Blast Overpressure Accountability Act

Cohort of Overpressured Warfighters

I am Todd Strader, founder of the Cohort of OverPressured Warfighters, I thank you for this opportunity. I speak for thousands of affected servicemembers, veterans, and their families, acknowledging the tireless VA healthcare staff who are not the focus of my frustration.

Since 2015, the VA's own research has highlighted a significant impact of occupational blast exposures on veteran health, even linking it to the veteran suicide crisis. In 2022, a VA doctor created a new ICD diagnostic code (S06.8A) for primary blast brain injury, yet my own neurologist was unaware of it, revealing a major disconnect.

The VA, I believe, marginalizes its own researchers and dismisses national media coverage. They offer impotent half-measures and vague promises instead of real solutions, attributing this to a metastasized bureaucratic tepidity. This occupational blast exposure, an 800-pound gorilla, has been deliberately kept obscured and shadowed. Bureaucracy, I contend, prolongs studies by clinging to plausible deniability, demanding oversimplified answers to a complex injury, and leaving veterans with fragmented care and feelings of inadequacy.

It's crucial to understand that the VA's own standard for service connection, a likely as not (50% probability) link, is overwhelmingly met by a decade of peer-reviewed studies and the VA’s own data. Yet, despite our efforts, including drafting a resolution for presumptive service connection and aiding Ranking Member Takano's letter to the VA Secretary, the VA's response has been insufficient. Secretary Collins has deflected, portraying the issue as new and offering only more studies.

Our latest proposal, the Blast Overpressure Accountability Act (BOAA), expands our focus. We've realized the critical importance of associated airborne particulate matter, the gunsmoke and dust accompanying every blast. These repeated exposures, combining blast waves and particulate matter, are unquestionably toxic, with health consequences as insidious as any other PACT Act exposure.

The BOAA aims to amend the PACT Act to formally recognize cumulative low-level blast overpressure and associated airborne particulate matter as both occupational and environmental toxic exposures. These are not unforeseen circumstances but a job requirement. It is a shameful injustice that veterans must still prove their worthiness for care and benefits. The BOAA is the crucial mechanism to deliver what these veterans are long overdue.

Todd Strader, Founder – Cohort of Overpressured Warfighters

One-Pager - Blast Overpressure Accountability Act (BOAA):
To Recognize Blast Overpressure as a Toxic Exposure under the PACT Act

The Problem

Repetitive low-level blast overpressure and associated toxic airborne particulate matter exposures are inherent to the occupational duties of veterans who fired heavy weapons like mortars and artillery or did explosives training like breaching. These cumulative exposures cause traumatic brain injuries, lung disease, and a fourfold suicide risk, as seen in Navy SEAL Ryan Larkin's story (*60 Minutes*, March 2025). In spite of robust evidence linking these exposures to TBI diagnoses and respiratory diseases, the VA does not recognize them as a 'toxic exposure' under the PACT Act. Concerns over the need for "conclusive science" overlook the VA's own "as likely as not" standard (38 U.S.C. § 5107(b)), which requires a 50% probability of a link not certainty. This threshold is clearly met and exceeded by years of peer-reviewed studies and available VA data. Similarly, fears of PACT Act "strain on the system" ignore its purpose and the VA's own binding commitment to service and care. Ignorance and inconvenience will no longer suffice as alibis in delaying its responsibilities to deserving veterans who have been marginalized too long by nuance and semantics.

The Solution

The Blast Overpressure Accountability Act (BOAA) amends the PACT Act to recognize low-level blast overpressure and associated airborne particulate matter as toxic exposures, ensuring presumptive service connection for affected veterans. By acknowledging these occupational hazards, BOAA delivers care to veterans, supports their families, and honors their sacrifices, as the Department of Defense's spending on other priorities shows resources exist to address these service-incurred injuries.

Draft Language

- **Amend PACT Act**: Add low-level blast overpressure and associated airborne particulate matter (e.g., smoke, carbon, lead, copper, dust) as toxic exposures under 38 U.S.C. § 101.
- **Presumptive Service Connection**: Grant automatic service connection for conditions (e.g., TBIs, lung cancer) related to these cumulative occupational exposures applying 38 U.S.C. § 5107(b).
- **Retroactive Claims and Screenings**: Enable retroactive claims and screenings for affected veterans using S06.8A code (DePalma, 2022).
- **Family Support**: Fund education and counseling for veterans' families (NY Times, 2024).

Blast Overpressure Accountability Act (BOAA)

by the Cohort of OverPressured Warfighters – www.overpressured.com

119th CONGRESS - H.R. [TBD]

A BILL

To amend the Honoring our PACT Act of 2022 to include occupational exposure to low-level blast overpressure and associated particulate matter as a recognized toxic exposure, to grant presumptive service connection for affected veterans, to enhance suicide prevention efforts by identifying high-risk military occupations, and for other purposes ensuring accountability and support for veterans.

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

PREAMBLE

Blast overpressure exposure from firing Tier-1 weapons and explosives training delivers pressure waves that rattle the body and brain, while the carbon-filled smoke and particulate dust it creates choke the lungs with every breath. Science and media bear witness to the toll: these waves and toxins penetrate deep, seeding chronic ailments from traumatic brain injuries to lung disease, heart strain, and a 40 percent rise in suicide risk. Over 70 percent of this exposure occurs not in combat but in training, impacting a vast cohort of veterans who served in roles like mortar crews, artillerymen, Special Forces breachers, combat engineers, and tankers.

The burden falls hard after separating from service, their dedication honored but their struggles in the aftermath are unseen, unconnected or dismissed. In spite of national media coverage and dozens of studies by their own researchers, the Department of Veterans Affairs and the Department of Defense bear a shared burden by failing to connect these outcomes, leaving care fragmented and veterans waiting amidst a backlog of claims.

The Blast Overpressure Accountability Act amends the PACT Act to recognize this toxic exposure, grants presumptive service connection, and confronts the suicide epidemic with targeted action, ensuring veterans receive the care they earned through sacrifice.

SECTION 1. SHORT TITLE

This Act may be cited as the Blast Overpressure Accountability Act (BOAA).

SECTION 2. FINDINGS

(a) Nature and Risks of Blast Overpressure Exposure in Training. Congress finds that occupational exposure to low-level blast overpressure during military training, impacting 70 percent of veterans in Tier-1 heavy weapons roles like mortar crews and tankers, poses severe risks (NY Times, 2024; Army Times, 2024). Pressure waves from such weapons

and breaching consistently deliver well over 4 pounds per square inch (psi), causing traumatic brain injuries and neurological damage (Lisov et al., 2016; Martindale et al., 2022). The blast's combustion produces toxic smoke with metals, increasing lung cancer risk by 20 to 30 percent (Pope et al., 2011; Brook et al., 2010; IARC, 2010). High-stress training amplifies exposure, boosting toxic inhalation by 30 to 40 percent (West, 2012; OSHA, 2023).

(b) Veteran Health Outcomes and Suicide Crisis. Veterans in these roles suffer 6,000 annual traumatic brain injury cases, chronic lung disease, heart issues, and cognitive decline, with lead impairing cognition by five to ten percent over 20 years (Stone, 2024; ATSDR, 2020). The VA reports almost ten thousand yearly lung cancer cases, potentially linked to blast overpressure smoke (VA, 2023). Exposure drives a fourfold higher suicide rate, with tank brigades at 60.4 versus 30.2 per 100,000 active-duty members from 2019 to 2021, rising to 100 per 100,000 post-service, contributing to 17.6 daily suicides (Army Times, 2024; VA, 2023). Research shows blast overpressure increases suicide risk by 20 to 30 percent through neuroinflammation (Martindale et al., 2022). Veterans with mild brain injuries are twice as likely to die by suicide, worsened by post-traumatic stress disorder in 29 percent of post-9/11 veterans (Brenner et al., 2019; WWP, 2022). Media reports highlight Marines dying by suicide after brain hemorrhages (NPR, 2024), despair among 3,000 Cohort members (NY Times, 2024), and a 33 percent autonomic dysfunction in mortar crews (Military.com, 2025). Former Senate Sergeant at Arms, Frank Larkin's son Ryan was a US Navy SEAL who died by suicide in 2017, study found his brain uniquely scarred, likely to occupational blast overpressure exposure, later inspiring the Blast Overpressure Safety Act (CBS News, 2024).

(c) Systemic Response Needed for Veteran Care. The VA fails to link blast overpressure to health outcomes, fragmenting care and delaying 250,000 claims, while the DoD, responsible for these exposures, lacks accountability despite monitoring policies (Hicks, 2024; Vazirani, 2024). The PACT Act recognizes toxic exposures like burn pit smoke, and the BOAA aptly includes blast overpressure with particulate smoke, ensuring presumptive benefits (PACT Act, 2022).

SECTION 3. AMENDMENT TO THE HONORING OUR PACT ACT

(a) Definition of Toxic Exposure.

- Section 101 of the Honoring our PACT Act of 2022 (38 U.S.C. 101) is amended by inserting:

"(5) Low-Level Blast Overpressure and Associated Particulate Matter – Exposure to low-level blast overpressure, including roles like mortar crews, artillerymen, Special Forces breachers, combat engineers, and tankers, and particulate matter (e.g., lead, copper, zinc, polycyclic aromatic hydrocarbons) from weapon firing, considered a toxic exposure due to its combined physical and chemical health impacts."

(b) Presumptive Service Connection.

- Veterans who served in Tier-1 heavy weapons and explosives roles shall be granted presumptive service connection for conditions associated with blast overpressure and particulate matter exposure, including traumatic brain injuries, post-traumatic stress disorder, chronic obstructive pulmonary disease, cardiovascular disease, lung cancer, and neurological disorders. The VA shall establish a list of presumptive conditions within 180 days, informed by scientific evidence (Pope et al., 2011; Brook et al., 2010; IARC, 2010).

(c) Retroactive Claims and Screenings.

- The VA shall provide retroactive claims for eligible veterans, additionally the VA shall conduct health screenings for 250,000 affected veterans focusing on blast overpressure-related conditions using the S06.8A diagnostic code (DePalma, 2022).

(d) Family Support and Education.

- The VA shall allocate funding annually to educate families of affected veterans about blast overpressure effects, providing counseling to address the psychological toll, ensuring families like those of veterans Steve and David can support their loved ones (NY Times, 2024).

SECTION 4. VETERAN SUICIDE PREVENTION AND MILITARY OCCUPATION TRACKING FOR BLAST-EXPOSED OCCUPATIONS

(a) Military Occupation Data Collection and Retroactive Amendment.

- The Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall retroactively amend the 2023 National Veteran Suicide Prevention Annual Report to include the military occupations of veterans who died by suicide from 2001 to 2021. This data shall be sourced from existing VA and DoD records, such as Defense Department Form 1300 (Report of Casualty), within 90 days of enactment, ensuring compliance with HIPAA by using anonymized, aggregate data to protect veteran privacy (VA, 2023).

- Moving forward, the VA shall include military occupation data in all future National Veteran Suicide Prevention Annual Reports, starting with the 2026 report, to track this variable continuously and identify patterns among veterans exposed to blast overpressure in Tier-1 heavy weapons and explosives training roles (e.g., mortar crews, artillerymen, Special Forces breachers, combat engineers, tankers).

(b) Analysis of BOP EXPOSURE-Exposed Patterns.

- The VA shall analyze the military occupation data to identify patterns of suicide risk among veterans exposed to blast overpressure, focusing on those in Tier-1 roles known to have a fourfold higher suicide rate (Army Times, 2024). This analysis shall:

- Quantify suicide rates by occupation, comparing blast-exposed roles to non-exposed roles, building on evidence of a twofold higher rate in M1 Abrams tank brigades (60.4 per 100,000 versus 30.2 per 100,000, Army Times, 2024).

- Assess correlations between blast overpressure exposure, related health conditions (e.g., traumatic brain injuries, post-traumatic stress disorder), and suicide, leveraging the S06.8A diagnostic code to track blast injuries (DePalma, 2022).

- Identify high-risk subgroups within the 370,000 affected veterans (120,000 active-duty, 250,000 vets) for targeted interventions, addressing the 17.6 daily veteran suicides (VA, 2023).

(c) Targeted Suicide Prevention Program.

- The VA shall establish a "Blast-Exposed Veteran Suicide Prevention Program" within 180 days, targeting veterans who served in Tier-1 roles. The program will shield these warriors from despair by offering annual mental health screenings to address blast overpressure-related wounds, expanding the VA's Caring Contacts program to provide follow-up support after encounters, and distributing gun locks to enhance safety, ensuring a beacon of hope for those suffering due to their serving the in military.

(d) Reporting and Accountability.

- The VA and DoD shall jointly submit an annual report to Congress by March 1, starting 2027, detailing suicide rates, intervention outcomes, occupational data, and blast overpressure exposure patterns for blast-exposed veterans, ensuring transparency in reducing the fourfold higher suicide rate.

SECTION 5. COLLABORATIVE FUNDING MODEL INSPIRATION

The Secretary of Veterans Affairs and the Secretary of Defense are encouraged to explore a collaborative funding model for this Act's implementation, drawing inspiration from the Long-Term Impact of Military-Relevant Brain Injury Consortium / Chronic Effects of Neurotrauma Consortium (LIMBIC / CENC). This joint endeavor exemplifies a shared commitment to addressing brain health, uniting the Departments in a balanced effort with academic and nonprofit partners. Such a model can illuminate a path to mend the silent scars of blast overpressure, ensuring veterans receive the care they earned through sacrifice.

SECTION 6. EFFECTIVE DATE

This Act shall take effect immediately upon passage.

SECTION 7. SEVERABILITY

If any provision or application is held invalid, the remainder remains unaffected.

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