We Know This Much Is True: Expert Testimony of Mr. Frank Larkin on Military Brain Health Strategy

Per the Requests of Senators Scott and Warren, Senate Armed Services Committee
On 28 February 2024 at 15:00h, Senate Russell 222

[Introduction & Background] ... We know that losing someone with TBI to suicide isn't the worst part. There are 500,000 other Ryan's currently out there with TBI[1] trying to stay alive, despite being four times as likely to attempt suicide.[1] Military TBI and suicide scientist Dr. Jayna Moceri-Brooks' husband, a career Armor officer with TBI, is just one of them. We know the worst parts are when you get the call about another. And another. And another.

We know no one is immune, not even colleagues like Dr. Kate Rocklein, whose husband Michael Froede was Special Operations, had TBI, and died shortly after Ryan as she was conducting research on factors inducing suicide in SOF. Always canaries in the coal mine, we know Special Operations' projected incidence of TBI exceeds 52%, three times that of other combatant commands, with corresponding suicides in these elite units outpacing the larger military at estimated rates of 2.5 to 1.[2]

Ryan, Michael, nearly half of Michael's chalk from the Q course, and countless others have died from TBI while inspectors general found last year the entire Central Command failed to assess and treat brain injuries in its combat troops.[3-5] Or DoD assigning no oversight authority for TBI initiatives force-wide. Or DoD spending three billion taxpayer dollars on quote-unquote the best neurological care possible, like $3.7 million reading Greek classics to soldiers, or $2.7 million producing a Sesame Street vignette about death.[3-5]

Or DoD spending $76 million annually for Preservation of the Force and Family, an unsuccessful non-clinical fitness program posing as brain and mental healthcare for Special Operators[5] still disproportionately dying from TBI-related suicide.[2] Unfortunately, that human performance program is the foundation of the Warfighter Brain Health Initiative.[5]

Without this committee exercising the considerable power endowed by its mandate to ensure our common defense, holding leadership accountable for treating TBI and preventing related suicides will remain aspirational, to the horror of families imagining more survivors bearing the costs of these wars, and to a generation of potential recruits again witnessing our military abandon the very troops it has unsuccessfully enticed them to become.[6]

We are elevating these threats to SMs' lives to Congressional levels based on alarms raised by impartial clinicians and scientists analyzing 20+ years of DoD's TBI initiatives. We are elevating these threats because DoD's reports to Congress now globally exclude mention of TBI[7-9] and, on their face, are overtly disingenuous and have over-capitalized Congress' patience and goodwill.

We know DoD hyperfocus on capturing blast overpressure data is a ruse, because DoD has had exposure thresholds for a decade.[10] Warfighter Brain is a five-year-long exercise in regurgitative rebranding of previously ignored recommendations made by myself and others years ago.[11] We know experts predict Warfighter Brain is more likely to induce TBI-related suicides than prevent them.[12]

We know the Longitudinal Blast Overpressure Study was neither longitudinal nor an actual research study.[13] Despite unfettered access to DoD-created and approved sensors,[14] investigators used untested, faulty sensors while exposing SMs to dangerous ex-urban blast overpressures without informed consent or right to refuse.[13] Were it legitimate research, it never would have passed review by a qualified ethics board.[15] And if it had produced any tangible results, those data would be dismissed as biased, problematic, and unacceptable.[16]

We know that pillars of Warfighter Brain have no basis in medical evidence, nor can such human performance optimization (HPO) programs treat brain trauma in accordance with best

practices.[17] We've known since 2006 that athletic training cannot improve TBI cellular pathologies. We know DoD's current plan is to treat TBI primarily by accelerating SMs' cognitive processing speeds[5] - an infinitesimally small aspect of TBI - but not by providing cutting-edge TBI assessment and treatment available to civilian citizens.

In the words of one Operator with TBI, "HPO just means we're in the best shape of our lives when we kill ourselves."

We know DoD has weaponized science to avoid acting decisively on TBI: they will again try to convince you that nothing can be done without snipe hunting for more data. We know TBI from blasts with pressures as low as the force of a bicycle tire exploding scrambles DNA signaling, causing hosts of chronic clinical syndromes and neurological disorders, from Parkinson's to mood disorders to suicide. Yet in November 2022, ASD guidance was that overpressures of 4psi were plenty dangerous enough.[10] *Again: we know that DoD knows the overpressures and thresholds.*

We know that SOF's superior fitness and resilience[18] cannot repair anatomical damage from blast exposures and treating TBI with human performance optimization is like prescribing CrossFit for Alzheimer's. We know the past 10 years of DoD pushing athletic wellness programs for neurological injuries has done much to gaslight SMs with TBI into believing they could heal if they weren't so weak, further incenting their suicides.[2]

We know DoD is publicly moving toward force wide assessment of cognitive processing deficits from TBI[5] to remove injured SMs and their families from career military service with immediacy - "med-boarding" them is far more economically appealing than expenditures toward healing and retaining our nations' most experienced and sophisticated SMs during a time when we can recruit neither into our armed forces.

We know from Dr. Moceri-Brooks' pioneering work[19] that receiving the Purple Heart for brain injuries would reduce suicides, one of precious few tangible solutions available to us. We also know that without consent of Congress, DoD adjusted criteria for the Purple Heart and TBI. Awards branches now misapply regulations in denying multitudes of eligible SMs Purple Hearts for combat related TBI: officially denying this injury's existence and further incenting their suicides.[20]

We know from Dr. Rocklein's influential work that Special Operators have been stripped of tabs and tridents and separated from their teams *en masse* for exhibiting uncontrollable symptoms of TBI and suicidal behaviors.[2,18] We know such institutional betrayals precede suicide in Special Operations more often than not.[2,18] And tomorrow these unsanctioned practices can be easily reversed - with the stroke of a pen - at no cost to taxpayers.

We know Warfighter Brain is another slick, opaque strategy full of battlefield buzzwords without clear paths to success. Since we also know DoD is only selling tickets to another circus, my second recommendation is to transfer TBI care to vetted, agile private industry and academic health sciences partnerships equipped to immediately assess and initiate approved emerging treatments with basis in evidence and efficacy.

Last, and especially poignant given my presence here because of Ryan's death, and Dr. Rocklein's discoveries because of Michael's death: we know comprehensive reforms are the only viable path forward. Therefore, I recommend immediately implementing the Froede-Larkin Reform Act,[21] also submitted prior to testifying, into this year's NDAA. It is evidence-based and signals sincere course correction to disenfranchised SMs with TBI, and their families suffering with them, reverses nearly 20 years of TBI mismanagement and confusion, and ensures upcoming generations of SMs never again experience such cruelties of bureaucratic inertia toward their health, welfare, and survivability.

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