

To: Larry Keane[lkeane@nssf.org]
From: Getto, Leila
Sent: 2018-05-24T16:55:56-04:00
Importance: Normal
Subject: Re: [EXTERNAL] Meeting Request - Frank Larkin
Received: 2018-05-24T16:56:43-04:00

Thank you!

Leila Sepehri Getto
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On Thu, May 24, 2018 at 1:32 PM, Larry Keane <lkeane@nssf.org> wrote:

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On May 24, 2018, at 1:08 PM, Getto, Leila <leila_getto@ios.doi.gov> wrote:

Dear Larry,

Can I trouble you for Mr. Larkin's phone number again? I must have accidentally wrote down the wrong number. I greatly appreciate your time and help.

Thank you,
Leila

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----- Forwarded message -----

From: **Larry Keane** <lkeane@nssf.org>
Date: Tue, May 15, 2018 at 9:06 PM
Subject: [EXTERNAL] Meeting Request - Frank Larkin
To: David Bernhardt (b) (6)

David,

I hope you are well. I have a favor to ask of you. Frank Larkin, who recently retired as the Senate Sgt at Arms is a friend of mine. Before becoming the Sgt at Arms he was w/ the US Secret Service. He was also a SEAL. His son, Ryan was with SEAL Team VII. Sadly, Ryan committed suicide last year. Sharyl Attkisson did a story about Ryan who's death was related to traumatic brain injury he sustained while serving our country. Frank would very much like to have the opportunity to meet with Secretary Zinke. Do you think you could help arrange between two old "frog men"?

<http://fullmeasure.news/news/cover-story/ryans-story>

Ryan's Story

Our military has almost 200-thousand troops deployed around the world. We are still at war in Afghanistan, Iraq and Syria. U.S. military injuries and deaths top 58-thousand for just Iraq and Afghanistan alone. That doesn't count suicides and a related, silent destroyer you probably haven't heard much about that's of growing concern: concussions our warriors get in training and in action. Today, we begin with Ryan's story... an elite Navy SEAL whose sacrifice may help save others, even in civilian life.

Frank Larkin was Sergeant at Arms - the chief law enforcement officer for the U.S. Senate until last March. Larkin is also an American warrior he was a member of the Navy's elite SEAL team.

His son Ryan followed in his footsteps also a highly-decorated Navy SEAL who did four combat tours in Iraq and Afghanistan. Last October, Ryan was laid to rest at Arlington National Cemetery.

Frank Larkin: This is the story of a high-performing, highly rated Navy SEAL who served his nation with valor, became injured as a result of that service, and was left behind. He had made statements such as, "You know, it's going to take guys killing themselves before the system wakes up that they've got a problem." He also said that, "I'm not going to live to an old age. I'm broken inside. Something's wrong inside my head. Nobody's listening."

At age 29, Ryan took his own life.

Larkin: On the morning of Sunday, April 23rd, we had come home from an overnight trip and found that he had taken his life in the basement of our home. Ryan was dressed in his SEAL Team 7 t-shirt. He had illuminated a shadow box that

contained his ribbons, medals, and other insignia.

Ryan long believed he suffered Traumatic Brain Injury from concussions during his military service. But he was unable to get the diagnosis or effective treatment.

Larkin: He said, "If anything ever happens to me, I want my body used for Traumatic Brain research." So on that horrible day of April 23rd, on his behalf, donate his brain for that study.

Ryan's story and the analysis of his donated brain tissue are helping open doors...revealing how a soldier's post-traumatic stress may be exacerbated, or even caused, by brain injuries.

Sharyl: Can you just give an example of the sorts of things they're exposed to that can cause them concussive injuries or brain injury?

Frank Larkin: Ryan was a sniper, so he fired high caliber sniper weapons. The 50-caliber category use an awful lot of pressure. Exposure to IEDs of which the battlefield was littered with IEDs. There's a variety of sources that can cause concussive effects that ultimately could result in damage.

Because the damage is invisible on regular MRI scans, doctors long lumped the mysterious suffering of brain-injured troops under the catchall of "Post Traumatic Stress Disorder." But a sea change began in 2011.

Sharyl: What new do you know today since 2011 about this?

Dr. David Brody: Probably more has been discovered from 2010 to today than in the entire history of science before 2010, because there's been so much interest and attention focused on this problem.

Neurologist David Brody heads up Traumatic Brain Injury research at the Uniformed Services University. He helped lead a landmark study in 2011.

Brody: Before that, Traumatic Brain Injury, a concussion, was something you just shrugged off. "Are you hurt? Are you injured?" You just got back up and went back at, both in sports and the military, and in real life. We recognized around that time that there were real serious consequences of concussive traumatic brain injury that there was a lot more injury than people had previously recognized.

Sharyl: Dr. Brody and his team were first to use a new MRI technique called "diffuser tensor imaging" on soldiers. That allowed them to examine axons, the most vulnerable part of the brain, where long wires transmit information like celery stalks move water.

But after injury, the brain's axons become like celery soup. Same color as celery, smells like celery, but now water diffuses in all directions. We can use diffuser tensor imaging to detect the difference between celery and celery soup in the brain.

The results were shocking. Brains that looked normal on regular MRI scans were obviously damaged when imaged using the new technique. Dr. Brody found abnormalities in nearly one third of the soldiers who'd been injured in blasts.

Sharyl: How many men and women in the military do you think are subjected to this potential type of injury, whether they're in the training or they're actually out in the field being exposed to this?

Brody: The official numbers are that there's about 375,000 U.S. military service members that have had traumatic brain injury from 2001 until the present. We think the real numbers may be substantially higher than that. It's probably maybe twice that many.

Sharyl: What percentage is that of the military?

Dr. Brody: Some estimates are that between 10 and 20% of

deployed military service members have a brain injury during their deployment.

The findings led to new military directives on how to detect and treat brain injury from explosive concussions. Yet heroes like Ryan are still slipping through the cracks years later. He never even had an exam using the special MRI technique.

Brody: That's not something that a regular doctor can just order. I think he had conventional scans, as far as I can tell.

Sharyl: How did it come to your attention that he perhaps had brain injury?

Larkin: It's when he had the second, third tours that were back-to-back, that we noticed that he wasn't the Ryan that we saw enter the Navy. The wheels kind of came off. We saw an amplification of the anxiety. We saw depression ebb and flow. He was having problems with disorganization. A lot more issues with memory. Alcohol played a role. As he was trying to get to sleep, he was not having a lot of success with the medications that they were putting him on.

He started suffering what I call is systematic injury of, you know, they started hanging labels on him. Substance abuser, alcohol abuser, prescription drug abuser, treatment failure, operationally unfit. This just created more wounds. For somebody that had literally been a top-rated operator, to now have to wear these labels was something that was very much a struggle for him.

Ryan's journal reveals desperation and despair: "I need treatment for Post Traumatic Stress Disorder & Traumatic Brain Injury," he wrote. And speaking of his honorable but forced discharge: "I have been separated from everything that I love." Ryan's brain revealed telltale scars of concussive injury visible under a microscope after death. Even if he'd been diagnosed with Traumatic Brain Injury in life there's no cure. Only intensive treatment for symptoms: headaches, mood

disorders and sleep problems.

Sharyl: What would you say is an important key to someone like Ryan Larkin, who's seeking help and feeling all these things you describe, and things aren't working for him?

Dr. Brody: We're working really hard to find new MRI methods that will be able to see that scarring right at the junction between gray and white matter that I mentioned earlier. But we're not there yet. There's clearly a lot more research needs to be performed before we're able to make a definite diagnosis of somebody like Ryan Larkin while he's alive, and that's the ultimate goal.

For a look at how the science is pushing changes in combat training, and how it could impact civilians, watch Part 2 of our Story, called "Traumatic Brain Injury."

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--

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