Traumatic Brain Injury Center of Excellence
Podcast Transcript

Picking Your Brain: Interview with the SEAC: TBI from the Joint Staff Perspective

EPISODE DETAILS		
PODCAST:	Picking Your Brain	**Interviews:** • SEAC Ramón Colón-López • CAPT Cota
FEATURES:	**Host:** • Amanda Gano	
RUN TIME:	50:45	
CONNECTION TO SERVICE MEMBERS:	The SEAC stated that there's no shame in getting help for an injury, physical or psychological. Service members should look at seeking help as a symbol of strength to maintain combat effectiveness.	

Narrator: The views, opinions and findings contained in this podcast are those of the hosts and subject matter experts. They should not be construed as official department of defense positions, policies, or decisions unless designated by other official documentation.

Welcome to Picking Your Brain, a podcast from the Traumatic Brain Injury Center of Excellence, or TBICoE that focuses on the care and recovery of service members and veterans who have sustained a TBI. At TBICoE, the theme "Be TBI ready" is at the center of everything we do. Being TBI ready means having awareness of the latest educational training, research, and other clinical resources to prevent, diagnose, and treat traumatic brain injury. This applies to medical providers, patients, caregivers, and military leadership. The Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff, or SEAC, Ramón Colón-López, knows a thing or two about being TBI ready. As the most senior enlisted service member, by position, in the United States Armed Forces, SEAC has firsthand knowledge of the stigma surrounding traumatic brain injury diagnoses. In this interview with TBICoE Branch Chief, Captain Scott Cota, and moderator, Amanda Gano, he explains how military leadership can promote medical readiness through leading by example.

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Ms. Gano: Hello and welcome to this very special episode of Picking Your Brain. My name is Amanda Gano. I'm a physician assistant, I'm a U.S. Navy veteran, and I'm currently serving as a subject matter expert at the Traumatic Brain Injury Center of Excellence. Today, I am so excited to be joined by two very special guests and our first is a voice that listeners have heard here before and that is of our Branch Chief, Navy Captain Scott Cota.

CAPT Cota: Pleasure to be here, really an honor to be here today.

Ms. Gano: He has 10 years of experience with special operations including tours as the U.S. SOCOM Surgeon General, MARSOC Command surgeon, MARSOC Raider Regiment surgeon, First Marine Raider Battalion surgeon, and he deployed with U.S. Special Operations Task Force 81-Afghanistan. We also have the distinct honor of speaking today with the SEAC, Ramón Colón-López. Hi, SEAC, thank you so much for joining us today.

SEAC: Hey, guys, thank you so much.

Ms. Gano: I was just talking to CAPT Cota earlier about your very robust Wikipedia page. And I would highly recommend our listeners to go ahead and check that out. It's got some really interesting information about you on there, so.

SEAC: Amanda, I'll share this with you, I still do not know who manages that page, his name is Tony, the Marine. I don't know who it is, that thing just popped out of nowhere. And he keeps up with it pretty good. So kudos on him.

Ms. Gano: It's really great, man. I really like it. Well, thanks so much for your service. And thank you for joining us today. So, the Senior Enlisted Advisor to the Chairman of the Joint Chiefs of Staff, that's a mouthful. And is SEAC the correct title, right? That's how I should address you as SEAC? Is that correct?

SEAC: That is correct. It's not only the title, but it's also the rank. It's the only joint rank in the entire Department of Defense.

Ms. Gano: You know, I can't be the only one who had some questions about that. So I was wondering if you could tell us a little bit about the role of the SEAC and what your mission is.

SEAC: Well, just to simplify what the position is, you know, as the most senior enlisted leader in the Department of Defense, I act as a sensor, a synchronizer, and an integrator for the Chairman, the Secretary of Defense, and at times, the President of the United States in all issues that pertain to the total force, not just your list of but the total force. Often we had issues that, you know, pertain to the entire force to work, you know, as in the case of the captain that... the Master Chief Petty Officer of the Navy may not necessarily need to get involved because it actually touches all across the services. So, I act as a conduit of information to make sure that the Department of Defense is making informed decisions based on the feedback of the total force. I meet with the service senior enlisted advisors at least once a month, and we continuously check those issues that affect the total force. And in meetings where they're not invited, I'm typically the only enlisted person present advocating for them. So that is, that is really what I do. And that is the main difference between me and the service senior enlisted advisors.

Ms. Gano: Yeah, that makes a lot of sense, you have a lot of responsibilities. CAPT Cota, could you talk a little bit about how the Defense Health Agency's mission in terms of total force readiness kind of overlaps with some of the things that the SEAC just talked about?

CAPT Cota: Sure. DHA supports the national defense strategy and the services by leading the Military Health System. And I think the priorities you know, being that we have great outcomes that we have a ready medical force, and a medically ready force as well, are two of the priorities including satisfied patients and fulfilled staff. So kind of that spectrum, in a nutshell of what DHA is able to bring to the table. I know that in hearing some of the briefs directly and indirectly that it's very important, the role of combat support agencies. So, support to the services and then down to the level of the warfighter. I'm sure that, SEAC, you know, understands that expectation at his level in the way that the Military Health System supports the warfighter and is expected to support the warfighter.

Ms. Gano: So, how does TBICoE then fall into the DHA?

CAPT Cota: Well, TBICoE is a branch. There are four CoEs across DHA. Hearing, Vision, TBI and Psych health, then engage to fulfill the priorities based on that specific area or that specific concern to the warfighter and to the clinical environment. So, TBI has a broad impact. It's a joint problem. It is a specific or more prevalent in certain MOSs, you know and SEAC, coming from the SOF community is I'm sure very aware of that and having spent so much time downrange, as I'm sure he's aware of that as well. So, TBICoE then manages the Pathway of Care for TBI. That would include research that helps to develop clinical recommendations, manuscripts, research that goes out into collaboration with the civilian sector. Also, there is education and training on a national standing through our Regional Education Coordinators. So, support to the markets in the Military Health System across the

spectrum with regard to TBI, but also support to the warfighter and the units that have medical departments or concerns and require training and evaluation and management of TBI as well.

Ms. Gano: SEAC, with your extensive operational history and jump history, I would be surprised if you haven't had some first-hand experience with traumatic brain injury, or even, you know, in your time as a PJ. Could you talk a little bit about how TBI has impacted you personally or your career?

SEAC: Absolutely. And, you know, I recently completed my second round of treatment. And I went to NICoE, the National Intrepid Center of Excellence and anywhere between six and eight TBIs documented. Basically the brain is like a bruised potato. There's, you know, second and third order effects to that extent of injury over a prolonged period of time. My experience with it, and that of my peers is that we tend to hide it pretty good until we cannot hide it anymore. And typically, the person that highlights the problem is those who are closest to us, in my case, my wife. And we ignore it, we deny it, and will resort to the team life, the hooch bar life, you know, operator life in order to go ahead and cope with it. At some point, it becomes too much. And if you don't seek help, I mean, you're bound to succumb to those second and third order effects of TBI. We just need to be cognizant that, you know, these changes happen. And sometimes we're the last ones to notice them, because we tend to lie to ourselves that we're okay. And part of that is just a comparison to our peers that everybody's going through the same thing, therefore, it must be okay. But not quite, because our families actually see a different side of us. That is an early indicator of the problems that are about to come.

CAPT Cota: I hear you loud and clear. I mean, that's a story being a clinician, that, you know, you roll in a lot of times there may be early stigma to even come in, because the concerns that you're not going to stay with your unit or the team or will have some punitive impact on your career. Can you talk about potentially how you viewed that early in your career and how you view it differently now?

SEAC: Well, I think that the biggest difference is the denial that I spoke about, you know. In the early days of the experiences, you know, we thought that just the trauma, it came with the territory. You know, we didn't really pay much attention. If we got our bell rung, we try to hide it just because we didn't want to lose our jump status or flight status. Don't put that in the record. Because you know, that means that I could potentially be out the game for months at a time until they go ahead and figure out “they” meaning the system that we do not trust, whether it's the medical system, or the psych system. So, we were always skeptical of going to someone that we didn't trust with our problems, because simply we just didn't trust them. So, this continuous abuse on the body, and this continuous exposure to the life of a special operator, eventually takes a toll. And hindsight is truly 20/20. When I look back over the 17 years that I was lying on my PHA saying that I only had two beers, and I always take my vegetables, just because I didn't want somebody digging into my history. I mean, it was detrimental to my health. And it was potentially detrimental to my marriage, because it came to an ultimatum at some point. But the one thing that I learned over time is that, you know, the person that especially experiencing the problem tends to be the last who accept it. And knowing what I know now and the relief that I felt when I finally told that psych that you know what, sometimes I drink myself blacked out drunk, sometimes I fight. Sometimes I'm beyond myself, sometimes I cannot contain my need for a rush. I need to do something dangerous in order to go ahead and get those thrills that I'm no longer getting onto the battlefield. The fact that I'm not sleeping well, I'm having nightmares, I'm reliving things. I wish I would have talked about that a lot sooner, you know, and being taken care of so, that I wasn't in the position that I got myself into, which was that potentially either the sixth or the eighth TBI to where I was just being reckless with myself and I ended up getting into a bad mountain bike wreck and almost killed myself.

Ms. Gano: It's so important. I think for service members to hear stories like yours and know that they're not alone because I think that especially with TBI and psychological health conditions, it's

really hard for service members to conceptualize that they have an injury because it's not an injury that's like an outwardly visible injury. I can't look at you, I can't look at the SEAC and know that he had a TBI. There's no way I know that, you know. If you're bleeding or limping or have a clear injury, then it's like okay, you know, this makes sense. This person is going to be on light duty for a while. But when a service member has some of those invisible wounds, psychological or TBI related, then it can be really hard for service members to come forward. So, I appreciate you sharing that story. And I hope that that does help break some of this stigma. And so, I think historically, there is a stigma surrounding seeking medical care and, and really taking care of yourself. Because whether you don't want to let down your unit, or you don't want to appear to be vulnerable. But what are some of the things that you guys are doing from a joint staff perspective to address some of those cultural stigmas and encourage the service members to come forward and seek care?

SEAC: The first thing that we're doing is, you know, the basic foundation of leadership, leading by example. So, just like we are now, I've been pretty open about my issues. I've also been pretty open about the cracks that I have seen in the system that we need to pay close attention to when it comes to taking care of members so that they have more confidence.

I have gone as far as telling young men and women when they have concerns about seeking help because they don't want to be put out of service is the same fears that everybody has. Whether they're in a specific culture like special operations than that they don't want to be seen as weak, or whether they're part of some other combat support culture where they're concerned about losing their clearance or losing their job as a service member because they're seeking help. We're working with a system right now that we need to do certain tweaks in order to get left off the bang to be on the preventive side of things. So, from the joint staff perspective, something that my office has taken on this year is a robust look at Total Force Fitness. Total Force Fitness is nothing more than a holistic approach to the way that we deal with the human weapon system. For SOCOM, it's the Preservation of the Force and Families. Now, we know that we could not implement something like POTFF in the mainstream forces, it's too expensive, and we just couldn't afford it. But what we're doing is we're taking the best lessons, the best practices, like the fact that about 70% of the stuff that I got out of NICoE was self-awareness, and it was not something invasive. We need to put that out there so that people have those options to be able to go ahead and be comfortable, number one seeking care. Number two, that they know that this is just a corrective measure to keep them ready to perform their combat mission, instead of a method of force shaping or getting somebody out of the service. So, that's one example of what we're doing to break this stigma. And also, to make sure that people know that if they get help, they're going to be better once they come out at the other end.

Ms. Gano: Yeah, and understanding all the different components of when you say Total Force Fitness, there's a lot of different pillars to that there's a lot of different aspects of Total Force Fitness.

CAPT Cota: Having been in SOF for all those years and seeing what utilizing a holistic approach to performance. So, it's all about your performance, trying to maintain and optimize your performance, and then employing those resources, from a body, mind, spirit, social interaction. So, I'm sure that you know the experience that you had at NICoE, or whether it's one of the other Intrepid Spirit Centers that guys go to for intensive outpatient care, including the families in that as well for recognition and appreciation of the changes that happen with TBI. But that it is a recoverable injury. You can improve from that injury is critically important to the point where your performance, your position, your ability to perform, whatever is at your MOS level, will not be taken away from you. There can maybe even be some improvements where you might even get better going through that system. What do you think about that concept, and just the entire concept of that holistic approach to care?

SEAC: Well, I think is the right way to approach this. Because right now, if you go to the clinic with knee pain, I mean, you will go through the waiting in the room, get your vitals, somebody will look at you, give you, you know, ibuprofen. But those are the limitations that we have in our current medical system. You know, our medical professionals are really overtaxed right now. And they don't really have the time to drill deeper into the root causes of the problem. What we're trying to do with Total Force Fitness is, you know, when you go in with the same ailment, a bad knee, the provider will have a chart on you and we're talking about kind of like a food court or services and those dimensions are psychological, social, physical, financial, spiritual, medical and dental, environmental, and nutritional. So, when you look at those eight dimensions, and you look at the human weapons system, the questions that should be asked or like, alright, so how did you hurt your knee? Alright, shifting motion. Okay, looking at your chart right now you're about 15 pounds overweight. What is causing you to overeat or what is increasing your weight? Are you under stress? Okay, so you have some stress in here that is actually documented? Are you sleeping well? Alright, you know, you're not getting enough sleep. And why is that you start walking the rounds back to the root cause of what the issue is. And then you give them a plan to go ahead and mitigate all of those things, not just to alleviate the pain, with a couple of pills. If we get to a point where people know that that is the way that they're going to be taking care of, we're going to be in a much better place. It's going to give them confidence in the system. And it's going to give them self-confidence that it doesn't matter what's wrong with me, I better pay attention to it and get it fixed before it gets worse. And I will add on the stigma piece that the chairman knew that I was undergoing treatment when I was interviewing for this position of the SEAC. And I was very open with him, I was still going through the brain clinic at Landstuhl. And he saw it as a strength, because he knew that I'm not the only one. He coming from the Special Forces community, understands this that there's a lot of people struggling with this, special operations and general-purpose forces. And he saw it as a symbol of strength to where wow, if my SEAC is seeking help, then our people should be comfortable getting help. But, let's talk about it. Let's go ahead and put it out there.

CAPT Cota: Yeah, I think that's huge lead by example, like what you alluded to originally. And it can't be overstated. Just an understanding of the leadership when somebody is going through that process to make sure the process is managed. And then from the collaboration with the clinical community to make sure there's good communication with the leadership with the individual with the family. So there's not a drop off in expectation, or you don't roll them out too soon. Do you see that concept about a collaboration between medical and the Total Force Fitness professionals or the performance professionals across the spectrum being important as well?

SEAC: I absolutely think that the connection is critical, for many reasons. Because you know, what we're calling you know, in concept, Human Performance and Optimization Centers where you go, and there's a food court of options with all these dimensions, that they help you go ahead and mitigate the stress that creates a lot of this problems. It's got to translate into the way that we keep medical records for people not only while they're serving, but when they transition to the VA. So, there's got to be some connective tissue there to make sure that people know that they're being taken care of all the way through. And here and in recent past, if you talk to some of our separated veterans or people that have retired, I mean, the process is almost like you have to justify everything that is wrong with you, because everybody's looking at like you're just looking to get paid. Or there's a lot of people out there with a lot of ailments that man, the last thing that they want to do is sound like they're actually justifying, you know, the price they pay in service of nation. We need to do better for them than that. And sir you mentioned the progressive nature of the way that we'll need to handle this, where it's not only on the processes, it's also the treatments that we actually decide to do for our people. I, as an example, have gotten five stellate ganglion blocks for my combat stress. Which works for me and my wife will be the first to tell you that, yeah, it really works for him. Because this is a great day

CAPT Cota: He's good for a while, right? He's good for a while.

SEAC: Yeah, and I mean, and even, you know, amongst the tribe, you know, when somebody starts acting up, I mean, the guys are now saying, like, man, you need to go and get a shot. You know, I mean, it's become something that we're understanding that there's other things other than traditional methods, and overly medicating people to be able to get past this. Hallucinogenics is another one that is being explored out there explored out there and people are validating the use of. So, we need to be open-minded enough to realize that, you know, the status quo, the stuff that we currently have at our disposal may not necessarily be the best thing to do for our personnel. And just like technology, and everything else is evolving. So it's medicine. And we just got to be open to those things. But you know, at the Department of Defense, we're clearly advocating to look at every option to make sure that we mitigate the stress that comes along with it that creates adverse behavior that leads to suicide in order to go ahead and help our veterans.

Ms. Gano: I think that you brought up a really great point about the importance of communication and importance of providers being able to communicate the conditions to their patients, and then also to their commanders and their leaders too, and ensuring that the commanders and the leaders understand what their service members are going through. We do have some tools to help educate providers and patients on TBI and these are the types of things that we work on here at TBICoE. This Patient and Leadership guide that is part of the Progressive Return to Activity is meant to help educate both patients and their leadership on what they can expect when they're recovering from a TBI. So I think that's a huge step in the right direction. And it really does sort of tie into that Total Force Fitness concept.

CAPT Cota: And the Family Caregiver Guide too is really a critical piece that's an offering out of TBICoE and DHA. There are good products that are out there, it's a matter of us ensuring that we're messaging those and getting them out to the broadest audience. So, days like today are really helpful, because we can talk about those during our discussion. But I want to roll back to the innovation in research and medicine that you talked about, and about the Chairman and you and the Joint Chiefs kind of advocating to be sure. So the concept of lethality and performance, it all kind of rolls in that we want our warfighting units to be at the top of their game, not worried about anything, executing the missions. Over your career, how has that impacted the general-purpose force? So those guys that, you know, start out as young privates working into a specific MOS have to then navigate through the system as well. How has that been an impact that you've seen and or in the discussions you have now at your level?

SEAC: Well, sir, I will say that, you know, that the SOF community is built around trailblazers. There's a lot of things that are SOF born, that eventually get taken over by the general-purpose forces simply because it works. Part of that is the example that will put forward by the nature of our tribe and our warrior culture. Take beards ball caps as an example. I mean, that wasn't sexy until 2002. When operators were downrange, and now everybody's wearing a ball cap, a beard, and skinny jeans, just.

CAPT Cota: And riding horses.

SEAC: So what I mean, and you know, all jokes aside, you know, those general-purpose forces are often looking to the special operators because number one, they assume that we know what we're doing. Number two, you have a high credibility quotient in there, because it's been proven over. And when we talk about the readiness of the force, I mean, they see two things, and that is capability and availability. Now, as we're looking at Special Operations Forces, amputees, people with TBI, even people that have gotten shot in the head, coming back to serve in duty, because we spend the time and focus to fix them, that says a lot about a system that works. And right now, if you build

something like that, for the general-purpose forces, guess what? It's *Field of Dreams*. If you build it that will come. You know. why? Because it worked for those guys and gals, it has to work for me.

CAPT Cota: Yeah, you know, we say drinking the Kool Aid spelled c-o-o-l aid, right? But that concept of rapid fielding and proving the efforts, not just for the force, but understanding that it will be handed off to the general-purpose force at some point or pieces of it, and collectively brought together in a light version is, has been the ways of SOCOM for many years. What's awesome at this point is with that experience, having a SEAC at that level advising the chairman and the Joint Chiefs is you've lived that now you can bring out your experience and put pen to paper on a concept coming to fruition and becoming a program. And so, it's really exciting to see that I think from our lens and TBICoE is how do we support that? You talked about innovation, have there been things in either education or training that you wish you would have gotten that weren't available at times with regard to TBI?

SEAC: Well so, I often hear even from the Joint Staff surgeon, Major General Paul Friedrichs, that the brain is the final frontier and there's so many things that we still you know, need to go ahead and look at, to see how the human brain works and what we need to do to go ahead and maintain that. The capacity of every single warrior in order to be ready to execute the national instrument of power called military and war. When we look at the way that we educate our people, I think that we need to be up front and get away from the suck it up mentality. Because the reason we end up with suck it up is, you got your bell rung, suck it up. Oh, you ended up having a hard landing on the helicopter, suck it up. You know, you got punched in the head and actually passed out wake up, It's embarrassing, suck it up. Now it's got to be like, hey, for every single one of these actions, I mean there's going to be a tax that you're going to have to pay, the longer you serve in this particular community, because this is going to be a constant. You know, your body's going to get beat up, your mind is going to get beat up, you know, not only physically, but also with the stresses of the duty that comes along. And then, of course, then you have the family dynamic, you know, and the stresses that get created because of your absence, and the way that you change over the course of years. So things that I wish we would have had when I was going through pararescue school, and when I went through JSOC selection would have been a deeper dive on understanding the psychological aspect of the position and the demands of any special operators nowadays. But I will take that one step deeper into basic military training, to where when people swear their oath, that they understand what it means to go ahead and lay your life on the line in support of the Constitution. That those are not just some way to get a contract so that you can start making money. I mean, you're really signing your life away, when that call comes. And it can be at any given moment. You know, when we look at Afghanistan and Iraq, we had general purpose forces that were not in combat specialties that had to man turrets of guns and gun trucks, doing logistic runs, and got into some pretty bad firefights that were not prepared. And then by the time they got back, I mean, they were heartbroken because they just didn't know how to react to those things. So I think that we start with the oath of enlistment, as soon as the recruit comes in, and we start talking about the psychological tax that it takes to serve, the physical demands of the profession, and why we need able young men and women to be able to do this. And what we're going to do to support you throughout the way to make sure that you stay ready to perform that mission. That is something that we haven't always done, and it's something that we are definitely taking on now.

Ms. Gano: Yeah, I think you just perfectly described resiliency, and resiliency training. And we just actually reviewed an article about how important resiliency is in service members and how it can impact particularly with TBI, how it can impact patient outcomes. So, there are studies that have shown that if you have a lower level of resiliency, you're going to have a poorer outcome. You know, it does make sense, but it just highlights the need for that resiliency training, starting from the oath of enlistment, like you mentioned, SEAC.

CAPT Cota: Well, there's probably an additional piece that comes in with that and looking at opportunities, I think that's a space we can look at, on what is out there to either enable or accelerate exactly that. Is it just training? Are there other things that we're not aware of? Is there technology that may come online? So I think there's opportunity like that as we try to get more left of the boom, and or get to those performance-based variables that have been affected by blast exposure, or TBI to include looking at what is the impact of mental health on recovery, as well. You know, because if you lose the capability, that you believe in yourself, that has major impact, at some point. If you don't have the support system available, we have to come up with that in a way externally. But as you alluded to SEAC, that education upfront, not just on the resources available, if you are injured, which has been kind of the old model, how to review that, but the things that might be available to help maintain you at that top level. And if there is some delta change, not having it get to a certain point where it's being recognized by if it's your family, or your brothers or you know, leadership at that point, it's so degraded, that you can't perform. Can you highlight a few things in Total Force Fitness that you see, may start to get into that as well?

SEAC: On the topic of resiliency, I mean, resiliency to us, it's nothing more than your threshold for misery. How much are you willing to take and how often are you willing to take it? And a lot of that comes from knowledge, self-awareness, your capabilities, and your limitations, and also your conditioning. You know, how often do you practice to go ahead and withstand that and what is your recovery mechanism to be able to make sure that you reset and stay combat effective. But you know, Total Force Fitness is going to do three major things. Number one, it's going to highlight the purpose because each particular MOS, AFSC, or rate will have a breakdown of what is expected of them. And that is their purpose, their requirements for whatever they need to do. And then what is the sustainment mechanism to make sure that they stay combat effective, both equipped and armed physically, to be able to do those things. And if people know that they can go through the cycle, that when something goes wrong, they get reset, and then they get back on the line not you know, you get broken, and then you get pulled out, I think it's going to go ahead and start conditioning people to be able to be more resilient and more combat effective. It's also going to go ahead and magnify the ethos of the existence of uniformed military members, you know. It's not a jobs program. It's the defense of the nation. And regardless of whether you're a cook, or a gun toting special operator, you have the same duty. You swore the same oath. And expectations are the same, sorry. But this is the reality of it. The words, I'm just a fill in the blank so therefore, I don't have to do that. No, that doesn't apply here. And when you look at the world that we live in right now, to where every military member counts, for worldwide availability for any kind of task that we have, because the future of warfare is very uncertain. And it's all hands-on deck, as you say, in the Navy, sir, when it comes to fighting a major war against a great power. So, we need to make sure that we not only have strong people but, we have mildly capable people, you know, to be able to carry on with the mission. It was a Marine Sergeant Major that recently told me that the days of dumb and strong are done. We need thinking people out there in the field to make sure that we make the best decisions in the absence of orders.

CAPT Cota: Well, that piece is really important to just the speed of decision making with the change in warfighting and the data and the information that's available. Did you ever during your time experience slowed, thinking after an exposure of some sorts or even like a range? Again, you thought, the legacy thought process was that was normal, but those low-level exposures that aren't an overt blast event or over impact event, but some type of low-level exposure that was a continuous, were there changes, or have you heard from the force, that that's an issue?

SEAC: So, if we're talking about the physical backlash of continuous TBIs, minor ones, specifically?

CAPT Cota: Right. Continued low-level blast exposure. Are you hearing from the force that's an important feature for us to understand?

SEAC: It is. And there's a lot of field units out there that are utilizing that technology to be able to go ahead and gauge that. So, we're understanding more and more that this subtle changes, you know, like before, for us doing custom breaching, as an example, doing our tier one training iterations. A lot closed border battles, you know, we have crashes, flashes, flashbangs, you know, breaching, constant breaching in confined quarters. And every once in a while, you will go home with a headache, and nobody will think twice about it, you know, and then you will let it go. And then you will continue here the next day and you start doing a lot more of that. Then you go on a jump trip. And then you get your bell rung a couple of times, and then you don't think much about it. And then all of a sudden you find yourself you know, even myself with an accent stumbling over your own words or your vision being impaired by something. Or you know, your ears ringing. And then just kind of like, ah, you know, why, why is this happening? I think that we have enough data and enough experience over 20 years of combat that we can basically mitigate a lot of this stuff. Get industry on board so that they can give us the right tools to be able to gauge these things. And then just have a track record to make sure that we care for each human individually, based on the exposure and their duties to ensure that we're doing everything possible to keep them combat effective.

Ms. Gano: And research really plays a huge role in that as well. And Captain Cota you've been working on the Comprehensive Strategy for Warfighter Brain Health. Can you talk a little bit about the research there on low-level blast exposure and how that's being translated into supporting the warfighter?

CAPT Cota: Sure. So, in 2018, NDAA, so which is congressionally mandated, came out that there would be a study on the impacts of low-level blast on service members of the armed forces. And that's expanded, right. So, there was an understanding that, that was a gap. We knew when big injuries occurred. But we didn't know what SEAC talked about, like those low-level things, like I jump or I have combatives and then I go shoot, and at the end of the day, I don't feel right. That concept of is this normal, became a lot of the conversation, you know, and then again as a provider over the years, is what led to my participation in that and that is section 734 which is a line of effort under the Warfighter Brain Health. And the concept is to understand what is the impact during an evaluation of the weapons during weapons development? What kind of exposures are expected to the field environment? What is the impact to the individual who is firing those particular weapons, or breaching charges, or artillery? And what can some of that performance-based degradation lead to if it is either ignored by the individual or not recognized by the clinical community as being important or not recognized, you know, by the leadership and units as being important. But there's opportunities to give safety recommendations in there too. So, it goes all the way through that spectrum, to now the most recent signing of the JROC it's the Joint Requirements Oversight Committee memorandum.mil change requests of Warfighter Brain Health becoming a program of record. And with that, there will be the opportunity to develop a program that will have surveillance and monitoring and the individual or as what SEAC talked about with blast gauges and a more continuous evaluation, rather than I'm not going to say haphazard, but whether then tied to a deployment only. So, there'll be based on your MOS. It's new, so that we things figured out and how the services will employ that. But that is the concept to be able to monitor all the way through from weapons development, from planning of ranges, from the exposure to the individual, the impact on the individual, and then longitudinally over time so guys don't get lost in having those exposures and not being evaluated until the end of their career. And I'm sure that you've heard about Warfighter Brain health SEAC, how do you think that will impact the force moving forward from a lethality standpoint from you know, tying in to Total Force Fitness and some of these other programs?

SEAC: I think that the greatest advantage that we get from the Comprehensive Warfighter Brain Health initiative is awareness at all levels. And even in this position, I have found myself explaining TBI and the effects of it to some senior civilian entities that do not understand how this happens.

Most of them assume that it's just either being shot in the head or being blown up in a vehicle by an IED. And they really don't quite grasp that shooting LAW rockets, you know, and Carl-Gustafs. And being on the range, even, you know, firing heavy weapons, all of that stuff actually starts chipping away at the health of any brain that is exposed to it. So, the awareness will eventually put resources to make sure that we understand that better i.e., the research and the preventive mechanisms, and also the measurement techniques by which we keep our force safe. Right now, you know, there's not a way to be able to go ahead and be out of range and shoot a couple of rockets and see how much impact your body has taken to say, hey, you know, we need to take a knee now for about 48 hours. It's almost like dive tables. You know, we figured that out long ago, because of nitrogen narcosis, you know, and the effects that it has on the body, we need to do the same for the brain to where when you have a little bit too much blast that it's actually affecting you. We need to understand how much of a break you're going to need in between those iterations to make sure that it doesn't affect you in the long term.

CAPT Cota: Yeah, that recovery time is critically important, you know.

SEAC: Yes, sir. And just making sure that people know that this is going to cost money and you know, but hell. You know, when you look at the human weapons system, I mean, SOF truth number one, right? Humans are more important.

CAPT Cota: Absolutely.

SEAC: But we need to invest in that hardware, so.

Ms. Gano: Yeah, and you know, you mentioned awareness, and we were just actually talking about this. How many service members actually have sustained TBIs and they don't even realize that they've sustained a TBI because they think just like you said, SEAC, I didn't get shot in the head. I didn't, I wasn't involved in this huge IED blast, but you know, I shot a Carl-G and I felt off balance afterwards. And they don't think that that's actually TBI. When you hear TBI, oftentimes we jump to the most severe form of TBI. But concussions are traumatic brain injuries. So anytime you get your bell rung, you have some sort of external force to the head and you feel like you are dazed and confused. Like you have a memory gap surrounding those events or even if you were knocked out, that's a concussion and that's a TBI.

CAPT Cota: Absolutely and I think the expansion with the Comprehensive Warfighter Brain Health initiative, the policies that will come out of that will not be stove-piped, but will include a synthesis of what exists out there. There's excellent policies for potentially concussive events. But drilling down further, using some of the research, the operational experience, getting all the group around the table to define what a potentially concussive event looks like, and should be monitored for will be beneficial as new policy comes out based on the Comprehensive Warfighter Brain Health initiative. You know, there have been some limitations on also getting the operational community and the medical community in the room to synthesize some of this information. Is there any recommendations that again, at your level on how to improve those relationships?

SEAC: Well, I think the first thing that we have to do is we got to build something different. Because right now, it doesn't matter how much you talk to the force, if you tell them to go to mental health, they're still going to have reservations, because he's got that stigma associated to it. There's also the operator pride, you're never going to be able to take that away. And a lot of times, often, when we have peers that have been seriously damaged by the effects of combat injuries, you tend to be a little bit more reserved about saying, oh, he's just a headache, man. I mean, so and so you know, right now it's in a wheelchair, you know, how dare I suck up resources. You know, this is not that bad, I can deal with this. So we need to make sure that we build the system, something that looks

different for people to understand that this is the way that we're going to take care of this issues from now on. The skepticism for the old system is always going to be there. And unless you get away from that, you're still going to have people that are not going to trust it. So, the sooner we implement these mechanisms, and tomorrow had a conversation with 18 professional staff members from Congress that we're going to talk about this particular issue when it comes to the human performance and optimization initiatives. And then we're going to go to the Wellness Center at Fort Belvoir, you know, the joint wellness center out there that looks at the holistic approach right now. An existing facility that is kind of doing this already. And then we're going to look to see what we need to do to move forward to make sure that every base post installation has something similar for people to be able to get the care that they need. But you know, what we're looking at right now is just to see what the next step looks like. And what is the new thing that we're going to implement to ensure that people feel comfortable going to that new thing, and that necessarily be associated with the stigma of systems passed.

CAPT Cota: That's outstanding. That's going to have a huge impact, especially, you know, treating the human weapon system like an athlete. You know, because the conduct of warfare requires that. And as you said, you don't know. It might be your turn, where you're the guy that's left after a rocket attack, or after whatever else is happening, you have to support the rest of your unit. And so those requirements are out there. And it comes down to having guys share their story that have been through so much kinetic activity and really understand the impact of that. And that's why it's been important to speak with you on the subject. And it's really important for us to be able to share your message and your insight across the spectrum in the enterprise of TBICoE, DHA as well, so.

Ms. Gano: Yeah, so I mean, I just want to be considerate of your time. We're coming up on the end of our conversation, but just final parting question, what are some types of things that you would like to see become common in the force in terms of TBI prevention and treatment? And how do you think we can get these service members, other than what we've already spoken about, to come forward and help them get care?

SEAC: Well, so one of the biggest changes that I would like to see is in the culture of thinking that mental health is separate from all other health. Health is health. So the first thing that we need to do is we need to make sure that people understand the seriousness of misjudging a lot of the diagnosis of mental health. Now, one change that I would like to see immediately and this is something that I have spoken to the Vice-Chairman, himself General Hyten and now Admiral Grady, it's that, you know, if you have a medical issue, and you are on flight status, the commanding officer of that unit doesn't make the determination whether you're fit for duty or not. A doctor does. But if you have a mental issue, then it's up to that unit commander to see whether you can operate in that unit or not. There's a huge disconnect in there. That's the first thing that we need to do to destigmatize mental health is that it is health, just like everything else. And you know, you can have a great physique, you can have great physical abilities. But eventually, if you don't have a brain to go ahead and back that up, you're going to be useless. Again, you know, dumb and strong is no longer there. And I will also say that in our conversations, even at the highest of strategic levels, as we were developing the national defense strategy, that draft that is circulating, I was asked by the author, you know, what are some of the things that we think we need to key on?

SEAC: And I was like, "Well, there's a balance between three grays." And Dr. Karlin said, "Tell me, three grays, what do you mean?" And I broke it down as follows. The first gray is the gray area that we're going to operate on. You know, conventional warfare is dead. We're going to operate in very contentious environments not necessarily uniform on uniform, not necessarily air-to-air, not necessarily battle carrier groups going forward, you know, doing another Battle of Midway. I mean, we don't know what the future of fighting is going to look like. And we're seeing a lot of asymmetric warfare taking place in the world right now, I mean, going as early, you know, 2014 with ISIS, and

now what we're seeing happening in Ukraine to where, you know, you have limitations on the instrument of the military power.

SEAC: Then the second gray is that deterrence that we talk about, and that the gray steel -- the ships, the planes, the missiles that keep our enemies at bay because they know the capabilities that we have. But the one gray that I asked her to focus on is the gray matter. And that means the humans, the ones that are actually making all of these things go down under, invest in all of the mechanisms that we need to make sure that we keep the most effective fighting force in order to operate all of these things. Not only that, but just to have the intellect to be able to go ahead and speak in a certain way to where our enemies think twice about going toe-to-toe with us. So that balance in between the three grays is clearly, you know, something that includes the importance of brain health and what it means to the warfighter.

SEAC: If we keep marching in that direction, I think here in the next couple of years we're going to be in a great place to make sure that our people feel comfortable seeking help, that we have a great mechanism to take care of them, and that we maintain the readiness of the few humans that are left to go ahead and rise up to the call of duty. Because that's another thing. Our accessions are going to hurt in the near future, a lot of them because of obesity, health problems, criminal records, and so on. I mean, the pool of Americans keeps getting smaller and smaller. So, the ones that we do get in the door, we have to make sure we do everything in our power to take care of them.

CAPT Cota: Copy all. Again, this is a true American warfighting hero to have you take some time and speak with us. I just can't thank you enough. So I really appreciate this. And I think Amanda would say the same.

Ms. Gano: Yeah, I echo your words, Captain Cota. Thank you so much, SEAC, for being with us today. And thank you for sharing your story. And you have all these accomplishments. And still you have sustained a TBI, you have sought care, and you still have had all these accomplishments. So I think that's really important to point out and important for people to understand. So thank you very much for your time today.

SEAC: No, thank you. And it's really, you know, been an honor and a privilege to be able to go out and share this story. And I will be remiss if I don't give thanks to my teammate, Master Sergeant Mike Cowley for setting this up and being able to connect. But again, you know, there's no shame in getting help, but at the end of the day, look at it as a symbol of strength, because all we're trying to do is just keep your combat effective.

CAPT Cota: Perfect.

Ms. Gano: Well said.

CAPT Cota: Thank you.

Ms. Gano: Thank you so much SEAC.

Narrator: To learn more about TBICoE, clinical resources and related educational materials. Visit health.mil/TBICoE. Picking your brain is a podcast series from the traumatic brain injury center of excellence or TBI COE that focuses on the care and recovery of service members and veterans who have sustained a TBI. It's produced and edited by Vinnie White and hosted by me, Kate Perelman.