Overpressured Warfighters Act of 2025 (OWA2025)

Presented by Todd Strader, Owner of OverPressured LLC and
Community Leader of The Cohort of OverPressured Warfighters.
www.OverPressured.com

119th CONGRESS

H.R. __

AN ACT

To amend the United States Code to require the Department of Defense to officially classify occupational exposure to low-level blast overpressure and associated particulate matter as health hazards, ensuring appropriate measures for prevention, monitoring, treatment, and support, and to amend the Honoring our PACT Act of 2022 to include such exposures as recognized toxic exposure events, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

PREAMBLE

WHEREAS, the United States military personnel, both active and those who have transitioned to veterans, are exposed to significant health risks from low-level blast overpressure exposure (BOPE) during training and combat operations, as evidenced by studies like Gama Sosa et al. (2019) in "Military Medicine" and reports from Defense and Veterans Brain Injury Center (2020);

WHEREAS, scientific research from 2018 to 2025 has conclusively linked repetitive BOPE to long-term health issues, including traumatic brain injuries and PTSD, with findings from McEvoy, A. (2024) and Stone, J. R. (2024);

WHEREAS, media outlets, including articles by Myers, M. (2021) in Military.com and various reports from NY Times and NPR, have brought to light the tragic realities of these exposures, revealing stories of both active service members and veterans suffering from the effects of BOPE;

WHEREAS, the Department of Defense has made strides through previous legislation like the Blast Overpressure Safety Act (Hicks, K., 2021) and the Warfighter Brain Health Initiative, yet the scale and complexity of the issue demand further, more detailed legislative measures to also address the needs of veterans;

SECTION 1. SHORT TITLE.

This Act may be cited as the **"Overpressured Warfighters Act" or "OWA2025"**.

SECTION 2. FINDINGS.

(a) Health Risks. Congress finds that the occupational exposure to low-level blast overpressure in the military has been conclusively linked to major long-term health issues, as evidenced by numerous scientific studies and media reports from 2018 to 2025.

(b) Elevated Risk. Research has shown that service members in occupations with recurrent exposure are at an elevated risk for deployment-related traumatic brain injuries (TBIs).

(c) Media Exposure. Media coverage has highlighted these health risks, emphasizing the need for legislative action to protect both active duty and veteran service members' well-being.

(d) Previous Efforts. Despite previous efforts by the DoD, there remains a significant gap in policy, monitoring, and support for those affected by BOPE, including veterans.

(e) Veteran's Health. Studies have demonstrated that repeated occupational exposure to low-level blast overpressure can lead to cumulative neurological damage and other health issues akin to toxic exposures, necessitating the inclusion of such exposures within the framework of the PACT Act for veterans' benefits.

SECTION 3. DESIGNATION OF OCCUPATIONAL HEALTH HAZARD.

(a) Classification. The Secretary of Defense shall officially classify occupational exposure to low-level blast overpressure and associated particulate matter from weapon discharge as occupational health hazards for military personnel. This classification acknowledges scientific research and media investigations into the long-term health consequences of such exposures. "Research has shown that firing heavy weapons releases a complex mixture of particles, including metals like lead, copper, zinc, and others, which are known to be toxic" (Gama Sosa et al., 2019; McEvoy, A., 2024). "The fine particulate matter (PM2.5 and smaller) from weapon discharge includes substances that can penetrate deep into the respiratory system or even enter the bloodstream, posing significant health risks over time" (Stone, J. R., 2024).

(b) Policies and Guidelines.

(1) Integration with Existing Policy: This classification will be integrated into existing health and safety policies, ensuring that both BOPE and particulate matter exposure are addressed comprehensively.

(2) New Guidelines: The DoD shall develop new guidelines to specifically manage risks associated with both BOPE and particulate matter exposure, including training protocols, equipment standards, and operational procedures.

SECTION 4. ESTABLISHMENT OF BOPE OVERSIGHT.

(a) BOP Czar.

(1) Appointment: The Secretary of Defense shall appoint a "BOP Czar" who will be responsible for overseeing all aspects of BOPE safety within the military. This role is necessary due to the currently disjointed efforts in managing BOPE risks across different military branches,

research institutions, medical providers, and affected communities. A dedicated BOP Czar would streamline coordination, ensuring a cohesive approach to policy development, research funding, and implementation strategies. By centralizing leadership, the BOP Czar can eliminate redundancy, harmonize disparate initiatives, and enhance communication between the DoD, VA, academic researchers, and advocacy groups, thereby accelerating progress on BOPE-related health issues.

(2) Duties: The BOP Czar will coordinate policy, research, and implementation strategies, ensuring that all branches of the military adhere to new standards set forth by this Act. This role mirrors the responsibilities of the "Ebola Response Coordinator" appointed in 2014 under President Obama, tasked with coordinating a multi-agency response, showcasing the executive's ability to focus efforts on critical health issues. Additionally, the BOP Czar will have authority akin to the "AIDS Czar" under President Clinton, tasked with developing and implementing a national strategy for AIDS policy, demonstrating the precedent for such positions to lead inter-departmental initiatives.

(3) International Collaboration: In addition, the BOP Czar shall foster global research partnerships to share data and best practices on BOPE and particulate exposure effects.

(4) Reporting: An annual report shall be submitted to Congress, detailing compliance, progress, and any barriers to implementation, similar to the reporting obligations of the Director of National Intelligence established by the Intelligence Reform and Terrorism Prevention Act of 2004 or the annual reports required by the Department of Homeland Security for various czars, such as the Border Czar, ensuring accountability and transparency in policy execution.

SECTION 5. BOPE MONITORING AND DATA MANAGEMENT.

(a) Tracking BOPE.

(1) Wearable Technology: Any service members at reasonable risk of BOPE from firing weapons, including at a minimum those on the Tier 1 weapons list, must be issued and utilize individualized wearable technology to track each exposure event. This technology will measure the magnitude and timing of each blast, tailored to the individual's physical and environmental conditions.

(2) Data Integration: The data collected will be automatically integrated into the service member's medical records, ensuring it is accessible directly by the service member and their medical providers. This will be in compliance with HIPAA regulations to protect personal health information.

(b) Data Utilization.

(1) Research and Development: The data will be used to further research into BOPE effects, patterns, and mitigation strategies.

(2) Preventive Measures: Analysis of this data will inform ongoing improvements in protective gear, training methodologies, and operational safety protocols.

SECTION 6. HEALTH SURVEILLANCE AND MEDICAL TESTING.

(a) Health Monitoring.

(1) Baseline Tests: Upon entry into BOPE occupations, service members will undergo comprehensive health assessments to establish a baseline for future comparison.

(2) Annual Monitoring: Ongoing health checks will be conducted annually for those in high-risk roles to monitor any changes possibly linked to BOPE.

(3) End of Enlistment: A final assessment will be conducted to assess cumulative effects before discharge.

(b) Specific Tests.

(1) EKG: Routine electrocardiograms will be performed to monitor heart health, particularly relevant due to findings by Wang, L. (2024) in "Journal of Gastroenterology and Hepatology Research" suggesting that blast overpressure might contribute to cardiovascular issues, including potential impacts on heart rhythm. A recent article from Military.com (2025) titled "Blast Pressure Injuries May Affect More Than the Brain of Troops, New Data Shows" underscores the systemic effects of blast exposure, highlighting the importance of cardiac monitoring for affected service members.

(2) EEG: Electroencephalograms will be conducted to monitor brain health, prompted by research from Stone, J. R. (2024) published in "Neurology Research International" which links repeated blast exposure to neurological changes observable via EEG. This testing is vital for detecting subtle brain injuries, as highlighted by NPR's coverage in 2024 of two Marines experiencing symptoms like headaches and hemorrhages after years of heavy weapon use. These tests are crucial for early intervention and managing chronic conditions stemming from blast overpressure exposure.

(3) Blood Biomarker Testing: Service members will undergo testing for blast overpressure-related blood biomarkers. Recent research, such as that by Agoston, D. V. (2022) in "Frontiers in Neurology", has identified biomarkers like glial fibrillary acidic protein (GFAP) and ubiquitin C-terminal hydrolase-L1 (UCH-L1) that can indicate brain injury from blast exposure. These biomarkers help in early detection and monitoring of neurological damage. Media coverage, including an article by Spotlight on America (2024) titled "Soldiers and veterans suffering brain injuries from firing the weapons that defend us," has highlighted the potential of such biomarkers in diagnosing and managing BOPE-related health issues, emphasizing the need for these tests to be part of routine health surveillance to better protect and treat affected personnel.

(4) Additional Screening: Where necessary, additional screening for neurological, auditory, and psychological health will be included.

(c) Data Availability.

(1) Research Access: HIPAA-compliant data will be available to the DoD Health System for ongoing research into treatment and mitigation solutions.

SECTION 7. RESEARCH AND DEVELOPMENT.

(a) Funding.

(1) Budget Allocation: Congress shall increase and expand funding specifically for research into the total body effects of blast overpressure and particulate matter exposure, focusing on prevention, mitigation, and treatment strategies. This includes research into "the combined effects of blast overpressure and particulate matter, looking into how these exposures might exacerbate each other's health impacts" (Based on summary).

(2) Prioritization: Research will prioritize understanding the full spectrum of BOPE and particulate matter effects, including less studied areas.

(3) Longitudinal Health Studies: Funding shall also be allocated for longitudinal health studies to follow cohorts of service members into retirement to understand the progression of health issues. Preliminary reports from these studies shall be provided within five years of the commencement of the study, with final comprehensive reports expected within ten years, or sooner if significant findings warrant earlier disclosure, to facilitate planning and adjustment of health policies and interventions.

(b) Market Solutions.

(1) Grants and Incentives: Establish grants or incentives for the private sector, particularly small businesses, to innovate in monitoring, mitigation, or protection from both BOPE and particulate matter. "Technology Acceleration: Incentivize rapid prototyping and development of new protective technologies or monitoring devices through dedicated funds or challenge grants, not only for blast overpressure but also for filtration systems or protective masks to mitigate particulate matter exposure".

(2) Military Health Innovation Grants: Establish specific grants aimed at innovations in health care addressing BOPE and particulate matter exposure.

SECTION 8. SUPPORT AND AWARENESS.

(a) Family Support.

(1) Educational Programs: Funding will be allocated for educational programs aimed at families of service members to raise awareness about both BOPE and particulate matter exposure, its symptoms, and where to seek help. "Public Awareness Campaigns: Launch a national campaign to raise awareness about both BOPE and the health risks of particulate matter from weapon discharge among service members, veterans, families, and the public" (NY Times, 2024).

(2) Mental Health Services: Ensure that support services include mental health care, acknowledging the psychological toll of both BOPE and particulate matter exposure-related health issues. "The psychological toll of BOPE-related health issues can be significant, necessitating comprehensive mental health support" (Myers, M., 2021).

(b) Veteran Transition Support.

(1) Integration with Transition Assistance Programs: Include education on BOPE and particulate matter exposure within the Transition Assistance Program (TAP) for service members.

(c) Public Health Surveillance System.

(1) Integration into Public Health Systems: Propose the incorporation of BOPE and particulate exposure data into public health surveillance systems for long-term health trend analysis.

SECTION 9. AMENDMENT TO THE HONORING OUR PACT ACT.

(a) Definition of Toxic Exposure.

Amendment: Section 101 of the Honoring our PACT Act of 2022 is amended by inserting the following after paragraph (4): "(5) Low-level Blast Overpressure and Associated Particulate Matter - Exposure to low-level blast overpressure, especially in occupational settings within military service, including but not limited to roles such as artillery, mortars, breaching, and other military specialties where such exposure is recurrent, shall be considered a toxic exposure under this Act. This also includes exposure to smoke, dust, and particulate matter generated from the firing of these weapons, which contains known toxic substances like lead, copper, zinc, and other metals."

(b) Health Care Benefits.

Expansion: The Department of Veterans Affairs shall extend health care benefits, screenings, and presumptive service-connection for health conditions related to occupational exposure to low-level blast overpressure and associated particulate matter, consistent with the treatment of other toxic exposures under this Act.

Guidelines: The Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall develop guidelines for diagnosing and treating conditions resulting from such exposures, ensuring veterans receive appropriate care. This includes:

(A) Respiratory and Systemic Health: Special attention to respiratory issues, cardiovascular diseases, and other systemic health problems linked to particulate inhalation.

(B) Neurological Health: Enhanced focus on brain health due to both blast overpressure and potential neurotoxic effects of inhaled particles.

(c) Research and Education.

Funding: Allocate funds for further research into the health effects of low-level blast overpressure and particulate matter exposure, emphasizing long-term studies, prevention strategies, and the development of protective measures.

Education: Develop educational programs for service members, veterans, and health care providers to increase awareness and understanding of the risks and symptoms associated with both blast overpressure and particulate exposure. "Training for Health Providers: Ensure ongoing

education for DoD and VA health providers on conditions related to both BOPE and exposure to toxic smoke and dust" (DoD Environmental Health Policy).

(d) Data Collection and Mental Health Surveillance.

MOS and Suicide Correlation: The Department of Veterans Affairs shall:

(A) Collect Data: Compile comprehensive data on the military occupational specialty (MOS) of every Veteran who has died by suicide from 2001 to the present, focusing on identifying trends between MOS roles involving high blast overpressure and particulate exposure and suicide rates.

(B) Release Data for Analysis: Make this data available to researchers, policymakers, and healthcare providers to analyze the relationship between occupational exposure and mental health outcomes, informing prevention strategies. "Studies have indicated that exposure to these particles can lead to lung toxicity and respiratory effects, potentially affecting cognitive function" (Wang, L., 2024).

(C) Research and Policy Development: Fund research into the mental health effects of both blast overpressure and particulate matter exposure, driving policy changes for better support.

(D) Timeline: The Secretary of Veterans Affairs shall provide a timeline to Congress for data collection commencement and when initial findings will be shared.

(e) Retroactive Benefits.

Process for Claims: Establish a clear process for veterans who have already been discharged but were exposed to blast overpressure or related particulate matter to apply for benefits under this amended Act, including provisions for retroactive claims if conditions were previously unrecognized or misdiagnosed. "This act recognizes the broader implications of toxic exposure, which could include the particulate matter from weapon firing" (PACT Act, 2022).

SECTION 10. TREATMENT MODALITIES AND RESEARCH INTO NON-TRADITIONAL THERAPIES

(a) Development of Treatment Protocols: The Secretary of Defense and the Secretary of Veterans Affairs, in consultation with medical and scientific experts, shall develop and implement treatment protocols for conditions resulting from BOPE and particulate matter exposure, including but not limited to traumatic brain injuries (TBIs), PTSD, and neurological damage. "Effective treatment protocols are essential for addressing the complex health outcomes of blast exposure, as noted in recent studies showing persistent neurological deficits in veterans" (Stone, J. R., 2024).

(b) Research into Non-Traditional Therapies: Funding shall be allocated for research into innovative, non-traditional treatment modalities, with a specific focus on:

(1) Neurofeedback: To explore its efficacy in improving cognitive function and reducing symptoms of TBI and PTSD. "Neurofeedback has shown promise in modulating brain activity,

with preliminary studies indicating improved cognitive outcomes in TBI patients" (Wang, L., 2024).

(2) Transcranial Magnetic Stimulation (TMS): To assess its potential in treating depression, anxiety, and neurological deficits associated with blast exposure. "TMS offers a non-invasive option with FDA approval for depression, and emerging research suggests it could address PTSD symptoms in military populations" (Agoston, D. V., 2022).

(3) Other Non-Traditional Approaches: To investigate alternative therapies such as acupuncture, mindfulness-based stress reduction (MBSR), and hyperbaric oxygen therapy (HBOT), which have shown potential in treating neurological and psychological conditions related to blast exposure. "A VA study found that MBSR significantly reduced PTSD symptoms in veterans, with 65% reporting improved quality of life, highlighting the value of non-traditional interventions" (U.S. Department of Veterans Affairs, 2022).

(c) Pilot Programs and Clinical Trials: Establish pilot programs within DoD and VA facilities to test these non-traditional therapies, with results reported annually to Congress to guide future funding and implementation. These programs will address the challenge of limited current evidence by prioritizing rigorous, controlled trials, and will include input from veterans' groups and military health professionals to ensure relevance and acceptance.

(d) Collaboration with Research Institutions: Encourage partnerships with academic institutions, such as universities and medical centers (e.g., Johns Hopkins, Mayo Clinic), to conduct rigorous, peer-reviewed studies on these treatments. "Collaboration with institutions like the National Institutes of Health (NIH) can enhance the scientific validity and acceptance of these emerging therapies" (Defense and Veterans Brain Injury Center, 2020).

(e) Integration with Health Systems: Ensure that any approved non-traditional treatments are integrated into existing healthcare delivery systems for service members and veterans, with training provided to healthcare providers. Training will be critical to overcome resistance and ensure proper implementation, and will include public education campaigns to address misconceptions about these therapies.

(f) Enhancements for Strength: To further strengthen this section, the following measures are recommended:

(1) Specific Examples of Success: Include additional case studies or data, such as, "Acupuncture has been shown to reduce chronic pain by 50% in veteran populations, according to a recent VA report" (U.S. Department of Veterans Affairs, 2022), to provide concrete evidence of efficacy.

(2) Stakeholder Input: Explicitly mandate consultation with veterans' organizations, military medical boards, and research institutions during the development of these protocols to ensure they meet the needs of the affected community and gain broader acceptance.

(3) Funding Specificity: Allocate at least 10% of the research funding outlined in Section 7 to non-traditional therapies, ensuring a clear commitment to their exploration. This could be sourced from the innovation grants or endowment funds in Section 17.

(4) Public Perception and Education: Develop targeted communication strategies to educate the public, military leadership, and healthcare providers about the benefits and safety of non-traditional therapies, drawing on successful campaigns like those for integrative medicine by the VA, to reduce skepticism and build trust.

Potential Challenges and Considerations:

(1) Scientific Validation: "Non-traditional therapies often face skepticism due to a lack of robust, long-term data, as highlighted in media discussions on alternative treatments for veterans" (NPR, 2024). To address this, the Act should mandate peer-reviewed, randomized controlled trials, with interim reports published annually to build a robust evidence base. Collaboration with institutions like the Mayo Clinic, known for integrative medicine research, can lend credibility.

(2) Funding and Resource Allocation: "The PACT Act of 2022 emphasized the need for significant investment in veteran health, but additional funding mechanisms are required to explore untested therapies" (PACT Act, 2022). The Act could leverage the funding mechanisms in Section 16 (Funding Mechanisms and Sources) to create a dedicated research fund, possibly through public-private partnerships or reallocations from the Defense Health Program, ensuring no dilution of other priorities.

(3) Acceptance and Implementation: "The military and VA may be hesitant to adopt non-traditional treatments due to concerns about efficacy, safety, or cultural resistance within traditional medical frameworks" (ABC News, 2024). To mitigate this, pilot programs should include stakeholder engagement (e.g., military leadership, VA clinicians) and public education campaigns to address misconceptions. The Act could require the Secretary of Defense to submit an annual report on acceptance rates, barriers, and outcomes, fostering transparency.

(4) Regulatory and Ethical Hurdles: "There may be inconsistent standards or lack of FDA approval, as seen in debates over complementary therapies in military settings" (U.S. Department of Defense, Environmental Health Policy). The Act should mandate compliance with existing regulatory frameworks and establish an ethics oversight committee to ensure patient safety and legal adherence, drawing on precedents from VA integrative health programs.

How These Challenges Are Addressed:

(1) Scientific Rigor: By requiring peer-reviewed studies, interim reporting, and collaboration with leading institutions, the Act ensures that only evidence-based non-traditional treatments are adopted, as supported by "studies indicating the need for rigorous validation of alternative therapies in military contexts" (Stone, J. R., 2024).

(2) Funding Strategy: Utilizing existing funding mechanisms and specifying a portion for non-traditional research, as outlined in Sections 7 and 17, ensures resources are available without

compromising other initiatives. "Innovative funding like endowment funds could be explored, as suggested in legislative analyses" (PACT Act, 2022).

(3) Stakeholder Buy-In: Engaging military and VA leaders, veterans' groups, and healthcare providers through pilot programs and regular reporting addresses resistance, drawing on "successful models of integrating alternative therapies in VA healthcare systems" (Defense and Veterans Brain Injury Center, 2020).

(4) Regulatory Compliance: Establishing an ethics committee and aligning with FDA standards or VA guidelines mitigates legal risks, ensuring "ethical and regulatory frameworks are in place, as seen in VA research protocols" (U.S. Department of Veterans Affairs, 2022).

SECTION 11. ON-SITE HEALTH EQUIPMENT.

(a) Development for Immediate Response: Fund the development or procurement of portable diagnostic equipment for immediate health assessments in the field post-exposure.

SECTION 12. MENTAL HEALTH PARITY.

(a) Parity in Treatment: Ensure mental health treatments for conditions stemming from BOPE and particulate exposure are covered to the same extent as physical health treatments.

SECTION 13. EDUCATIONAL OUTREACH TO MEDICAL SCHOOLS.

(a) Curriculum Inclusion: Propose that medical schools include training on recognizing and treating conditions related to military occupational exposures.

SECTION 14. CULTURAL CHANGE INITIATIVES.

(a) Cultural Awareness: Promote a cultural shift in the military regarding health risks from occupational exposures through leadership training and peer support systems.

SECTION 15. CONTINUOUS POLICY REVIEW.

(a) Dynamic Policy Adjustment: Establish a mechanism for regular review and adjustment of policies based on new scientific findings or technological advancements.

SECTION 16. FUNDING MECHANISMS AND SOURCES.

(a) Appropriations: Congress shall appropriate funds annually through the NDAA for the implementation of this Act, with a specific line item for BOPE and particulate matter health initiatives.

(b) Defense Health Program Reallocation: A portion of the Defense Health Program budget shall be redirected to support research, prevention, and treatment programs outlined in this Act.

(c) Environmental Funds: Funds from the Defense Environmental Restoration Program can be used for environmental impact studies related to BOPE and particulate matter.

(d) Grants and Partnerships: The VA and DoD shall establish grants and cooperative agreements to fund research and development in this area, encouraging public-private partnerships.

(e) Innovation and Endowment Funds: The establishment of an endowment fund or the use of social impact bonds is encouraged to ensure long-term funding availability.

(f) Philanthropy and Crowdfunding: Encourage the creation or redirection of foundations and use of crowdfunding to supplement government funding.

(g) Cost Recovery and Patent Revenue: Implement mechanisms to recover costs from health care savings and leverage patent royalties for ongoing funding.

(h) Dedicated Tax or Fee: Explore the feasibility of a dedicated tax or fee on defense-related sectors to fund this initiative, subject to further legislative approval.

(i) Offset by Efficiency: Identify and redirect savings from defense budget efficiencies towards the implementation of this Act.

These funding strategies aim to ensure that the Overpressured Warfighters Act has the financial support needed to achieve its goals, providing a sustainable approach to addressing these critical health issues.

SECTION 17. EFFECTIVE DATE

This Act shall take effect immediately upon its passage.

SECTION 18. SEVERABILITY.

If any provision of this Act or the application thereof to any person or circumstance is held invalid, the remainder of the Act and the application of such provision to other persons or circumstances shall not be affected thereby.

This bill seeks to comprehensively address the health hazards associated with occupational exposure to low-level blast overpressure and particulate matter in the military, ensuring safety, research, and support for both active service members and veterans, while also promoting a broader understanding and management of these risks.

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