

Congress of the United States
Washington, DC 20515

July 4, 2024

The Honorable Denis McDonough
Secretary, US Department of Veterans Affairs
810 Vermont Ave, NW
Washington DC 20420

Dear Secretary McDonough:

Our service members and veterans know better than anyone the risks they face when they join the Armed Forces. They are away from their families and communities, sacrificing mental ease and comfort while risking life and limb to ensure those at home are safe. These individuals also know the great toll that undetectable and invisible wounds take on the body and mind. We write to you today about the June 30, 2024 [New York Times article](#) titled, "Pattern of Brain Damage Is Pervasive in Navy SEALs Who Died by Suicide," which detailed groundbreaking research demonstrating a potential connection between repeated exposure to blast waves and severe damage to the brain. We write to ask how the Department of Veterans Affairs is responding to these revelations and other emerging research on service-connected brain damage.

Before the June 30 article, a similar 2023 [New York Times investigation](#), as well as research published by the Department of Defense (DoD) Uniformed Services Universities Brain Tissue Repository, pointed to the possibility that repeated exposure to blast waves generated by firing heavy weapons such as cannons, mortars, shoulder-fired rockets, and even large-caliber machine guns may cause irreparable microscopic damage to the brain. Vast numbers of military veterans have been affected to a devastating degree.

Congress recently ordered the Pentagon to start assessing the blast threat posed by firing weapons and to develop protocols to protect troops. But the work is still in progress and questions remain about what level of blast can cause injury and how repeated exposure may amplify the risk. The Army and the Marine Corps both say that they now have programs to track and limit daily exposure for troops. But Marines in the field say they have not seen new safety programs, and troops throughout the military are still training with weapons that DoD is concerned may pose a risk.

While these investigations, interviews, and research suggest that service members are being irreparably harmed by their own weapons, both in training and in combat, the damage is nearly impossible to document, because no brain scan or blood test now in use can detect those minute injuries in a living brain. As things now stand, the microscopic damage from blast exposure can only be definitively documented by examining thin slices of brain tissue under a microscope once someone has died. Tissue samples taken from hundreds of deceased veterans who were exposed to blasts during their military careers show a unique and consistent pattern of microscopic scarring.

With no way to assess and diagnose this type of brain damage, and with the symptoms mirroring existing mental and behavioral health disorders, many of these service members and veterans are diagnosed with P.T.S.D. and treated with psychotropic medications that are not effective in

treating these injuries. Many are forced out of the military due to the mental and behavioral challenges they face because of these injuries, and some are denied VA benefits because of a dishonorable or other discharge. Many navigate the military and VA clinical systems in search of help, only to end their own lives when nothing seems to work.

This crisis demands the attention of both DoD and VA. To understand how VA is responding to this emerging research, we ask for specific and individual written responses to the following questions:

1. What is the VA currently doing to expand research that will help better understand the unique type of brain damage that results from repeated blast waves, including from heavy weapon use and other sources during active duty and training?
2. Congressionally Directed Medical Research Programs like the Traumatic Brain Injury and Psychological Health Research Program (TBIPHRP) are funded to study brain injury of all kinds. This particular research program gathers data on veterans and service members to include lab work, brain scans, tests of eye movement, functional movement evaluations, memory and cognitive evaluations, psychological evaluations, and more. How is that data being used and analyzed and what insights have been published?
3. Are data from TBIPHRP available for learning beyond the dedicated research teams capturing this information?
4. Are the data and/or insights from TBIPHRP being shared in a systematic way with VA and DoD executive leaders to inform decisions on policy, practice, training, research, or clinical decisions?
5. What are the outstanding research questions that exist with respect to this particular type of brain injury?
6. Are clinical interventions being developed and tested that could protect against this particular damage and/or treat its effects?
7. Are diagnostic tools being developed that could effectively identify indicators that this type of brain damage has occurred?
8. For veterans who are currently being treated for PTSD, will there be an effort to provide medical education that there may be physical brain damage at the root of their symptoms?
9. What actions are being taken to coordinate with DoD on these efforts?

On behalf of our veterans, we thank you for your prompt response.

Sincerely,



Morgan McGarvey
Member of Congress



Derrick Van Orden
Member of Congress



Chris Deluzio
Member of Congress