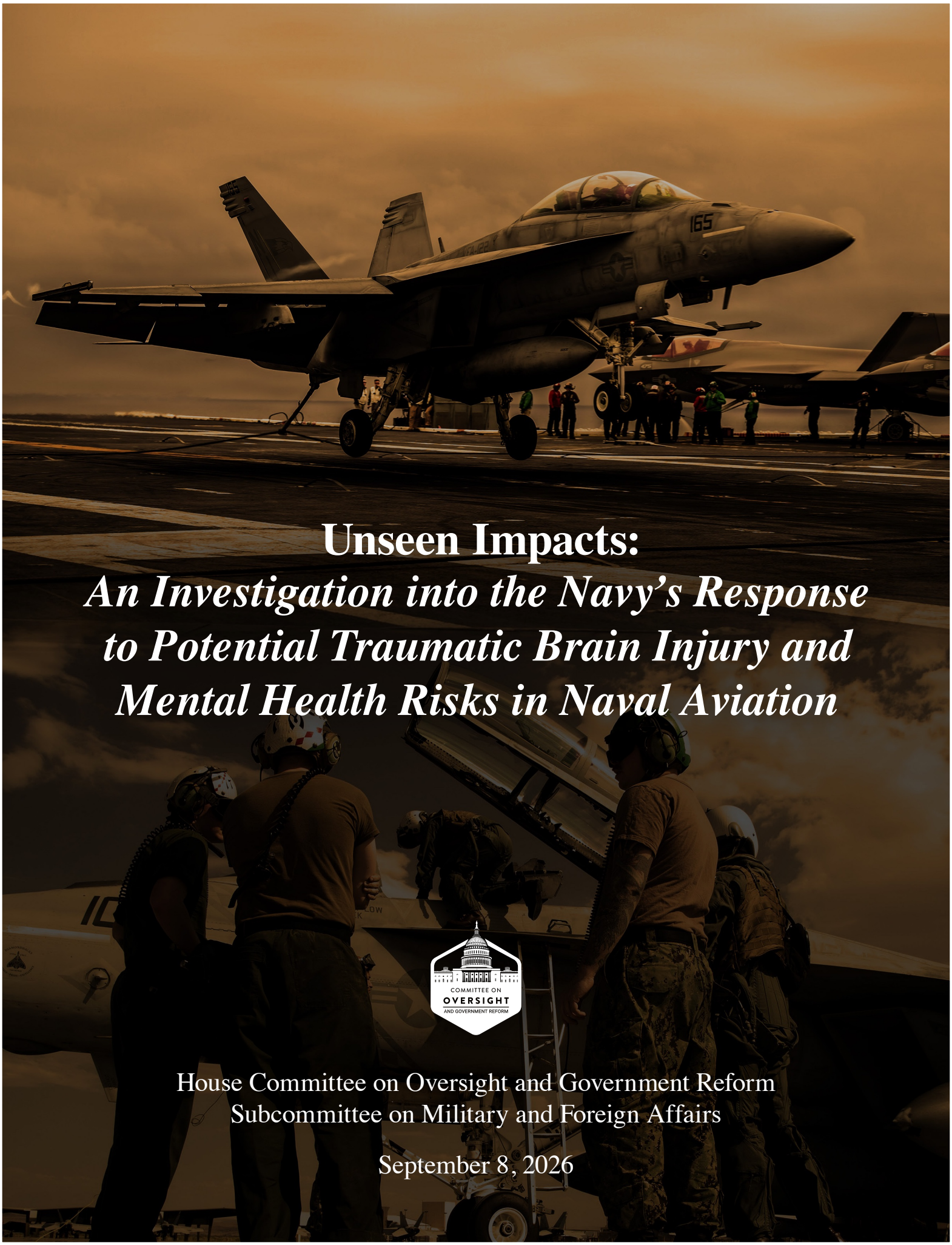


Unseen Impacts:
An Investigation into the Navy's Response to Potential Traumatic Brain Injury and Mental Health Risks in Naval Aviation

COMMITTEE ON OVERSIGHT AND GOVERNMENT REFORM

House Committee on Oversight and Government Reform
Subcommittee on Military and Foreign Affairs

September 8, 2026

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Following reporting by *The New York Times* about an epidemic of potential brain injuries in naval aviators contributing to suicide, the House Committee on Oversight and Government Reform launched an investigation to assess the Navy's knowledge of and actions taken regarding this issue. The findings reveal a disconnect between growing concern and an apparent lack of meaningful study by the Navy on long-term neurological impacts of aviation. Naval aviators and flight officers (which include rear seat crew on an F/A-18) operate under extreme and repeated physical stress from aerial maneuvers and the sudden acceleration of aircraft carrier catapult launches. Yet, the Navy has not determined whether these activities contribute to cumulative brain injury.

Key Findings:

- Top Navy officials were alerted to mental health concerns and suicides within the F/A-18 community but the Navy has not initiated a formal investigation into possible neurological causes.

- The Navy has not conducted a comprehensive study on cumulative injuries for naval aviators and flight officers.

    - The current healthcare system for naval aviators detects acute injuries but may miss long-term damage.

    - Medical policies are built to respond to identifiable incidents, not to track gradual, career-long brain stress.

- Naval aviation culture discourages aviators from seeking mental healthcare.

    - Fear of losing flight status or damaging careers leads many to avoid care or underreport symptoms, obscuring the true scope of the issue.

- The Navy internally attributed mental health issues primarily to operational stress rather than neurological injury.

    - The Navy is focused on managing stress, not understanding the physiology of it.

    - Internal efforts emphasize maintaining operational tempo and general mental health access, while failing to examine whether the physical demands of aviation are contributing to neurological harm.

- Project Odin's Eye is not being effectively used for aviators.

    - The Navy asserts that Project Odin's Eye is not a research project or protocol and it does not generate the kind of long-term, population level data needed to

assess chronic brain injury.

- The Navy's response to the Committee does not indicate that the program has been officially implemented in the naval aviation community at all.

The result is a system that is well-equipped to treat injuries once they are diagnosed, but poorly structured to understand or prevent risks developing over time. In effect, despite internal warnings and external reporting, the Navy has not taken the steps necessary to determine whether it is systematically exposing its aviators to long-term brain injury.

OVERSIGHT AND GOVERNMENT REFORM COMMITTEE'S INVESTIGATION

The Committee investigated the U.S. Navy's handling of potential physiological and psychological injuries, including traumatic brain injuries (TBI), among the naval aviation community. These injuries negatively impact flight officers, including those in elite programs such as the U.S. Navy Strike Fighter Tactics Instructor Program, also known as TOPGUN. The investigation was initiated by a February 6, 2025, request to then Acting Secretary of the U.S. Navy Terence Emmert[1] and expanded through a follow-up request on August 28, 2025, for additional information and documents.[2] As part of its oversight efforts, the Committee also received a briefing from the U.S. Navy's Bureau of Medicine and Surgery on May 28, 2025, which provided insight in Navy medical efforts and ongoing research.

This inquiry was prompted by public reporting and whistleblower concerns suggesting a pattern of neurological and mental health issues linked to high-performance flight operations.[3] Reported symptoms included memory loss, depression, anxiety, and death by suicide among some F-18 pilots, potentially associated with the extreme gravitational forces (G force) environments that these aviators experience during takeoff launches and while making maneuvers.[4]

The Committee's investigation sought to:

1. Examine the Navy's assessment of whether operational flight conditions contributed to long-term cognitive and psychological harm among aviators and flight officers;

2. Determine if the U.S. Navy had conducted a comprehensive assessment of effects of sustained G-forces on naval aviators and flight officers;

3. Determine the scope and conclusions of a reported confidential effort by the Navy to collect data on brain function for TOPGUN F/A-18 pilots;

4. Examine the extent to which the U.S. Navy effectively tracks and reports neurological injuries and mental health outcomes, and whether Congress had received complete and accurate information; and

[1] Letter from James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, *et al*., to Terence Emmert, Acting Sec'y, U.S. Navy (Feb. 6, 2025), *available at* https://oversight.house.gov/wp-content/uploads/2025/02/Top-Gun-letter-Navy-Sec-0206251.pdf.
[2] Letter from James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, *et al*., to John Phelan, Sec'y, U.S. Navy (Aug. 28, 2025), *available at* https://oversight.house.gov/wp-content/uploads/2025/08/TBI-Navy-Letter-082825-redacted.pdf.
[3] Dave Philipps, *Top-Gun Navy Pilots Fly at the Extremes. Their Brains May Suffer*, N.Y. TIMES (Dec. 8, 2024).
[4] Id.

5. Assess existing medical protocols, mental health resources, and staffing available to support affected aviators.

The Committee obtained and reviewed 1,397 pages of documents from the U.S. Navy, including internal communications and materials related to aviator health and safety.[5] Overall, this investigation found that gaps remain in the Navy's understanding, tracking, and mitigation of possible flight-related brain injuries and associated mental health conditions. This highlights the need for improved data collection and comprehensive evaluation to better protect service members.

[5] Letter from John C. Phelan, Sec'y, U.S. Navy to James Comer, Chairman, H. Comm. on Oversight & Gov't Reform (Dec. 16, 2025).

BACKGROUND

The issue of brain health in naval aviation has emerged gradually, shaped by a combination of external reporting and aviator experiences. Responses to the Committee reveal both the Navy's awareness of the issue but persistent gaps in fully understanding causation.

For years, the Navy has maintained a comprehensive framework for identifying and treating traumatic brain injuries (TBI) and mental health conditions, grounded in formal guidance such as the Manual of the Medical Department (MANMED) and the Aeromedical Reference Waiver Guide (ARWG).[6] These policies emphasize routine monitoring by flight surgeons, baseline neurocognitive testing, and standardized protocols for diagnosing and treating TBIs following known or suspected head trauma.[7] In addition, the Navy has built out a wide network of mental health resources, including embedded providers, counseling centers, and virtual care platforms, supported by more than 500 mental health care professionals across the force.[8] On paper, this reflects a system designed to detect and respond to both psychological and physiological issues affecting aviators.

However, this system largely orients around acute, identifiable events rather than long-term exposure. As highlighted in reporting by *The New York Times*, naval aviators, particularly those flying high-performance aircraft, operate under extreme physical conditions, including repeated catapult launches and sustained high-G maneuvers.[9] Pilots interviewed described how they believed years of these repeated exposures may lead to cumulative neurological effects, with symptoms such as memory loss, anxiety, and cognitive decline emerging over time.[10] *The New York Times* noted that individuals inside the Navy itself began to question whether, "extreme flying may also be producing…brain injuries," signaling growing concern within the service.[11]

In April 2026, the Navy responded by releasing the results of a retrospective cohort study examining neurological and mental health diagnoses among more than 8,500 active-duty naval aviators.[12] The study found no statistically significant increase in diagnosed neurological conditions among tactical aviators exposed to high-G forces compared to their peers, and in some cases found lower rates of certain mental health diagnoses.[13] However, the study's findings

---

[6] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[7] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[8] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[9] Dave Philipps, *Top-Gun Navy Pilots Fly at the Extremes. Their Brains May Suffer*, N.Y. TIMES (Dec. 8, 2024).
[10] *Id.*
[11] *Id.*
[12] G. Merrill Rice, *et al*., *Prevalence of Neurologic & Mental Health Illness in US Naval Aviators: A Retrospective Cohort Study* (Apr. 2026), *available at* https://navalsafetycommand.navy.mil/portals/100/documents/Prevalence_of_Neurologic_and_Mental_Health_Illness_in_US_Naval_Aviators-A_Retrospective_Cohort_Study.pdf.
[13] *Id.*

are inherently limited. It relies on medical records from a relatively young, active-duty population and does not account for conditions that may emerge later in life or after service. The authors also acknowledge that underreporting remains a persistent issue, as aviators may avoid care due to concerns about having their flight eligibility revoked.[14] Critically, the study does not resolve whether repeated exposure to high-G forces and other stressors may result in cumulative or delayed neurological effects, underscoring the need for longitudinal research.

Despite this, the Navy's internal approach has not fully aligned with these emerging concerns. Its policies and medical guidance focus heavily on event-driven injury detection, such as concussions tied to crashes or specific incidents.[15] But the approach lacks mechanisms to systemically track or study cumulative brain stress across a Navy pilot's career. Even as the Department of War has elevated brain health through initiatives like the Warfighter Brain Health Strategy, Navy implementation within aviation remains focused on screening, treatment, and access to care rather than long-term risk assessments.[16]

This disconnect defines the core issue that the Navy's existing systems, though extensive, are not structured to capture or analyze cumulative effects. External reporting and aviator accounts point to these potential links between the unique physical demands of naval aviation and long-term neurological outcomes.[17] As a result, the current framework may be well-equipped to treat injuries once they are identified, but less capable of understanding or preventing the underlying risks that develop over time.

[14] *Id.*
[15] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[16] *Id.*
[17] NYT article

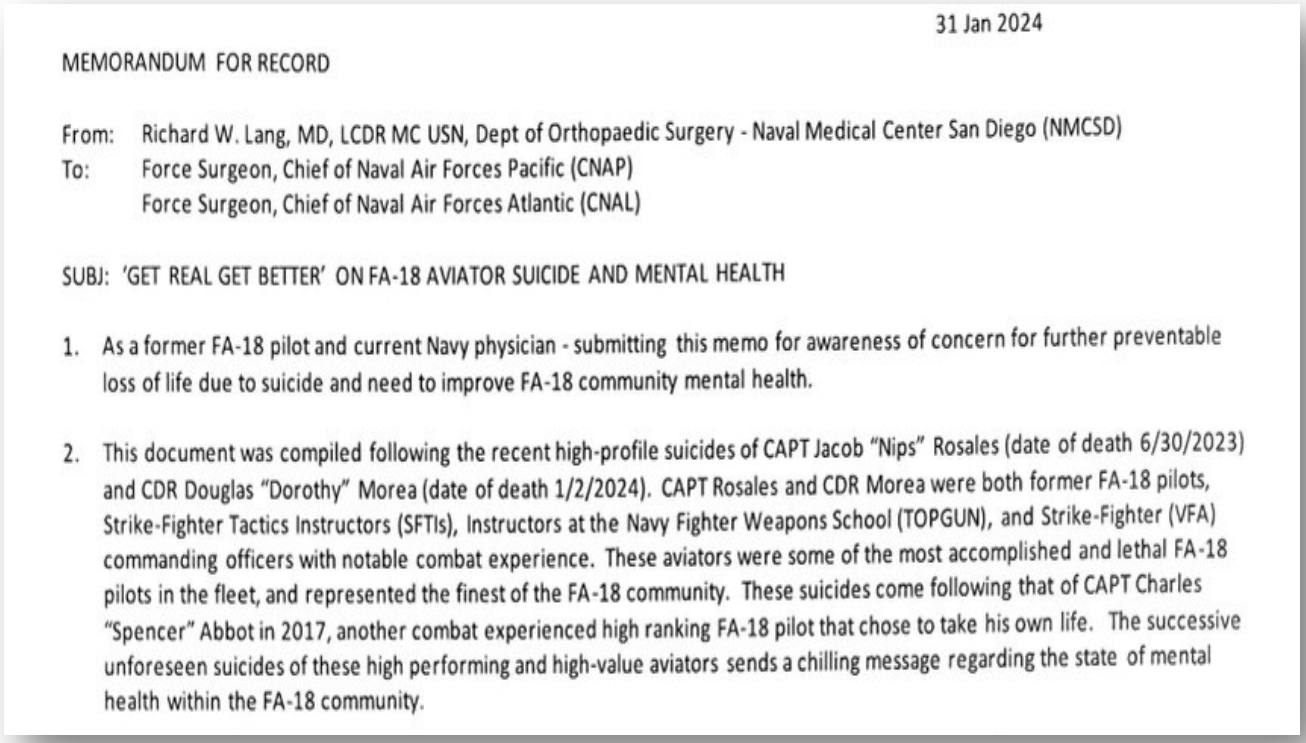
FINDINGS

The Committee's investigation into brain health in naval aviation reveals a complex and evolving issue supported by internal Navy documentation, external reporting, and briefings from the Navy. While the Navy has made significant investments in medical policy, research, and mental health resources, the evidence reviewed by the Committee indicates that these efforts are not aligned with emerging concerns about cumulative neurological risk and barriers to care.

The following findings highlight key gaps in the Navy's current approach, including the absence of long-term research on the potential impacts of cumulative brain injury, cultural barriers that discourage treatment, and a tendency to frame aviator health challenges primarily through the lens of operational stress rather than potential psychological harm. Collectively, these findings suggest that, despite growing awareness of the issue at senior levels of leadership, the Navy has yet to develop a comprehensive strategy to understand the full scope of long-term risks to aviator brain health.

1. THE NAVY WAS ALERTED TO MENTAL HEALTH CONCERNS AND SUICIDES WITHIN THE F/A-18 COMMUNITY BUT DID NOT INTITATE A FORMAL INVESTIGATION INTO POSSIBLE NEUROLOGICAL CAUSES.

Based on documents provided to the Committee, a memo was sent to "Force Surgeon, Chief of Naval Forces Pacific" and "Force Surgeon, Chief of Naval Air Forces Atlantic" on January 31, 2024.[18] This memo, which is titled, "Get Real Get Better on FA-18 Aviator Suicide and Mental Health," was written by Lieutenant Commander Dr. Richard W. Lang from the Department of Orthopedic Surgery at the Naval Medical Center in San Diego.[19]



31 Jan 2024

MEMORANDUM FOR RECORD

From: Richard W. Lang, MD, LCDR MC USN, Dept of Orthopaedic Surgery - Naval Medical Center San Diego (NMCSD)
To: Force Surgeon, Chief of Naval Air Forces Pacific (CNAP)
Force Surgeon, Chief of Naval Air Forces Atlantic (CNAL)

SUBJ: 'GET REAL GET BETTER' ON FA-18 AVIATOR SUICIDE AND MENTAL HEALTH

1. As a former FA-18 pilot and current Navy physician - submitting this memo for awareness of concern for further preventable loss of life due to suicide and need to improve FA-18 community mental health.

2. This document was compiled following the recent high-profile suicides of CAPT Jacob "Nips" Rosales (date of death 6/30/2023) and CDR Douglas "Dorothy" Morea (date of death 1/2/2024). CAPT Rosales and CDR Morea were both former FA-18 pilots, Strike-Fighter Tactics Instructors (SFTIs), Instructors at the Navy Fighter Weapons School (TOPGUN), and Strike-Fighter (VFA) commanding officers with notable combat experience. These aviators were some of the most accomplished and lethal FA-18 pilots in the fleet, and represented the finest of the FA-18 community. These suicides come following that of CAPT Charles "Spencer" Abbot in 2017, another combat experienced high ranking FA-18 pilot that chose to take his own life. The successive unforeseen suicides of these high performing and high-value aviators sends a chilling message regarding the state of mental health within the FA-18 community.

The memo raised concerns about mental health and suicide within the F/A-18 aviation community. Dr. Lang had conducted an independent study and drew on feedback from approximately twenty current and former aviators.[20] This study identified widespread psychosocial stressors including relationship challenges, substance abuse, prior suicidal ideation, and untreated mental health conditions among F/A-18 aviators.[21] Despite these issues, most aviators maintained their flight clearance, suggesting a reluctance to seek care. The memo emphasized that current policies may inadvertently discourage treatment and that untreated conditions like post-traumatic stress disorder (PTSD) and depression may be more prevalent than

[18] Letter from John Phelan, Sec'y, U.S. Navy, to James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, et al., 38-40 (Dec. 16, 2025).
[19] *Id.*
[20] *Id.*
[21] *Id.*

recognized.[22] It concluded that cultural and institutional reforms are needed and recommended piloting a new approach.[23]

The memo did capture Navy attention. Captain Mike Burks, the Program Manager for the F/A-18 and EA-18G programs, forwarded this memo to nearly every relevant commander that would oversee naval aviation on May 5, 2024: [24]

- Vice Admiral Francis Morely, then Principal Military Deputy for the Assistant Secretary of the Navy, Research, Development, and Acquisition
    - Now Retired

- Vice Admiral Carl Chebi, Commander, Naval Air Systems Command
    - Now Retired

- Rear Admiral John Lemmon, then Program Executive Officer, Tactical Aircraft Programs
    - Now Retired

- Rear Admiral Joseph Hornbuckle, then Commander, Fleet Readiness Centers,
    - As of August 2025: Program Executive Officer, Tactical Aircraft Programs

- Rear Admiral Stephen Tedford, Program Executive Officer, Unmanned Aviation and Strike Weapons

- Rear Admiral Anthony Rossi, then Program Executive Officer for Unmanned Aviation and Strike Weapons
    - As of July 2025, Commander, Fleet Readiness Centers

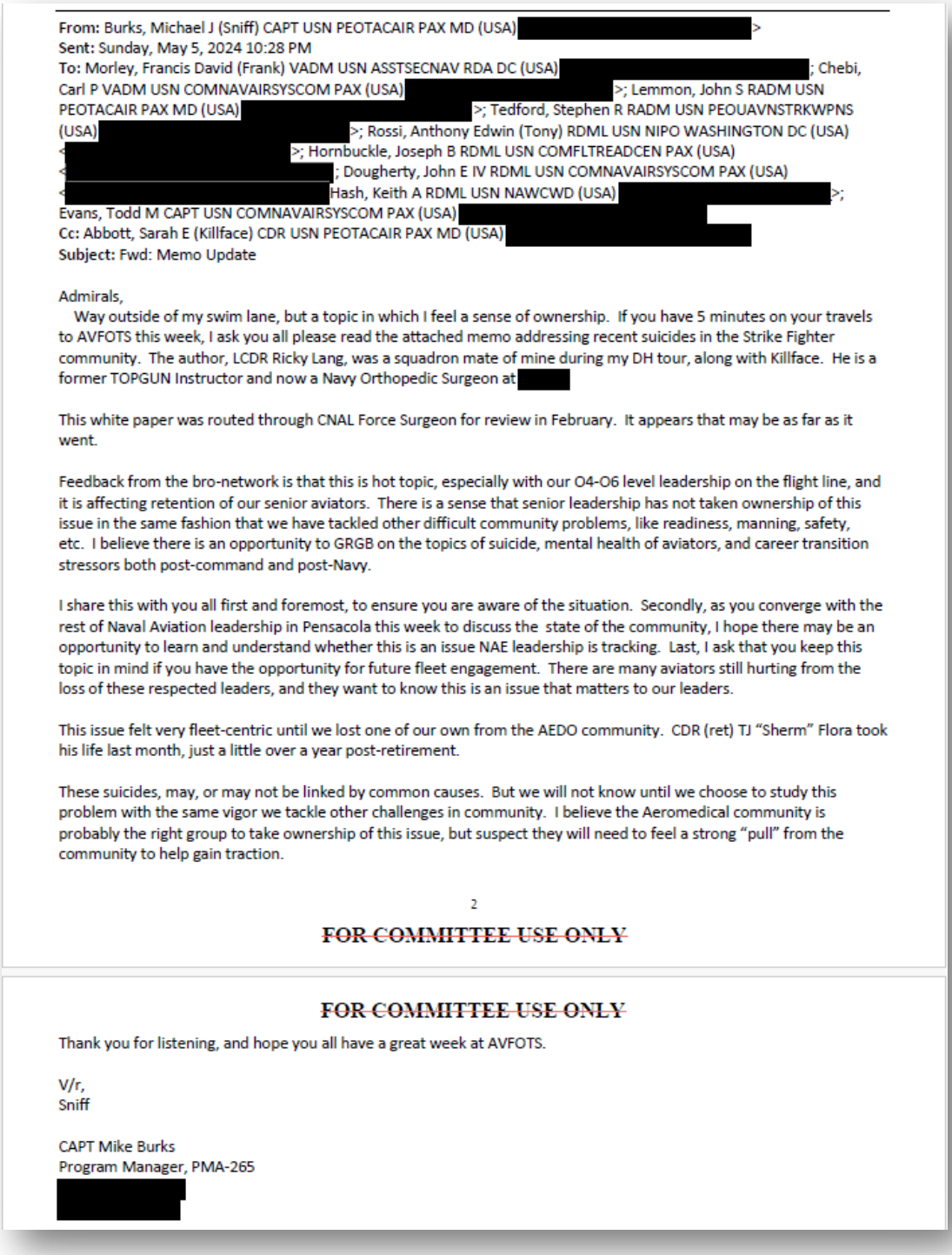
- Rear Admiral John Dougherty, then Commander, Naval Air Warfare Center Aircraft Division and Chief Engineer, Naval Air Systems Command
    - As of August 2025, Vice Admiral, Commander, Naval Air Systems Command

- Rear Admiral Keith Hash, Commander, Naval Air Warfare Center, Weapons Division, Assistant Commander for Test and Evaluation, Naval Air Systems Command

- Captain Todd Evans, then Commander, Naval Surface Warfare Center
    - As of June 2025, Rear Admiral, Commander Naval Air Warfare Center

[22] *Id*.
[23] *Id*.
[24] *Id*. at 36-37.

Below is the email sent by Captain Burks to his superiors[25]:



From: Burks, Michael J (Sniff) CAPT USN PEOTACAIR PAX MD (USA) [redacted]>
Sent: Sunday, May 5, 2024 10:28 PM
To: Morley, Francis David (Frank) VADM USN ASSTSECNAV RDA DC (USA) [redacted]; Chebi, Carl P VADM USN COMNAVAIRSYSCOM PAX (USA) [redacted]>; Lemmon, John S RADM USN PEOTACAIR PAX MD (USA) [redacted]>; Tedford, Stephen R RADM USN PEOUAVNSTRKWPNS (USA) [redacted]>; Rossi, Anthony Edwin (Tony) RDML USN NIPO WASHINGTON DC (USA) [redacted]>; Hornbuckle, Joseph B RDML USN COMFLTREADCEN PAX (USA) [redacted]; Dougherty, John E IV RDML USN COMNAVAIRSYSCOM PAX (USA) [redacted]Hash, Keith A RDML USN NAWCWD (USA) [redacted]>; Evans, Todd M CAPT USN COMNAVAIRSYSCOM PAX (USA) [redacted]
Cc: Abbott, Sarah E (Killface) CDR USN PEOTACAIR PAX MD (USA) [redacted]
Subject: Fwd: Memo Update

Admirals,
Way outside of my swim lane, but a topic in which I feel a sense of ownership. If you have 5 minutes on your travels to AVFOTS this week, I ask you all please read the attached memo addressing recent suicides in the Strike Fighter community. The author, LCDR Ricky Lang, was a squadron mate of mine during my DH tour, along with Killface. He is a former TOPGUN Instructor and now a Navy Orthopedic Surgeon at [redacted]

This white paper was routed through CNAL Force Surgeon for review in February. It appears that may be as far as it went.

Feedback from the bro-network is that this is hot topic, especially with our O4-O6 level leadership on the flight line, and it is affecting retention of our senior aviators. There is a sense that senior leadership has not taken ownership of this issue in the same fashion that we have tackled other difficult community problems, like readiness, manning, safety, etc. I believe there is an opportunity to GRGB on the topics of suicide, mental health of aviators, and career transition stressors both post-command and post-Navy.

I share this with you all first and foremost, to ensure you are aware of the situation. Secondly, as you converge with the rest of Naval Aviation leadership in Pensacola this week to discuss the state of the community, I hope there may be an opportunity to learn and understand whether this is an issue NAE leadership is tracking. Last, I ask that you keep this topic in mind if you have the opportunity for future fleet engagement. There are many aviators still hurting from the loss of these respected leaders, and they want to know this is an issue that matters to our leaders.

This issue felt very fleet-centric until we lost one of our own from the AEDO community. CDR (ret) TJ "Sherm" Flora took his life last month, just a little over a year post-retirement.

These suicides, may, or may not be linked by common causes. But we will not know until we choose to study this problem with the same vigor we tackle other challenges in community. I believe the Aeromedical community is probably the right group to take ownership of this issue, but suspect they will need to feel a strong "pull" from the community to help gain traction.

2

~~FOR COMMITTEE USE ONLY~~

~~FOR COMMITTEE USE ONLY~~

Thank you for listening, and hope you all have a great week at AVFOTS.

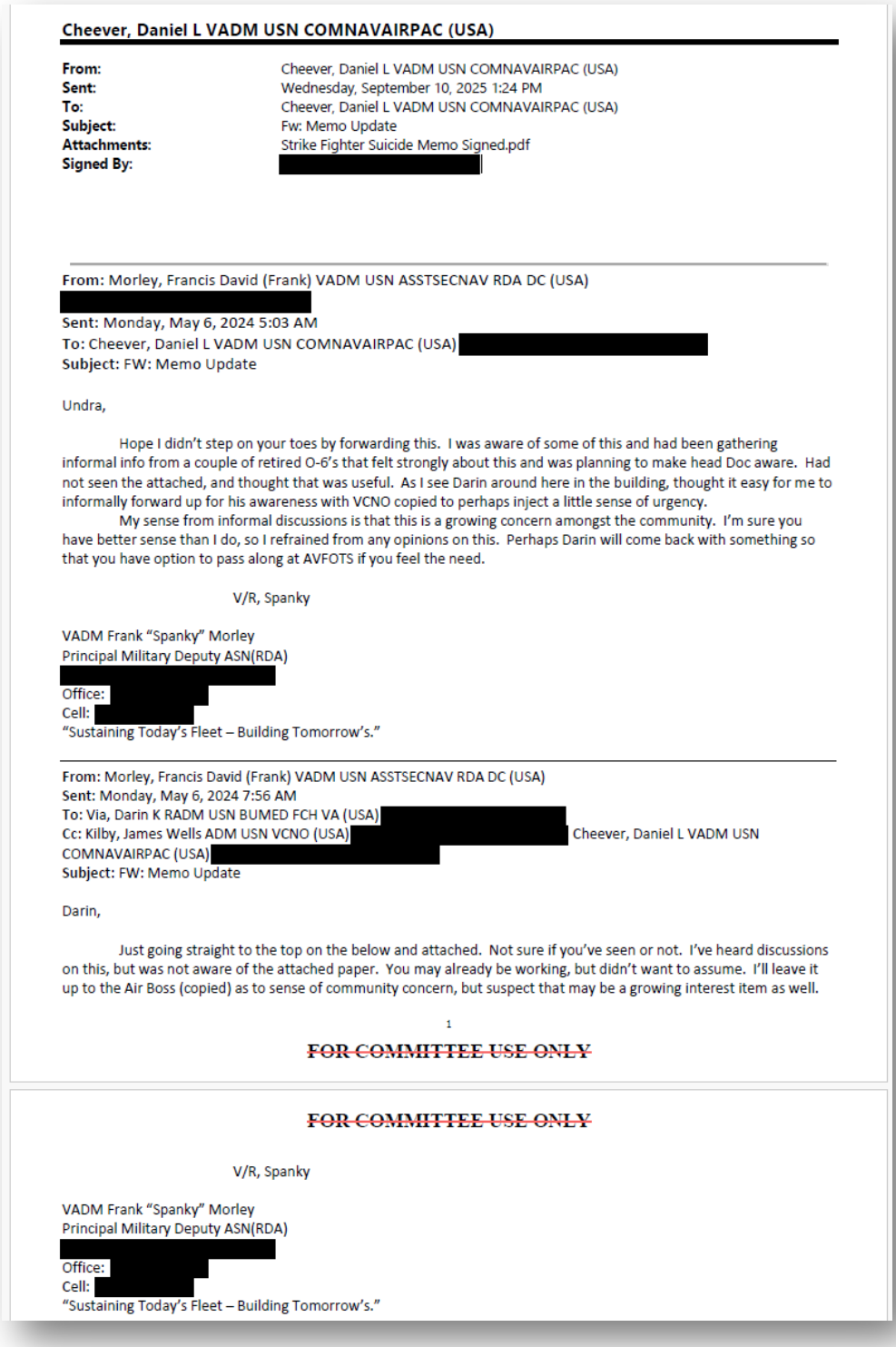
V/r,
Sniff

CAPT Mike Burks
Program Manager, PMA-265
[redacted]

Furthermore, Vice Admiral Francis Morely thought this memo should go even further up the chain of command, and forwarded it to Admiral James Kilby, the second-highest-ranking officer

[25] *Id*. at 36-37.

in the Navy, the Vice Chief of Naval Operations, Rear Admiral Darin Via, the U.S. Navy Surgeon General Chief, and Vice Admiral Daniel Cheever, who at the time was the Commander of Naval Air Forces.



Cheever, Daniel L VADM USN COMNAVAIRPAC (USA)

From: Cheever, Daniel L VADM USN COMNAVAIRPAC (USA)
Sent: Wednesday, September 10, 2025 1:24 PM
To: Cheever, Daniel L VADM USN COMNAVAIRPAC (USA)
Subject: Fw: Memo Update
Attachments: Strike Fighter Suicide Memo Signed.pdf
Signed By: [redacted]

From: Morley, Francis David (Frank) VADM USN ASSTSECNAV RDA DC (USA)
[redacted]
Sent: Monday, May 6, 2024 5:03 AM
To: Cheever, Daniel L VADM USN COMNAVAIRPAC (USA) [redacted]
Subject: FW: Memo Update

Undra,

Hope I didn't step on your toes by forwarding this. I was aware of some of this and had been gathering informal info from a couple of retired O-6's that felt strongly about this and was planning to make head Doc aware. Had not seen the attached, and thought that was useful. As I see Darin around here in the building, thought it easy for me to informally forward up for his awareness with VCNO copied to perhaps inject a little sense of urgency.

My sense from informal discussions is that this is a growing concern amongst the community. I'm sure you have better sense than I do, so I refrained from any opinions on this. Perhaps Darin will come back with something so that you have option to pass along at AVFOTS if you feel the need.

V/R, Spanky

VADM Frank "Spanky" Morley
Principal Military Deputy ASN(RDA)
[redacted]
Office: [redacted]
Cell: [redacted]
"Sustaining Today's Fleet – Building Tomorrow's."

From: Morley, Francis David (Frank) VADM USN ASSTSECNAV RDA DC (USA)
Sent: Monday, May 6, 2024 7:56 AM
To: Via, Darin K RADM USN BUMED FCH VA (USA) [redacted]
Cc: Kilby, James Wells ADM USN VCNO (USA) [redacted] Cheever, Daniel L VADM USN COMNAVAIRPAC (USA) [redacted]
Subject: FW: Memo Update

Darin,

Just going straight to the top on the below and attached. Not sure if you've seen or not. I've heard discussions on this, but was not aware of the attached paper. You may already be working, but didn't want to assume. I'll leave it up to the Air Boss (copied) as to sense of community concern, but suspect that may be a growing interest item as well.

1

~~FOR COMMITTEE USE ONLY~~

~~FOR COMMITTEE USE ONLY~~

V/R, Spanky

VADM Frank "Spanky" Morley
Principal Military Deputy ASN(RDA)
[redacted]
Office: [redacted]
Cell: [redacted]
"Sustaining Today's Fleet – Building Tomorrow's."

The responses to Dr. Lang's memo were all positive, and mostly all flag officers agreed that something needed to be done, but there was no consensus on any strategy to address this issue in this production of documents. Some flag officers raised factors such as stressors of the job, rather than physical injury causing mental health issues in naval aviators. Regardless, while concerns about a possible epidemic of traumatic brain injuries clearly instigated discussion, the Committee did not find it resulted in substantive action to investigate or study traumatic brain injuries in naval aviators.

2. *THE NAVY HAS NOT CONDUCTED A COMPREHENSIVE STUDY OF CUMULATIVE BRAIN INJURY RISK IN NAVAL AVIATORS*

The Navy's responses to the Committee underscore a critical gap in its approach to aviator health: despite extensive research on discrete physiological stressors, it has not conducted a comprehensive study on the possible cumulative effects of brain injuries in naval aviation.[26] This omission is particularly striking when compared to the scale of existing research efforts and the relatively modest cost required to execute such a study compared to the potential harms.

First, the Navy highlights a broad portfolio of research into aviation-related physiological and cognitive issues. According to its March 14, 2025, response, the Naval Medical Research Command has conducted, "127…recent projects" examining topics such as hypoxia, spatial disorientation, cognitive fatigue, and physiological monitoring.[27] The detailed listing of studies, spanning multiple pages, demonstrates a robust investment in understanding individual stressors affecting aviators, from oxygen fluctuations to neurocognitive recovery and cockpit environmental factors.[28] However, none of these studies explicitly address cumulative brain injury risk over time. Instead, they focus on isolated conditions or short-term performance impacts, leaving a significant gap in understanding long-term neurological degradation.

This gap is further reinforced by one of the Navy's admissions regarding available data. The response states that reviews of records, "do not reveal any data on neurological injuries incurred during routine tactical aviation."[29] While this may suggest a lack of documented acute injury, it does not account for cumulative effects, precisely the type of risk that a longitudinal study would be designed to capture. The absence of evidence is therefore more indicative of a lack of targeted study rather than a credible conclusion of an absence of risk.

At the same time, the Navy acknowledges the feasibility and value of such research. In its June 11, 2025, follow-up, it outlined a proposed modern equivalent of the historical, "Thousand Aviator Study," which was published in July 1965,[30] and would track a wide range of health metrics over a twelve-year period.[31] The estimated cost of this longitudinal study is approximately $3.9 million, with additional modest funding for long-term follow-up.[32]

When juxtaposed with the cost of training naval aviators, the lack of such a study becomes even more difficult to justify. The Navy reports that training a single TOPGUN F/A-18

---

[26] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 17, 2025), at *enclosure*.
[27] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[28] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[29] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[30] U.S. NAVAL SCHOOL OF AVIATION MEDICINE, U.S. PUBLIC HEALTH SERVICE, & NATIONAL AERONAUTICS AND SPACE ADMINISTRATION, *The Thousand Aviator Study Methodology* (July 1965), *On file with Committee*.
[31] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight and Gov't Reform Staff (June 20, 2025), at *enclosure*.
[32] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight and Gov't Reform Staff (June 20, 2025), at *enclosure*.

Super Hornet pilot costs approximately $2.18 million, while an F-35C pilot costs roughly $3.36 million.[33] In other words, the cost of a comprehensive, service-wide longitudinal brain health study is roughly equivalent to training just one to two elite aviators. Given the Navy's substantial investment in human capital, failing to allocate comparable resources to understanding risks and protecting that investment, particularly in terms of long-term health, is unfortunate.

Moreover, while the Navy emphasizes existing policies and neurocognitive assessments, these measures are largely episodic rather than longitudinal.[34] Programs like "Project Odin's Eye," focus on screening and performance optimization in select communities but are not structured as formal research studies and do not generate population wide, cumulative exposure.[35] This further highlights the absence of a systematic effort to quantify long-term risk across the broader aviation force.

In sum, the Navy's response to the Committee reveals a paradox: a well-funded and expansive research enterprise that has nonetheless failed to address a consequential question in aviator health: does repeated exposure to aviation stressors result in cumulative brain injury? Given that the cost of answering this question is negligible relative to the investment in training individual pilots, the continued absence of such a study represents not a resource constraint, but a strategic oversight.

[33] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[34] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[35] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.

3. *NAVAL AVIATION CULTURE DISCOURAGES AVIATORS FROM SEEKING MENTAL HEALTHCARE*

Cultural norms within naval aviation significantly discourage aviators from seeking mental healthcare, even when symptoms are present. Aviators who consider seeking mental health assistance must navigate potential organizational stigma, professional disincentives, and deeply embedded cultural norms that prioritize performance and self-reliance over psychological well-being.

One of the most prominent barriers is organizational stigma tied to career consequences. A separate Army Aviation study found that the most significant barriers to care are concerns about mental health being documented in medical records and fears that seeking care could harm future employment.[36] This dynamic is mirrored in naval aviation. The memo circulated among senior officials explicitly noted that Navy aviators fear "aeromedical disqualification," and the cascading effects on their careers including the impact to flight status, security clearances, and future opportunities.[37] In such a system, seeking help is not viewed as a positive step, but as a potentially career-ending decision.

Closely related is a broader culture of compartmentalization and performance pressure. The circulated memo describes a pattern in which aviators, "place stressors in boxes permanently," suppressing emotional and psychological strain to continue performing at a high level.[38] Over time, this behavior leads to a "thickening of the boxes," making it increasingly difficult for aviators, and even their peers, to recognize worsening mental health conditions.[39] This cultural norm is not accidental. It is reinforced by the operational demands of aviation, where errors can be catastrophic and emotional control is highly valued.[40] However, it also discourages help-seeking by normalizing suppression and framing distress as something to be managed individually rather than professionally addressed where appropriate.

Additionally, a major barrier is the self-reliant mindset embedded in aviation culture. The Army Aviation study identifies "wanting to solve problems themselves" as one of the top attitudinal barriers to care.[41] This aligns with Dr. Lang's memo observing that aviators often rely on "selfless leadership" and internal coping mechanisms rather than external support systems.[42] Furthermore, the April 2026 naval aviator cohort study conducted by Naval Safety Command, the Naval Medical Research Unit, the Defense Health Agency, and the Battelle Memorial Institute concluded that up to 72 percent of pilots report avoiding medical care, and 42 percent

---

[36] Aric J. Raus, Fred A. Volk, & Sarah Jo Spiridigiliozzi, *Barriers to Mental Health Seeking in Army Aviation Personnel*, TRANSPORTATION RESEARCH PROCEDIA, VOL. 88 (May 20, 2025), *at 13-20.*
[37] Letter from John Phelan, Sec'y, U.S. Navy, to James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, et al., 38-40 (Dec. 16, 2025).
[38] *Id*.
[39] *Id*.
[40] *Id*.
[41] Aric J. Raus, Fred A. Volk, & Sarah Jo Spiridigiliozzi, *Barriers to Mental Health Seeking in Army Aviation Personnel*, TRANSPORTATION RESEARCH PROCEDIA, VOL. 88 (May 20, 2025), *at 13-20.*
[42] Letter from John Phelan, Sec'y, U.S. Navy, to James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, et al., 38-40 (Dec. 16, 2025).

admit withholding information due to fear of losing flight status.[43] As a result, seeking mental healthcare may be perceived, internally or externally, as a sign of weakness or inadequacy, further discouraging engagement with available resources.

Furthermore, many aviators believe mental health guidelines are designed to disqualify them rather than help them return to flight.[44] This perception undermines confidence in medical and command structures, reinforcing avoidance behaviors. Even when resources are available, aviators may question whether engaging with them will ultimately benefit or harm their careers.

Together, these factors create a self-reinforcing system: aviators internalize expectations of resilience, distrust institutional intentions, and fear tangible career repercussions. As a result, many choose to endure psychological distress in silence. Addressing mental healthcare utilization in naval aviation will therefore require not only expanding resources but fundamentally reshaping the cultural and institutional incentives that currently discourage their use.

[43]G. Merrill Rice, *et al*., *Prevalence of Neurologic & Mental Health Illness in US Naval Aviators: A Retrospective Cohort Study* (Apr. 2026), *available at* https://navalsafetycommand.navy.mil/portals/100/documents/Prevalence_of_Neurologic_and_Mental_Health_Illness_in_US_Naval_Aviators-A_Retrospective_Cohort_Study.pdf.

[44] Letter from John Phelan, Sec'y, U.S. Navy, to James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, et al., 38-40 (Dec. 16, 2025).

4. THE NAVY INTERNALLY ATTRIBUTED MENTAL HEALTH ISSUES PRIMARILY TO OPERATIONAL STRESS RATHER THAN NEUROLOGICAL INJURY

The Navy's internal documents consistently frame aviator mental health issues as a problem driven by operational stress, high tempo, and limited resources. Internal data shows that 31 percent of aviation personnel report severe or extreme stress, and 43 percent cite inadequate manning as the primary source of burnout and fatigue, linking these challenges directly to operating and personnel tempo.[45] The term operating tempo, or OPTEMPO, means the rate at which units of the armed forces are involved in all military activities, including contingency operations, exercises, and training deployments.[46] The term personnel tempo or PERSTEMPO is the amount of time members of the armed forces are engaged in their official duties at a location under circumstances that make it feasible for a member to spend off-duty time in the housing in which the member resides.[47] The Navy suggests in documents produced to the Committee that proposed solutions to these issues should include bonuses, leave incentives, and additional reserve support, which focus on alleviating workforce strain, rather than examining potential physical causes.[48]

The same emphasis appears in senior-level discussions. A June 11, 2024, briefing memo to senior Navy leadership focused on improving aviators' willingness to seek mental health care by reducing stigma and increasing access to providers.[49] It recommended actions like embedding clinical psychologists, improving "cultural competency," and reorganizing the Aeromedical Reference and Waiver Guide (ARWG) to make it clear that the goal of treatment is to keep aviators flying.[50]

[45] *Id*. at 269.
[46] 10 U.S.C. § 991(f)(2)
[47] 10 U.S.C. § 991(f)(3)
[48] Letter from John Phelan, Sec'y, U.S. Navy, to James Comer, Chairman, H. Comm. On Oversight and Gov't Reform, et al., 269 (Dec. 16, 2025).
[49] *Id*. at 250-251.
[50] *Id*. at 250-251.

~~FOR COMMITTEE USE ONLY~~

BRIEF SHEET FOR: VADM Cheever UNCLASSIFIED 11 June 2024

SUBJ: 'Get Real Get Better' On Suicide And Mental Health In Aviation

- Meeting requested by CDR Fick, Force Surgeon.

PURPOSE

- Address concerns outlined in the memorandum submitted by LCDR Richard W. Lang on 31JAN24. General concerns are about improving mental health within the FA-18 community with specific focus on suicide prevention, psychological performance enhancement, comfort with seeking mental health, and transition from the aviation community or Navy.

BACKGROUND

- People, programs, and resources that promote skillsets to manage stress, build resilience, and enhance performance are available. There are, however, challenges to educating, executing, and maintaining practices that create an environment that discourages destructive behaviors, mitigates risk for suicide, and supports help-seeking.
- Following the recent deaths of two accomplished aviators, an informal forum was provided for FA-18 aviators to share insights and concerns contributing to the mental health of the community. This forum identified that occupational stress, human factors, and significant life events are not being addressed for fear of negative impact on careers for seeking help.

ATTENDEES (Principals)

- Senior member: N/A
- Air Boss role: Informational
- CNAP: N01H.

DISCUSSION

- Hypothesis: Aviators are reticent to seek mental health care over concern for adverse impact to their career, thus enhancing risk for further psychological decompensation and unintended consequences. This suggests a culture of stigma rather than safety remains in the aviation community.
- Actions: Quality assurance of existing personnel, programs, and resources that serve as protective factors to mitigate destructive behaviors. Equip organic clinical psychologists to advance comfort with seeking help. Reorganize content in the Aeromedical Reference and Waiver Guide (ARWG) specific to psychiatry for increased understanding that the goal is to keep aviators operating.
- Goals: Standardize the Force Resilience Team Assist Visits. Equip organic psychologists with cultural competency to address psychological stressors unique to the aviation community. Collaborate with Naval Aerospace Medical Institute (NAMI) for reordering of content in the ARWG.
- Assessment: After Action Reports from Force Resilience Team Assist Visits with systematic and formalized assessments will provide commands with information and

PREPARED BY: Prepared By: CAPT Krause, CNAL Force Surgeon, [redacted] CDR Fick, CNAP Force Surgeon, [redacted] CDR Susan Malboeuf, CNAP Force Psychologist and Dr. Ken Sausen, CNAL Force Psychologist

~~FOR COMMITTEE USE ONLY~~

insight related to promotion, utilization, and effectiveness of personnel, programs, and resources dedicated to developing warfighters. Apply metrics associated with utilization and effectiveness of winged clinical psychologists vs. non-winged clinical psychologists for proof of concept.

WAY AHEAD

- Formalize the Force Resilience Team Assist Visits by 01SEP24 with schedule for FY25. TYCOM participation demonstrates a commitment to support commands programs that develop warfighters. This will also provide enterprise-wide data about initiatives put forth by Culture of Excellence 2.0.
- Assign organic clinical psychologists the subspecialty code 1840 Aerospace Experimental Psychologist with secondary code of 1844 for by FY25. These practitioners will be qualified to perform some specialized aeromedical psychological evaluations and mentor non-winged clinical psychologists.
- Reorganization of 14.0 Psychiatry Chapter of the ARWG by 01SEP24.

REFERENCES

- Aeromedical Waiver Guide

COORDINATION

- CNAP N17-Culture and Force Resilience, CNAP N1-Force Manpower and Personnel, and Naval Aerospace Medical Institute.

PREPARED BY: Prepared By: CAPT Krause, CNAL Force Surgeon, [redacted], CDR Fick, CNAP Force Surgeon, [redacted], CDR Susan Malboeuf, CNAP Force Psychologist and Dr. Ken Sausen, CNAL Force Psychologist

While this indicates steps are being taken to assist naval aviators, the framing may be incomplete. Naval aviators are not only operating under stress, they are also operating in a physically extreme environment. Carrier-based pilots are repeatedly launched via catapult, exposed to rapid acceleration, and subjected to high G-forces throughout their careers. Despite this, the Navy has not conducted a comprehensive study on the cumulative neurological effects of these exposures. By focusing primarily on stress, the Navy is emphasizing the most visible and administratively manageable explanation. Stress can be addressed through staffing, incentives, and mental health access, but it cannot fully account for the potential cumulative impacts of the stress placed on the brain in naval aviation.

This is not an either-or issue. Operational stress is clearly a concern. However, the Navy's own documents show that it has not seriously examined whether cumulative exposure to high G-forces and other physiological stressors could also be contributing to long-term mental health outcomes. Without that analysis, the current approach risks addressing only part of the problem.

5. PROJECT ODIN'S EYE IS NOT BEING EFFECTIVLEY USED FOR AVIATORS

Project Odin's Eye, also known as the "Cognitive Combine" is not a broad Navy effort to study and address brain injury risks across high-performance communities, including aviation.[51] In the Navy's official responses to Congress, Project Odin's Eye was described as a narrowly scoped screening and performance optimization effort used within maritime special operations, which was then applied to a small number of aviators. [52]

Odin's Eye is a cottage initiative started and operated by a handful of Navy personnel which serves as a test to determine the fitness of operators. This program was operated with little to no knowledge of Navy leadership and only applied to Naval Special Warfare Group TWO (NSWG-2).[53] In communications between Navy leadership and their medical teams it was discovered that through personal connections and informal briefings, the staff running the program added a small number of naval aviators to the sample size.[54]

NSW initiated?

If I understand the question, the Cognitive Combine (colloquially "Project Odin's Eye") was initiated and entirely confined to one of the NSW teams. The extent of NAWDC/TOPGUN involvement appears to have been an informal brief via social connections. To my knowledge, there is no similar such program or research anywhere within naval aviation or within the naval aeromedical community as there has not been any evidence to suggest a need.

The majority of both Navy and Naval Aviation leadership appear to have been unaware of this program's existence prior to December 2024 inquiries by the *New York Times* about TBI in the aviation community. Upon the release of the article, Naval leadership began requesting the opinions of their medical leaders on the topic of TBI in naval aviation. In their conversations, Navy medical leadership denied the possibility that TBI can be caused by flight operations and stated in internal communications that "there is no evidence of any clinical symptoms in the fleet to suggest that they are experiencing any neurological damage from these exposures, nor that they are having subsequent mental health issues."[55] The medical team argued that because there was no evidence or research surrounding the potential for TBI impacting their aviators, there would be no need to investigate further.[56]

---

[51] Dave Philipps, *Top-Gun Navy Pilots Fly at the Extremes. Their Brains May Suffer*, N.Y. TIMES (Dec. 8, 2024).
[52] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.
[53] *Id.*
[54] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 17, 2025), at *enclosure*.
[55] *Id.*
[56] *Id.*

Any research or other that points to TBI issues with Naval Aviators?

The short answer is that we have no evidence of TBI issues in Naval Aviators nor any data to suggest there's an issue we need to further investigate. There is some preliminary (pre-publication) research in which rat models suggest microscopic changes in brain cells after exposure to significant and repeated pressure changes, far in excess of what our aviators would ever experience. In that research, there was no discernable clinical findings in terms of neurological deficits. There doesn't appear to be any clinical applicability to Naval Aviation. The research that does exist regarding TBI, mental health, and suicide is all related to blast injuries. The magnitudes and time-scales are an entirely different beast from the accelerations experienced in aviation, so there's no real applicability to our folks unless they're exposed to explosions.

Broadly, there is no evidence that our aviators are getting TBIs due to catapult launches, arrested landings, or high-G maneuvering. There is no evidence of any clinical symptoms in the fleet to suggest that they are experiencing any neurological damage from these exposures, nor that they are having subsequent mental health issues. And the evidence actually shows a lower suicide rate in aviators compared to the general Navy active-duty population, rather than the increased risk suggested in the NYT article which triggered all this. By their nature, pilots have a lot of protective factors and I think this works to their benefit in terms of resiliency.

Hopefully that answers your questions, sir. I'm available at your convenience if you have any further concerns or questions.

According to the Navy, Project Odin's Eye is designed to provide baseline cognitive assessments and identify performance issues in special operators, not to conduct long-term research on brain injury or cumulative neurological risks.[57] The service explicitly states in a response to the Committee's questions that Project Odin's Eye, "is not a research project or protocol," underscoring that it does not generate the kind of long-term, population level data needed to assess chronic brain injury.[58] Moreover, there is no indication in the Navy's response to the Committee that the program has been officially implemented in the naval aviation community at all.[59]

[57] *Id.*
[58] *Id.*
[59] *Id.*

6. QUESTION/REQUEST: A copy of Project Odin's Eye – including all documents, communications, and drafts of Project Odin's Eye not limited to any research protocols, funding information, and a list of DoD officials overseeing the project.

RESPONSE: Naval Special Warfare Group TWO (NSWG-2) medical experts recognized the need for enhanced cognitive screening and surveillance for brain and total operator wellness. As a result, "Project Odin's Eye" was established with the objective of preserving and optimizing the health, readiness, and lethality of warfighters. It is referred to internally as "Cognitive Combine." The design encompasses a series of three tools (King-Devick test, balance testing, and brain pathway electrical amplitude and latency) to assess cognitive health and performance at the individual and unit level. It is standardized, evidence-based, and objective.

The Department of Defense released the following priorities for brain health: optimizing performance, identifying and mitigating brain exposures, preventing and treating traumatic brain injury, reducing long-term effects, and advancing brain health science. The Cognitive Combine addresses all these priorities in a single, all-encompassing, efficient manner.

This program also supports the Department of the Navy's enduring priorities of Strengthening Maritime Dominance and Building a Culture of Warfighting Excellence. It epitomizes the Get Real Get Better initiative, a Navy-wide call to action that empowers leaders at all levels to embrace proven leadership and problem-solving practices to drive exceptional performance.

The catalyst for this program has been the continued concern for brain injury and its lasting impacts on high-risk communities, specifically maritime special operations, coupled with the need for cognitive performance optimization to maximize capabilities and operator decision-making. The requirement exists to retain talent and build lethality in maritime special operations.

The Department of Defense has not accrued any costs associated with this program. The Cognitive Combine is not secret nor classified. It is not a research project or protocol, but rather an optimization program utilizing standardized, evidence-based, Food and Drug Administration approved resources.

The goals of this project are to provide screening, surveillance, and treatment optimization to improve performance and lethality of our special operators. To date, 401 special operators have completed the baseline testing which provided 4,812 objective data points on their brain health status. The current findings are beneficial in identifying sensory, attention, and cognitive processing differences that negatively impact special operators and the SEAL teams. These metrics have allowed for the provision of targeted, early, precision, evidence-based interventions, resulting in better response, enhanced optimization, and expedited return to operations.

While *The New York Times* report may have offered hope to affected aviators and their families that the Navy finally determined to study brain health risks across its aviation force, the Navy's response to the Committee does not indicate that any such comprehensive effort exists. In fact, the Navy states that it lacks data on neurological injuries occurring during routine tactical aviation and has not conducted longitudinal study of cumulative injury risk.[60] Instead, its research portfolio focuses on discrete physiological stressors, rather than long-term outcomes.

However, what the Committee learned about this project demonstrates that the Navy has the tools and capability to conduct systematic cognitive monitoring, but its limited application means those capabilities are not being used where they may be most needed. Despite growing concern about brain health in naval aviation, it appears the Navy has yet to implement a comprehensive sustained effort to study it.

[60] Email from BUMED Staff, U.S. Navy, to H. Comm. on Oversight & Gov't Reform Staff (March 14, 2025), at *enclosure*.

RECOMMENDATIONS

1. CONGRESS SHOULD MANDATE A LONGITUDINAL BRAIN HEALTH STUDY OF NAVAL AVIATORS.

Congress should require the Department of the War to conduct a comprehensive, longitudinal study examining the cumulative effects of repeated exposure to high G-forces, catapult launches, and carrier landings on aviator brain health. The study should track aviators over time, including post-service outcomes, and report findings to the appropriate Congressional committees.

This recommendation addresses a central gap identified by the Committee: despite extensive research on discrete physiological stressors, the Navy has not conducted a study capable of assessing long-term neurological risk. Existing data captures only short-term, diagnosed conditions within an active-duty population and cannot determine whether cumulative exposure produces delayed or progressive injury. A longitudinal study would provide the evidence necessary to inform policy.

Following completion of the study, the Department of War should ensure that affected aviators have access to any and all appropriate medical care and benefits. This includes reviewing and, where necessary, updating discharge documentation and disability ratings within the Department of Veterans Affairs to accurately reflect service-related health impacts.

2. CONGRESS SHOULD DIRECT THE DEPARTMENT OF WAR TO ESTABLISH A DEDICATED AVIATOR BRAIN HEALTH PROGRAM

Congress should direct the Department of War to establish a dedicated program focused on aviator brain and mental health, modeled on the capabilities of Project Odin's Eye, but tailored to the aviation community. This could take the form of a formal program, office, or cross-functional working group. As identified in the Committee's findings, while the Navy possesses tools for cognitive screening and performance monitoring, these capabilities are not being applied systematically to aviators and are not structured to generate longitudinal or population-level data. At the same time, the absence of a centralized entity responsible for integrating research, policy, and operational data has contributed to fragmented gaps in understanding.

A dedicated program would enable the Department of War to:

- Conduct continuous cognitive and neurological monitoring across the aviation force;
- Integrate exposure data (flight hours, G-force profiles) with medical outcomes;
- Evaluate the effectiveness of existing policies and waiver processes; and

- Identify and address institutional barriers, including stigma and reluctance to seek care.

3. THE DEPARTMENT OF WAR SHOULD REFORM MEDICAL POLICIES TO REDUCE STIGMA AND BARRIERS TO CARE

The Department of War should undertake a department-wide review and reform medical policies and practices that discourage service members from seeking mental health care, with particular attention to aviation communities.

The Committee's findings demonstrate that cultural and institutional barriers, including fear of aeromedical disqualification, career repercussions, and lack of trust in the system, significantly deter aviators from seeking care. As a result, a substantial portion of the force may be avoiding treatment or withholding information, undermining both individual well-being and readiness.

Policy reforms should aim to:

- Clarify that seeking mental health care is compatible with continued service when appropriate;
- Reduce unnecessary or overly broad disqualification criteria;
- Improve transparency in medical waiver processes; and,
- Align incentives so that early treatment is encouraged rather than penalized.

CONCLUSION

The Committee's investigation concludes that the Navy is confronting a risk it has not fully chosen to understand. Despite credible warnings, external reporting, and internal awareness, the Navy has yet to determine whether the very conditions that define naval aviation may also be causing long-term harm to the pilots who endure them. Instead, it has relied on a system designed to respond to visible injuries, while leaving potential cumulative damage largely unexamined.

This is not a question of capability or cost—it is a question of priority.

Until the Navy commits to fully studying and addressing these risks, it cannot ensure that it is adequately protecting the health, readiness, and long-term well-being of its aviators.

Cover photos: U.S. Navy/MC2 Ryan Holloway (top); U.S. Navy/Gavin Graham (bottom).