

Opening Statement by Frank Larkin
SASC Subcommittee on Personnel Hearing
February 28, 2024

*Thank you to the Committee for the opportunity to speak.
My formal testimony is submitted for the record.*

I'm here today to be a voice for all those that have worn our nation's uniform and are currently struggling everyday with both visible and invisible wounds. Wounds that transcend mental, physical, and spiritual domains. Wounds that have influenced an epidemic level of suicides amongst our active-duty force and veteran populations. My intent today is not to pounce on the Department of Defense or the Veterans Administration, but to help them succeed.

I would not be here if not for my son Ryan...US Navy SEAL Special Operator 1st Class Ryan F Larkin. My son would be 36 years old today, if he had not taken his life on the morning of April 23rd, 2017. He had been suffering from what we have come to characterize as "invisible wounds", a complex rubric of post traumatic stress disorder (PTSD), moral injury, and substance use disorder that was complicated by undiagnosed traumatic brain injury (TBI) from blast exposure, the signature injury of the past 20 plus years fighting the Global War on Terror. Ryan was a highly decorated and accomplished Navy SEAL, trained as a special operations medic, sniper, and explosives breacher. He loved being a SEAL, furthered by the love and loyalty for his teammates that was cemented on the battlefield.

Following four heavy combat tours in Iraq and Afghanistan, Ryan like many others who have worn the uniform of our nation in combat, began experiencing uncharacteristic changes. Changes that manifested in difficulty sleeping, nightmares, anxiety, hypervigilance, loss of memory and declining cognitive functions...he stopped smiling. He sought help, but the help that was offered was not aligned with what he needed. When his condition became more complicated, and their proposed solutions didn't work, the system weaponized his pleas for help against him and pushed him out of the SEAL Teams and out of the Navy. This abrupt separation created another deep weeping wound. He felt that he had let his teammates down, abandoning them. The system he trusted hung labels on him to justify their assessments and actions. A year after he honorably separated from the Navy, Ryan ended his life.

Ryan repeatedly said, "something is wrong with my head, nobody is listening, they keep telling me I'm crazy". This was reinforced by the endless stream of medications prescribed by both defense health and VA clinicians to address his behavioral symptoms, not the root cause of his challenges. Everything defaulted to psychiatric-mental health illness, with very little mention of TBI, despite his operational profile and repeated exposures to blast overpressures from our weapons systems and enemy IEDs. Over the course of two years between defense health and the VA, he was prescribed over 40 different medications, everything from potions, lotions, and

creams to high end psychotropic and mood stabilizing drugs. He never received a clinical diagnosis; he was a walking experiment. One night prior to his death, he said that he wasn't going to live very long, that he was broken up inside. He made me promise that if anything ever happened to him that he wanted his body donated for TBI-Breacher's Syndrome research. Then he turned to me and said, "you know dad, it's going to take guys killing themselves before the system wakes up to the fact that it has a problem...the guys are hurt."

Ryan's brain was donated to a DoD research effort at Walter Reed National Military Medical Center. Two months later, we learned that Ryan had a severe case of undiagnosed microscopic brain injury uniquely related to repeated blast exposure. Ryan was hurt, not crazy...he was right all along. Unfortunately, our medical enterprises could not and still cannot see this level of microscopic injury in a living warfighter or veteran. My son died from injuries suffered both in training for combat and combat operations, he just didn't die right away.

These warriors with "invisible wounds" ...they are hurt, not broken. They break when they are cut away from their teammates, their tribes and are betrayed by the institutions where they have given their all.

It's been 23 years since 9/11, DoD has spent almost \$3 billion dollars on mental health, substance abuse, suicide prevention, PTSD, TBI, and other warfighter assistance programs...I give them a D+/C- at best for the lack of measurable impact for those who need answers, those at the deck plate, dirt level...warfighters we promised to take care of and not leave behind.

Blast exposure is a key threat to warrior brain health and potentially represents a significant national security threat to our force readiness and resiliency. However, whatever solutions we come up with, it can't impact our operational effectiveness or lethality on the battlefield. We need to do this smarter and by down this risk on the front end.

Thank you for the opportunity to be a voice for others like Ryan...subject to your questions.