” we see that an enormous number of people experiencing homelessness have experienced a very high rate of head trauma. What if what we are seeing is that many of the nation’s homeless population has suffered some kind of head injury not necessarily because they are homeless, but rather, *causing them to fall into homelessness* and even *preventing them from escaping it*. Wouldn’t it make sense to try and find out if that’s what is taking place...not just that people are funneling into homelessness, *not only due to economics*, but also due to reasons related to health issues...specifically *brain injuries*? Perhaps, ultimately, we can take preventative measures to counter these life-altering events that are so costly to the individual and to our nation as a whole.

End Note-

1. It is the work of Dr. Ambrosino at The University of Texas that led to the creation of the Lone Star Card/food program that was the original precursor to the Food Stamp- SNAP program of today. <http://www.utsa.edu/roadrunners/profiles/2015/01/21-Robert-Ambrosino.html>

Reference-

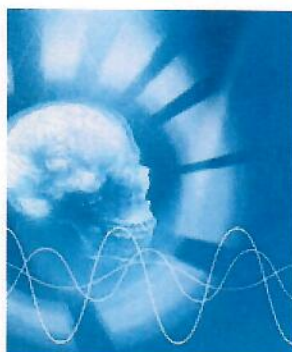
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Life Extension Magazine January 2012

REPORT

Using Hormones to Heal Traumatic Brain Injuries

By Joseph Carrington



It can happen without warning: you slip in the shower and hit your head, a car swerves and hits you, a small stroke occurs and suddenly you can't speak, your mobility is limited, and your world shrinks.

These are real-life examples of the often *intractable* effects of **traumatic brain injury** or TBI. And thanks to the groundbreaking work of Dr. Mark L. Gordon and a handful of forward-looking physicians, there's new hope for the 1.7 million Americans afflicted with this condition.

Using **cutting-edge hormone replacement techniques**, Gordon and his colleagues are helping to change the way we think about traumatic brain injuries, their symptoms - and how to treat them *effectively*. In his clinical practice, Dr. Gordon is developing new protocols that may revolutionize the devastating impact of traumatic brain injuries. One of the biggest patient populations in need of

urgent care are the soldiers returning from the battlefields of Iraq and Afghanistan. Our story begins with them.

STARTING WITH SOLDIERS

Traumatic brain injury (TBI) is often referred to as the "signature wound" of both the Iraq and Afghanistan wars. Traumatic brain injury occurs when a sudden trauma to the head disrupts brain function. In both these wars, however, even close proximity to the force of an explosion can be just as devastating. Most of the reported traumatic brain injury among Operation Enduring Freedom and Operation Iraqi Freedom veterans has been traced to improvised explosive devices, or IEDs.

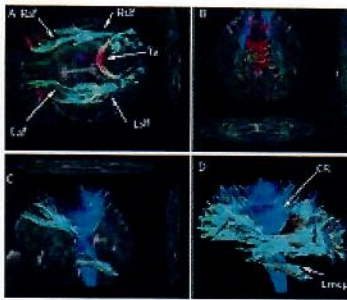
"Traumatic brain injury can be caused by a direct impact, or by acceleration alone," explains Dr. Mark L. Gordon, interventional endocrinologist and traumatic brain injury treatment specialist at Millennium Health Centers in Los Angeles. "Brain trauma also causes secondary injury, which takes place in the minutes and days following the injury," he adds. "These processes include alterations in cerebral blood flow and increased pressure within the skull, contributing substantially to damage from the initial injury."



Gordon says traumatic brain injury can cause a host of physical, cognitive, emotional, and behavioral effects, some of which can be difficult to detect. Symptoms can appear immediately or weeks to years following the injury. "Insidious traumatic brain injury can be difficult to detect," Gordon says. "Localized damage to the frontal and occipital lobes occurs when the brain collides with the skull. Increasingly, we are discovering that traumatic brain injury is also a causative factor for accelerated hormonal deficiencies." These deficiencies, says Gordon, can cause a host of psychological, physiological, and physical manifestations, including depression, outbursts of anger, anxiety, mood swings, memory loss, inability to concentrate, learning disabilities, sleep deprivation, increased risk for heart attacks, strokes, high blood pressure, diabetes, loss of libido, menstrual irregularities, premature menopause, obesity, loss of lean body mass, muscular weakness, and a number of other medically documented conditions.

What's more, Gordon points out that veterans suffering from these forms of psychological damage due to traumatic brain injury are frequently misdiagnosed and have their injury erroneously downgraded to post-traumatic stress disorder (PTSD). Moreover, especially in mild traumatic brain injury cases, symptoms at the initial time of injury may go unrecognized or unnoticed, but patients will still develop hormone deficiencies. Unfortunately, the government is slow to accept the link between traumatic brain injury and hormonal deficiencies.

DR. GORDON'S EPIPHANY



Changes in tract patterns as indicated by the arrows account for loss of cognition and personality.

By sheer serendipity, many years ago Dr. Gordon provided care for a young man with a history of numerous sports-related head injuries, whose parents were themselves patients at the clinic. The young man's symptoms long outlasted the immediate effects of his acute injury and included loss of concentration, memory, mental energy, focus, and physical well-being, often accompanied by loss of lean muscle mass and an increase in body fat.

The parents, familiar with the effects of hormonal imbalances, naturally assumed that their son's problems might reflect an endocrine problem of his own. And indeed, many of his symptoms resembled those of adult patients with so-called **hypopituitarism**, or loss of pituitary gland function. The pituitary gland is located at the base of the brain and is sometimes called the "master" gland of the endocrine system, because it controls the functions of the other hormone-secreting glands.

Gordon, who is nothing if not intellectually curious, hit the books. What he found was startling and life-changing, for himself as a clinician, for his young patient, and now for scores of additional victims of traumatic brain injury.

SYMPTOMS OF TRAUMATIC BRAIN INJURY MIMIC PITUITARY DYSFUNCTION

Dr. Gordon found a wealth of published literature suggesting that traumatic brain injury causes pituitary dysfunction, confirming his initial hunch.¹ Although the figures vary between studies, at least 50% (and up to 76%) of traumatic brain injury victims show some loss of pituitary hormone function immediately after the brain injury.²⁻⁴ In general, the more severe the original brain injury, the more profound the hormonal deficits, although hormone deficiency or insufficiency (levels in the low "normal" range) are seen even in patients with mild traumatic brain injury.⁵⁻⁹

And while about 58% of patients recover their normal pituitary function within one year of their head injury, a shocking **52% develop new pituitary hormone deficiencies** after one year.^{10,11}

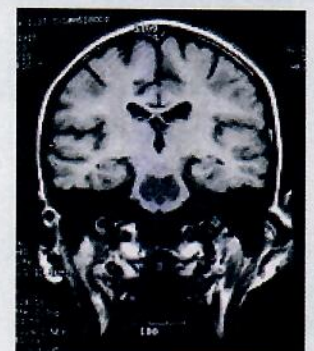
Those deficits include reductions in many different pituitary hormones, including those that regulate the thyroid gland, the adrenal glands (that produce cortisol, DHEA, and other vital hormones), the gonads (where estrogen and testosterone are produced), and growth hormone.^{3,4,12,13}

The severity of the hormone deficiencies correlates strongly with the kinds of symptoms Dr. Gordon was seeing in his patient. For example, patients with growth hormone deficiency or insufficiency had significantly worse disability rating scores, greater rates of depression, worse quality of life, lower energy, greater fatigue, and poorer emotional well-being, compared to brain injury patients with normal hormonal levels.^{14,15}

Dr. Gordon's hunch was borne out: patients with traumatic brain injury often have **pituitary hormone deficiencies or insufficiencies**, especially in growth hormone. And those defects are closely associated with the persistent neurological, psychological, and emotional deficits that are so tragically common in survivors of traumatic brain injury. And where are you most likely to find a high concentration of survivors of traumatic brain injury? The United States military.

BRAIN TRAUMA

- Traumatic brain injury afflicts nearly 2 million Americans annually.
- Survivors of traumatic brain injury suffer from a broad spectrum of physical, mental, cognitive, and emotional deficits, ranging in severity from mild to crippling.
- Conventional medical treatment and rehabilitation often fail to achieve substantial recovery once the acute injury period has passed.
- Recent discoveries reveal that traumatic brain injury produces a host of endocrine deficits centered on dysfunction of the pituitary gland.
- Restoring the balance of deficient hormones to their pre-injury levels has been shown to produce substantial improvements in all facets of traumatic brain injury.
- Despite powerful evidence for hormone replacement, conventional physicians remain unwilling to provide this vital therapy.



- Dr. Mark Gordon of Millennium Health Centers is a pioneer in hormone testing and replacement in victims of traumatic brain injury.
- Gordon has now treated scores of brain-injured patients, balancing their deficient hormones and achieving remarkable recovery, even in patients who are years out from their original injury.
- Anyone with a traumatic brain injury, or their family members, can reach out to Dr. Gordon and Millennium Health Centers for an initial evaluation and treatment plan.

The dark gray areas are contusions which cause a reduction of blood flow decreasing oxygen and nutrients to the brain. This causes apoptosis – programmed cell death.

THE COMBAT CONNECTION

"When you have 360,000-plus GIs coming back from war with traumatic brain injury, it gets expensive," he says. "Especially when you have to start addressing hormone deficiencies."

In 2006, the army's surgeon general established the Traumatic Brain Injury Task Force to establish a clear picture of the processes and research involved with helping traumatic brain injury-affected service members transition to civilian life. The task force was designed to assess how the army addressed aspects of traumatic brain injury care, and made recommendations for improvement. But Gordon believes the bottom line is that a task force can do little if the military doesn't want to pay for treatment.

Gordon explains that conventional medical dosage for testosterone is at 200-300 milligrams per week, which he has shown is far too high! "For example, a typical 25-35 year old male naturally generates 4-10 milligrams per day, or 60 milligrams per week. Using supraphysiological dosages of testosterone (as military doctors are doing) can have significant side-effects if not monitored closely. We can achieve similar benefits at one-quarter the dose without the risk factors."

While Gordon admits that interventional endocrinology may not be for everyone, patients like soldiers will eagerly seek it out when traditional doctors have hit a wall and are unable to fix ongoing issues. Recently, he spoke with a military veteran in North Carolina who described the sheer difficulty of getting anything done through the military. "Part of the reason," Gordon explains, "is because the military and doctors see testosterone as a 'bodybuilder drug,' rather than a natural substance produced in our bodies. It makes no sense why they can readily accept insulin use for diabetes, but not testosterone. They are both natural hormones, flowing naturally through our bodies."

TRAUMATIC BRAIN INJURY AND HORMONES



The area circled in red is the hypothalamus - the control center for the pituitary gland and production of hormones throughout the body.

Most people typically think of hormones as the products of the endocrine glands located throughout the body. That's an accurate, but incomplete, view of these powerful biological regulatory molecules. Virtually all endocrine glands are under the control of the **pituitary** gland, which is located inside the skull at the base of the brain. Because of its powerful influence on the other endocrine glands, the pituitary is often referred to as the "**master gland**."

But even the pituitary is subject to a "higher" form of control. An ancient brain structure called the **hypothalamus** has a direct connection to the pituitary via a unique network of veins. Regulatory molecules from the hypothalamus "tell" the pituitary how much of its own hormones and hormone releasing factors to produce. And the hypothalamus, as part of the brain itself, receives constant **neurological inputs** from all over the body, creating a host of feedback loops. It is those feedback loops that maintain a steady balance between extreme biochemical states.

That connection between the brain's hypothalamus and the endocrine system's pituitary is called **neuroendocrine** function. And, though it may seem obvious, medical science is only just beginning to recognize that trauma to the brain, even apparently minor trauma, can damage the hypothalamic-pituitary system and have profound effects on hormonal function.

In fact, most people (including the majority of physicians) assume that the neurological deficits that follow a traumatic brain injury result simply from disruption to brain tissue itself. In this simplistic model, a "hit" to the head causes the brain to be "rattled," triggering bleeding, bruising, and other large-scale injuries that can be seen on MRI and CT scans. And it's quite true that we can predict some of the deficits a brain-injured person will sustain by the location and severity of the visible damage on those scans.

But victims of traumatic brain injury frequently have sustained neurological deficits that exceed what would be predicted simply by examining brain scans. Unfortunately, people with so-called minor traumatic brain injury, who comprise the largest group of

brain-injured patients, have no visible damage at all on brain scans.

It took someone with genuine insight and a fresh approach to recognize that it is **disrupted hormonal function**, not simply physical "brain damage," that creates the sustained neurological deficits suffered by victims of traumatic brain injury.

REPORT

Using Hormones to Heal Traumatic Brain Injuries

By Joseph Carrington

GROWTH HORMONE: A CRITICAL PLAYER

Growth hormone is the most common hormone deficiency or insufficiency in patients with traumatic brain injury at any level of severity.¹⁶⁻¹⁹ Deficiencies in this hormone are especially marked in patients with moderate to severe traumatic brain injury.²⁰ Brain-injured patients with growth hormone deficiency experience rapid weight gain and have substantially lower levels of other hormones as well.^{17,19} Low growth hormone levels are also associated with excessive anxiety and depression and poor physical health and quality of life.^{15,21} Finally, brain-injured patients with growth hormone deficiency show greater deficits in attention, executive functioning, memory, and emotion than those with normal growth hormone levels.²²

Growth hormone is an intriguing hormone, and we are learning more about it each year. In children, it is responsible for regulating linear growth, ultimately determining adult height and body proportions. But growth hormone has many other remarkable functions throughout the body and into adulthood. It is **neuroprotective**, increasing survival of damaged nerve cells and promoting regeneration of nerve tissue.²³⁻²⁵ Growth hormone also increases the number of receptors for other hormones in tissues throughout the body; this has the effect of increasing the body's sensitivity to those hormones' actions, helping to overcome the effects of their deficiencies.²⁶⁻²⁹

Like all hormones, growth hormone acts by binding to specific cell-surface receptors. Receptors for growth hormone are found throughout the brain, and they are especially densely distributed in brain regions responsible for learning and memory.^{30,31} That may explain why **declining growth hormone levels are associated with poorer cognitive function**. Growth hormone levels fall with age and are especially low in Alzheimer's disease.³²⁻³⁶ As Dr. Gordon points out, it is therefore not surprising that traumatic brain injury patients often show symptoms identical to the cognitive decline and memory loss we see with aging and Alzheimer's disease. In essence, a brain-injured patient with low growth hormone levels undergoes accelerated cognitive aging.

HOPE FOR TRAUMATIC BRAIN INJURY PATIENTS AT MILLENNIUM HEALTH CENTERS

TABLE 1: MILLENNIUM'S TRAUMATIC BRAIN INJURY HORMONE PANEL

Testing	Male	Female
IGF-1		
Free Testosterone		
Estrogens	-	
Cortisol		
TSH		
T3/T4		
DHEA		

Dr. Gordon was struck by the obvious paradox: although there is copious evidence that patients with traumatic brain injury suffer from hypothalamic-pituitary hormonal imbalances, and ample expert recommendations for rigorous hormone testing, few physicians were bothering to test their brain-injured patients.^{22,30,37} Worse, despite compelling studies showing the benefits of hormone replacement, virtually no physician was offering such therapy in the United States.

Dr. Gordon decided to act.

Over the course of several years, he has developed a panel of comprehensive hormone testing for survivors of traumatic brain injury (Table 1). Gordon's clinic, Millennium Health Centers, provides primary, or direct, testing to determine how well the hypothalamic-pituitary system is functioning,

and also secondary testing, which determines how the target endocrine glands themselves are affected (Table 2). In his practice, Dr. Gordon obtains a complete history and performs a detailed physical examination on each brain-injured patient and correlates those findings with their lab results. From this information he is able to create a treatment protocol for individualized hormone replacement.

Dr. Gordon uses physiologic dosing, not megadoses, of each hormone. His goal is to restore hormone levels to the middle of the optimum range, but he works each patient up to that level slowly, monitoring their cognitive and physical functions monthly.

"Science now has the ability to map the entire brain, and we now know exactly where growth hormone works on mood, which pathways it uses," says Dr. Gordon. "The military is simply not prepared to go to the depths that we have in the private sector."

Patients typically respond within weeks to the Millennium approach. And the responses tend to be dramatic.

Gordon recalls one case in particular, of a woman who had been involved in a "T-bone" car crash - a notoriously deadly situation in which the victim's vehicle is hit full-force from the side. The patient was left with multiple neurological deficits. She spoke with a stutter and needed to keep one hand on the wall as she walked in order to maintain her balance. She had substantial memory impairment as well.

After a series of blood tests, Dr. Gordon began administering small doses of the hormones that were deficient in this patient's case. She soon showed encouraging progress, with diminished speech and balance impairment. Gordon recalls with obvious delight, "One day about six months later, I got a phone call from a woman who said, in a perfectly normal voice, 'Hi, this is your patient Nancy.' I told her to stop joking and asked who it was. 'I'm your patient, Nancy, the one with the bad stutter. I woke up this morning, and this is how I was able to speak. I just wanted to let you know.'"

Nancy's case, though dramatic, is far from unique.

Since that time, Dr. Gordon has treated scores of other patients with similar outcomes, which is why military veterans coming to him are in good hands: he has obtained a grant from Access Medical Laboratories in Jupiter, Florida, which currently covers the cost of testing veterans with traumatic brain injury. "They've arranged for a phlebotomy company to go to the veterans' homes and draw blood. Lab tests use a spectrum that goes way beyond typical blood tests, providing a bigger database." Any treatment starts with baseline hormone testing of testosterone, growth hormone, thyroid, and cortisol.

His work is attracting international attention, and he has been invited to lecture on his hormone-balancing approach at prestigious conferences around the world. Dr. Gordon is actively recruiting other physicians to learn from him so that they can apply his techniques in their own practices.

SUMMARY

Traumatic brain injury leaves millions of survivors with substantial impairments in physical, emotional, cognitive, and behavioral consequences each year. Despite high-tech diagnostic and treatment protocols, mainstream medicine has managed to do little to overcome these long-term pathologies. The recent discovery that traumatic brain injury, by damaging the brain's hypothalamus, triggers dysfunction of the pituitary gland, led Dr. Mark Gordon on a mission to identify and treat the resulting hormonal deficiencies in his patients with traumatic brain injury. Restoring hormone levels to their optimal, pre-injury and youthful levels results in remarkable recovery of many of the impaired functions.

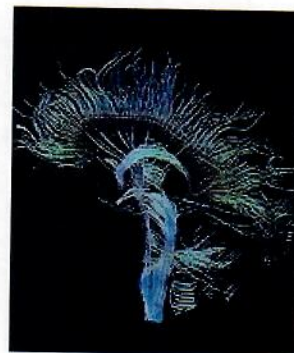
Patients with traumatic brain injury, or their family members, may visit Millennium's website at www.TBImedlegal.com, or call 818-990-1166 in order to set up initial lab testing. Information at the website also lets patients know what a typical course of treatment involves.

If you are a veteran of the Gulf War, Iraq, or Afghanistan, The Millennium Health Centers has a limited grant from Access Medical Laboratories of Florida that will pay for your TBI Hormone Panel. In California, Dr. Gordon offers the same TBI Hormone Panel to law enforcement officers injured on the job. We care for those who take care of us!

If you have any questions on the scientific content of this article, please call a Life Extension® Health Advisor at 1-866-864-3027.

TABLE 2: PRIMARY AND SECONDARY ENDOCRINE FUNCTION TESTS

Primary Testing (Direct Pituitary Function)	Secondary Testing (Function of Target Endocrine Organs)
Growth Hormone	IGF-1 (Insulin-like growth factor-1)
Luteinizing Hormone	Testosterone/Estrogens
Thyroid Stimulating Hormone	T3 and T4 (Thyroid Hormones)
ACTH (Adrenocorticotrophic Hormone)	Cortisol
FSH (Follicle-Stimulating Hormone, acts at ovaries and testes)	



We can now see the nerve pathways as they make connections to different brain centers.

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THE MILLENNIUM-WARRIOR ANGELS FOUNDATION TBI PROJECT

The Millennium-Warrior Angels Foundation (MWAf), was established in 2014, by the virtual joining of the Millennium Health Centers, Inc. with the Warrior Angels Foundation (501c3). The Millennium Health Centers, Inc. was founded in 2001 by Mark L. Gordon, MD to develop and provide hormonal replenishment strategies for both male and female clients. In 2004, the direction turned from Interventional Endocrinology to Neuroendocrinology in a quest to address the cognitive and personality changes experienced by those who had sustained injuries categorized as mild or moderate traumatic brain injury.

In December 2007, Dr. Gordon released his first book; *A Clinical Approach to Interventional Endocrinology*, which serves as the foundation for his work in translational endocrinology up until the release in May 2015, of – *Traumatic Brain Injury – A Clinical Approach to Diagnosis and Treatment*. At the time the TBI book was published, it represented the cumulative approach developed over the initial 11 years addressing the cognitive and neurobehavioral changes that are precipitated by single or multiple traumas to the head (and/or body). In July 2006 and January 2007, Dr. Gordon participated in two ESPN Outside the Lines programs where he shared his clinical experience assessing and treating both professional Boxers and NFL players who had complications arising out of their sports. (<http://tbimedlegal.com/id84.html>)

In 2014, Sergeant First Class, Andrew Marr (ret) and his brother Captain Adam Marr (Apache pilot retired), co-founded the Warrior Angels Foundation, a 501(c3), with the mission to identify non-traditional medical interventions to address both TBI and PTS without the use of polypharmacy. Prior to founding the WAF, Andrew Marr had experienced the conventional approach to treatment of PTS (rightfully TBI) having been prescribed 13 different medications subsequent to his multiple Blast Traumas. When his polypharmacy failed to control his explosive temper, emotional breakdowns, crying jags, loss of focus, loss of cognition, disorientation, and lack of libido he added alcohol to numb his emotions even further. As a back-up, he carried his shot-gun looking for the right time and place. Thankfully, he had a moment of clarity and realized he had to find an alternative approach to treatment that did not leave him feeling like a dead man walking.

In April/May 2014, Andrew Marr became a client of the Millennium-TBI Project. His first encounter involved a laboratory blood test consisting of 28 bio-markers which is interpreted on a non-standard paradigm. Based upon these results, the goal was/is to return those markers to optimal levels using pro-hormones, neurosteroids, and neuroactive steroids. In addition, a small group of natural anti-inflammatory nutraceuticals are introduced into the treatment protocol.

Since 2014, the MWAf has seen and funded the majority of over 200 Veterans and Active Service members. Additionally, the MHC has seen and treated over 1200 civilians with a diversity of injuries using the 28 Bio-marker panel and treatment with neurosteroids and nutraceuticals.

The WAF acts as an administrative organization providing general information, enrollment applications, and financial support to veterans. Recently, we have had outside service organizations provide ear-marked funding for their selected personnel to be assessed and treated within our program.

The Millennium-TBI Project (MHC), has developed a 28-point bio-marker panel and an algorithm to improve the interpretation of the results so that treatment with neurosteroids and anti-inflammatory nutraceuticals would achieve an optimal response in the shortest and safest time possible. Presently, an AI program is being developed to standardize the interpretation of the lab results and provide recommendations for optimal treatment. This will accelerate the learning curve for recruitment of healthcare providers and expand the number of Millennium-TBI Centers in the USA. The Millennium (MHC) is all about Translational Neuroendocrinology applying the science that already exists into clinical practice. (2017.10.07)



THE MILLENNIUM-WARRIOR ANGELS FOUNDATION TBI PROJECT

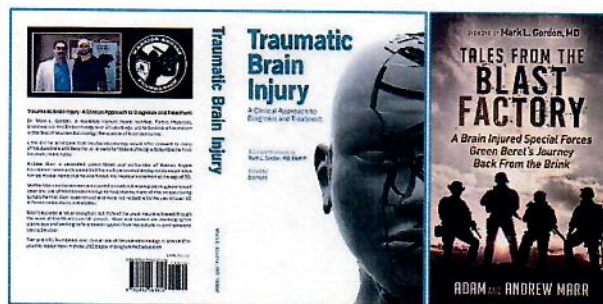
After supporting the enrollment of over 200 veterans and financially providing laboratory testing, treatment protocols, and medical consults for periods of 12 – 36 months, the WAF ran out of funds to use for new clients. Since the beginning of 2017, veterans have paid for their own evaluation and treatment receiving subsidy from the Millennium Health Centers, Inc. In addition, funds generated by the national sale of products developed by the Millennium have been used to off-set a veterans cost of treatment. We are looking for funding to help continue our program to provide our services to more veterans and to active service.

Since 2015, we have trained a group of physicians in our approach, laboratory testing, and treatment protocols so that we are scalable and able to accept large numbers of new veterans and civilians. Twice a year the MWAf provides an advanced training program for physicians that are already practicing hormone replacement therapies. Once they take the course, read the book, and take a 4-hour examination, they are certified and offered a position in our physician network – The MWAf TBI Network.

Potential clients (Veterans, Active Military, and Civilians) enroll at the website where they receive an enrollment packet. Once funding is secured for military clients they will be directed to WAF for this process. At this time, it is at the TBImedlegal website. Once the enrollment packet is return our office (or WAF for military) contacts the client to arrange for their remote blood draw through our laboratory – AML. Regardless where the labs are drawn they are sent to the laboratory for processing. Within a week the results are sent to Dr. Gordon at the Millennium where he reviews the patient's history and medication, and generates a 4-page report. The report reviews each of the markers and provides a statement regarding the status of each element in the laboratory testing. Included in the report is a proposed treatment Protocol. The client is sent a copy of this report with instructions to arrange for an in office, skype or phone consult to review the results and explain treatment. Since 80-90% of the treatment is non-prescription, the need for a physician to prescribe medication is small. In these cases, we request the participation of the client's primary care physician.

Within the report there are instructions for follow-up labs and the participation in the monthly program questionnaire (MPQ), a means to stay connected every 30 days. The client reports on 25 subjective points pertaining to Psychological, Physical, and Physiological functioning. These are reviewed by the doctor and a response produced to the client. The MPQ is a valuable tool to maintain a continuum of timely interactions so that adjustments can be made in a timely manner. Laboratory follow-up (maintenance panel) is performed at 3 months, 6 months and 12 months.

The time it takes for a client to respond to their personalized protocol is unpredictable. It might be 48 hours or 18 months regardless of the nature and extent of their injury and when it occurred.



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Mobile Loaves & Fishes
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Community First! Village

A Place to Call Home

Community First! Village, a program of Mobile Loaves & Fishes, is a 27-acre master planned community that provides affordable, sustainable housing and a supportive community for the disabled, chronically homeless in Central Texas.

► Community First! Village offers an innovative mix of housing options.



► The Alamo Drafthouse Community Cinema is open to the public for free movies, concerts and other entertainment.



Village Amenities

- Places for worship, study and fellowship
- Memorial garden and prayer labyrinth
- Medical facility for health screenings, and other support services including hospice and respite care
- Walking trails
- Community gardens
- Outdoor movie theater
- Capital Metro bus stop
- WiFi



► A combination of Airstream RVs and tipis provide bed & breakfast lodging for mission visits.

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Genesis Gardens

Cultivating Community through Agriculture

Through Genesis Gardens, neighbors from all over Austin come together to practice hospitality, recall what it means to put down roots and share the abundance of our yields. The farm at Community First! Village features:

- Gardens with fruit and nut-bearing trees and vegetables
- Chicken operation for fresh, organic eggs
- Bee hives producing fresh honey
- Goats for producing cheese, milk and soap



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Community Works provides a variety of opportunities for chronically homeless individuals to use their God-given talents to earn a dignified income, including:

- Blacksmith shop
- Woodworking shop
- Art House
- Concessions and catering



We empower communities into a lifestyle of service with the homeless.



Truck Ministry

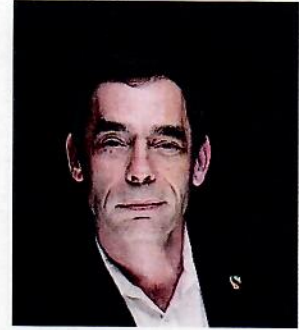
Delivering More than a Sandwich

Mobile Loaves & Fishes has been serving our homeless neighbors in Central Texas since 1998. Our Truck Ministry:

- Operates 7 nights a week, 365 days a year
- Serves more than 1,000 meals each day, including 12 trucks in the Austin area
- Provides food, clothing, hygiene products and other life-sustaining items to our homeless brothers and sisters
- More than 19,000 volunteers have served nearly 5 million meals

The Millennium-TBI Project

Abstract: Traumatic Brain Injury – Hormone Dysfunction Syndrome 2016 by Mark L. Gordon, M.D.



According to the CDC there are over 1.9 million cases of non-combatant Traumatic Brain Injury a year. Of that number 53,000 individuals die on the spot, 360,000 end up in a hospital and nearly 1.5 million deal with the injury at home never knowing that there is a potential time-bomb ticking inside them.

Common to all degrees of head trauma (and body traumas) is the unforeseen development of hormone deficiencies – *the stealth syndrome*. This is caused by interruption of the control mechanism found within the hypothalamus and initiated by physical damage and then exacerbated by inflammation and oxidative stress. The disruption of the hypothalamic-pituitary regulation of hormones found throughout our body – growth hormone, insulin, thyroid, testosterone, estrogens, progesterone, pregnenolone, and cortisol becomes the setting for psychological and physical illnesses and diseases.

Additionally, the relatively new group of brain hormones called Neurosteroids helps our neurons and glial cells to function optimally in regards to cognition and neurobehavior.

Traumatic Brain Injury is now being recognized as a causative factor for accelerated hormonal deficiencies. This can cause Psychological, Physiological, and Physical manifestations like; depression, anxiety, mood swings, memory loss, inability to concentrate, learning disabilities, sleep deprivation, increased risk for heart attacks, strokes, high blood pressure, diabetes, loss of libido, menstrual irregularities, pre-mature menopause, obesity, loss of lean body mass, muscular weakness, and a number of other medically documented conditions.

Studies have shown us that the use of conventional medications (antidepressants, antianxiety, anti-seizure, and antipsychotic) do not improve upon the underlying cause creating the symptoms associated with Traumatic Brain Injury (Post-Concussion Syndrome) because they do nothing to increase the missing hormones. Psychotherapy does nothing to increase deficient hormones; it only encourages you to accept a poor quality of life and to move on.

The goal of this program is to provide you (1) an understanding of the means by which all forms of neurotrauma (mild, moderate and severe) can lead to dysfunction of the Hypothalamic-Pituitary mechanism of hormonal homeostasis; (2) introduction to the neuropsychophysiology of neurosteroids, (3) utilize specific laboratory tests to monitor the on-set and progression of damage, (4) select neuro-radiologic studies to identify areas of damage; (5) and to design and implement a strategy of hormonal intervention.

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The Millennium-TBI Project

Biography:

Originally residency trained and board certified in Family Medicine (1984), Dr. Mark L. Gordon continued his medical education in Clinical Orthopedics (1990), Cosmetic Dermatology (1993), and Sports Medicine (1995) prior to pausing in 2007 to write his first book on Interventional Endocrinology a term which he coined in 2003. In 2005, Dr. Gordon obtained an exempt pharmacist license from the State of California. Dr. Gordon has been a strong advocate of Integrative and Functional Medicine and the promotion of wellness medicine thought the correction of underlying hormonal deficiencies. He was instrumental in promoting the recognition of Traumatic Brain Injury as a cause of hormonal deficiency in the hallmarked presentation on ESPN's Outside the Lines (Jan. 2007). His book, *The Clinical Application of Interventional Medicine* (2008), is recognized by his peers as a primer for the standards of care and assessment for Interventional Endocrinology (anti-aging medicine). He holds the position as Voluntary Associate Clinical Professor at the Keck School of Medicine (1998-date) and Medical Director of CBS Studios (2001-date), and has also participated on projects with HBO, ESPN, CNN, FOX, Good Morning, and a number of international news programs. Most recently, Dr. Gordon appeared in January 2014 on the Joe Rogan Experience (#438) where the discussion on Traumatic Brain Injury and hormonal dysfunction generated national and international interest. A second Joe Rogan program in November 2014 (#574) included Jason Hall, the screenwriter for American Sniper and ex-petty officer and Navy Seal Corpsman Matthew Gosney who spoke at length about his blast trauma, gunshot wounds, surgery, depression and 16 different medications that did nothing to prevent his attempted suicide in January 2014. He shares his experience of being evaluated by Dr. Gordon and starting a hormonal replenishment protocol that lead to his stopping 14 medications within 6 weeks and the resolution of his deep depression. In February 2015, Dr. Gordon and ex-Navy Corpsman, Jordan Cordova shared his experience of military traumas, hormonal deficiencies and recovery from anxiety and depression on a hormonal protocol. On May 14, 2015, his new book entitled; ***Traumatic Brain Injury – A clinical approach to diagnosis and treatment***, was launched along with a three day workshop attended by an international and national array of medical specialists seeking advanced training in the diagnosis and treatment of TBI. On September 25, 2015, Dr. Gordon and SFC Andrew Marr (ret) were on the JRE# 700, discussing the benefits of neurosteroids on conditions frequently found associated with TBI and PTSD. Dr. Gordon continues to work with veterans groups providing full and partial funding for those with injuries received while in the theater of war. Dr. Gordon is owner and Medical Director of Millennium-TBI, located in Encino California.

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www.TBImedlegal.com



Mobile Loaves & Fishes
Serving Goodness.™

Alan Graham

President

A founding member of Mobile Loaves & Fishes, Alan has been married to Tricia since 1984. They have four children: Decker, Taylor, Marlee, and Keaton; and a niece, Samantha, who they have raised. Alan was formerly in the real estate development, investment, management, and brokerage business in Austin, founding Trilogy Development, Inc. and co-founding The Lynxs Group, developers of on-airport air cargo facilities. It has been through the love for Jesus Christ that Alan is called to serve in this ministry, empowering others to serve their brothers and sisters in need.



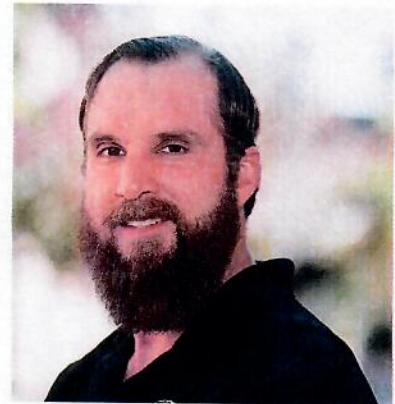
As I ponder my over 55 years here on this earth I can see quite clearly the many times God has spoken to me and sadly the many times I refused to listen. But there was this one time with my best friend and wife Tricia present along with a good friend when I heard about this ministry in Corpus Christi, Texas where on cold winter nights multiple churches would come together and pool their resources to take out to the folks who lived on the streets. Then KABOOM!, there it was this image of a catering truck as a distribution vehicle from those of us who have abundance to those who lacked abundance. Fifteen years later I can clearly see God's providential hand in each and every aspect of this ministry; from the over 16,000 volunteers to the extraordinary staff here at Mobile Loaves & Fishes.

Most importantly, God blessed me with my best friend and wife Tricia. We have been married for over 27 years and we have lived in the same home for those 27 years. We have four beautiful children Decker, Taylor, Marlee and Keaton and a wonderful niece Samantha who we were blessed to include into our family. At the moment we have three dogs, one cat, four chickens and a bunch of wildlife around our home. We would probably have more pets but the coyotes keep our population in check in our neighborhood.



Andrew Marr is a Husband, Father, Entrepreneur, former Special Forces Green Beret, founder of Warrior Angels Foundation, and current patient of Dr. Mark L. Gordon.

Marr's last deployment in 2013 was emotionally and physically taxing. He and his Special Forces team were engaged in constant combat throughout its entirety. Marr suffered numerous traumatic brain injuries from explosions, which resulted in his medical retirement.



When Marr returned to the states he began a 6-month spiral downward. Once an elite performer in life or death situations in combat, Marr couldn't even remember how to drive home. He was plagued by psychological, physiological, and physical manifestations, including depression, outbursts of anger, anxiety, mood swings, memory loss, inability to concentrate, learning disabilities, sleep deprivation, loss of libido, loss of lean body mass, muscular weakness, alcohol, developed a massive deep vein thrombosis (blood clot) that broke off into both lungs (bi-lateral pulmonary embolism), and a number of other medically documented conditions.

Marr wasn't impressed with the current state of Veterans' Traumatic Brain Injury (TBI) and Post Traumatic Stress (PTS) patient care.

So... instead of waiting for someone else to change it, he decided to act!

He sought out to find an alternative way to provide world class care to Veterans affected by TBI and PTS. The Warrior Angels Foundation along with Dr. Mark L. Gordon have done it!



**House the
Homeless, Inc.**

P.O. Box 2312 Austin, TX 78768 512.796.4366 rrtroxell@aol.com
www.HouseTheHomeless.org www.UniversalLivingWage.org

Richard R. Troxell -Formerly homeless -Viet Nam Veteran- Marines

-Conducted years of surveys of thousands of homeless people re criminalization of people experiencing homelessness, health, work, wages, etc.

-One of the health surveys led to year long negotiations and the first national compromise of the No/Sit No Lie ordinance bringing it into compliance with the Americans with Disabilities Act. This gives people experiencing homelessness the right to sit in line for goods or services, sit or lie down on 100 degree days, (a quarter of the year) and to sit or lie down for thirty minutes whenever their disability causes them to do so,

-In 1989, Richard created Legal Aid for the Homeless where five days a week for 27 years, he has helped people experiencing homelessness secure disability benefits.

-Created the action organization, House the Homeless Inc. a 501(c)(3) with a board of directors that never falls below 60% homeless and formerly homeless individuals in 1989.

-Authored the national Homeless Protected Class Resolution adopted by the National Coalition for the Homeless in 1997 and again in 2010. Board member of NCH, 1997 to present.

-Honored for Housing programs, Human Rights initiatives, Civil Rights advocacy by the United Nations, HUD, Pennsylvania Senate, Philadelphia Bar Association, Texas Governor Ann Richards, Texas Homeless Network, and many others for work in the fields of homelessness from 1987 to present.

-Richard is the Chairman/Founder of House the Homeless! Inc. and the Universal Living Wage Campaign.

-Created a mathematical formula that fixes the Federal Minimum Wage and ensures that a person working 40 hours in a week (be it from one job or two) they will be able to afford basic food, clothing, and housing, etc., wherever that work is done throughout the U.S.

-Richard wrote a formula to fix the SSI stipend for people with disabilities.

-He combined these two formulas, creating a pathway for 1) those who can work, and 2) those who cannot work to leave the streets and escape ongoing criminalization of their homelessness.

-Created Austin's Homeless Memorial and Annual Memorial Service on Vic Mathias Shores since 1992.

-Authored 2 books on homelessness- *Looking Up at the Bottom Line: The Struggle for the Living Wage*; and *Livable Incomes- Solutions that Stimulate the Economy*, writing his 4th book, *Short Stories in a Long Journey*

- Learned to sculpt and created the sculpture: **The Home Coming**, intended to change the image of people experiencing homelessness. A life size version is now being sculpted in bronze by the world's premier bronze sculptor, Timothy P. Schmulz.

Draft Budget for Homeless Veterans (10) in Action

3 year budget	for Medical Protocol	per participant	subjects	year 1	year 2	year 3	Total
		\$5,000.00	10	\$50,000.00			\$50,000.00
		\$3,500.00	10		\$35,000.00		\$35,000.00
		\$1,500.00	10			\$15,000.00	\$15,000.00
3 year treatment protocol for 10 subjects:				\$50,000.00	\$35,000.00	\$15,000.00	\$100,000.00
6 month budget	for Administrative Costs			year 1	year 2	year 3	Total
	Survey and project coordination CFV	\$50,000.00	0.25	\$12,500.00	\$12,500.00	\$12,500.00	\$37,500.00
	Treatment support clinical team (monthly appointments) CUC	\$2,500.00	10	\$25,000.00	\$25,000.00	\$25,000.00	\$75,000.00
	Medical consulting fee Dr. Gordon	\$10,000.00	1	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
	Training Event of						
Training:	CommUnityCare staff CUC	\$10,000.00	1	\$10,000.00	\$10,000.00	\$10,000.00	\$30,000.00
Equipment:	Telemedicine	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00
	Independent Evaluation	10.0%		\$5,750.00	\$5,750.00	\$5,750.00	\$17,250.00
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> CFV- Community First! Village CUC- CommUnity Care Health Centers </div>				\$100,750.00	\$85,750.00	\$65,750.00	\$252,250.00

* Nutritionist and Exercise program need to be budgeted