

U.S. House of Representatives
House Committee on Veterans' Affairs Subcommittee on Health

Oversight Hearing
"Hidden Wounds: Effectively Supporting Veterans with TBI"

Statement for the Record
Buster Miscusi

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Chairwoman Miller-Meeks, Ranking Member Brownley and Distinguished Members of the Committee, thank you for the opportunity to represent my fellow veterans who bear the invisible burden of traumatic brain injuries. I hope that my testimony today honors their service and experiences. While each of our journeys of injury and recovery are unique, rarely follow a straight path, and are unlikely to be repeated, they do tend to rhyme.

In 2001 I was in fourth grade on the Lower East Side of Manhattan on 9/11 when the United States was attacked. I remember being a nine-year-old kid reading the comics and sports pages on 9/10, and then sitting on those same playgrounds on 9/12 discussing international politics and the ethics of a military strike with my friends. It was then that my goal to serve in the U.S. military first materialized—a goal I would realize nine years later when I enlisted in the Marine Corps infantry. I dreamt of a long career fighting in combat against the enemies of the United States, getting justice for the 2,977 victims of 9/11 and the countless other Americans whose lives were irreversibly changed that day.

Before my first deployment, that dream looked achievable. I was good at my job, getting meritoriously promoted twice within my first year. I could glance at a map, go on a five-hour patrol, and know exactly where I was. I could expertly navigate the social world I lived in, understanding non-verbal communication, sarcasm, irony, and implied meaning to foster strong relationships with my unit, my newly wedded wife, and my family. I could tolerate change and new experiences, finding my way through chaotic environments. My future military career—and my life—looked bright.

When I came home from Afghanistan in 2012 I was diagnosed with PTSD. After a three week sequence of cognitive behavioral therapy I was well enough to get back in the fight.

Unfortunately, in 2015 I was diagnosed with Crohn's Disease and sent to Wounded Warrior Battalion East in Camp Lejuene, North Carolina to be medically retired. My dream of a long career in the Marine Corps had been shattered. Overnight I was no longer the mortar man, infantry squad leader, or martial arts instructor I had been for the past five years. Now I was a patient.

During the battery of appointments and evaluations for my medical board the providers diagnosed me with TBI on top of the Crohn's Disease and PTSD. From the outside looking in it looked like the wheels had come flying off the moment I slowed down. In reality, it was that by slowing down I realized that the wheels had fallen off a long time ago. What I was struggling

with wasn't new, it had just built up so slowly over time that I had adapted little by little and barely noticed how far I had fallen.

During my time in the infantry I had fired thousands of rounds of mortars and detonated numerous explosives, but I never thought I had a TBI because I hadn't been exposed to an IED blast and I couldn't recall ever being knocked unconscious. Back then, the cumulative effects of repeated low blast exposures were not widely recognized, screened for, or understood within the military or clinical settings.

Additionally, because the majority of us in the infantry suffered from some type of headache, confusion, and anger problems we assumed it was normal. The effects of these repeated overpressure blasts were shared by all and treated with humor. Whether it was bloody noses, blood coming from our ears, or losing my hearing for two weeks—even while wearing ear protection—nothing was immune from an infantry marine's sense of humor. Somewhere there is a photo of me, flanked by a marine on either side, with two lit cigarettes dangling out of my ears in a poor man's attempt at ear candling after I had lost my hearing for two weeks. Back then, nothing couldn't be solved with a laugh, and a headache was no match for a sufficient amount of nicotine, caffeine, a change of socks, a drink of water, and some Advil. My headaches and vertigo were chalked up to dehydration, confusion was assumed to be caused by a character flaw, and inappropriate jokes, whether violent or sexual, were accepted as part of the military culture.

Now at Wounded Warrior Battalion, these experiences were seen as symptoms. I initially pushed back against the TBI diagnosis, confused since I had never been exposed to an IED. My providers explained that PTSD and TBI can share overlapping symptoms and that there were some ways that I was thinking and processing information that were uniquely related to TBI. The doctors explained that being exposed to repeated shock waves from firing weapons and detonating explosions in training could cause a TBI just as well as any explosion in combat.

What I had considered a “painful headache that made things look funny” was diagnosed as a complex migraine disorder with aura. The doctors rightly noticed that the confusion wasn't a character flaw, but by challenges with memory recall and information processing. Inappropriate jokes were recognized not as an infantry cultural norm that I couldn't let go of, but as a problem with my capacity to filter my thoughts and notice social and non-verbal cues. I was diagnosed with a traumatic brain injury caused by cumulative low-blast injuries. The doctors prescribed medications to help with my migraines, sent me to speech therapy for the memory challenges, and mental health for the problem with my filter. With a diagnosis and a treatment plan I was medically retired from the Marine Corps in 2018 and began going to college with dreams of becoming an astronomer.

Unfortunately, recovery is not linear and even if we stick to our treatment plan to the letter things can fall apart. A year after being medically retired from the Marine Corps I began having episodes where I would lose function in one side of my body, my face would sag and twitch, and my speech would slur and stutter. During an episode I couldn't walk, talk, or eat. My sense of touch deadened and I could no longer notice the difference between soft and sharp objects, or how hard I was holding something. The doctors at the VA ruled out a stroke saying that it felt like “the engine still has power, the transmission just keeps slipping out of gear”.

While humorous in an infantry sort of way, these episodes were occurring nearly daily and would require a full day of rest to recover. It was no longer safe for me to drive and I had to leave school, unable to maintain the course of study. With my ability to function reduced such a significant extent, all of the symptoms that were previously managed became worse. The VA doctors did the best they could to manage these symptoms with the skills they had. They prescribed medications and medical devices, I tried acupuncture, massage, and hypnosis, but nothing seemed to help me return to a normal level of function. I began to fall into a depression, believing that I was a burden and that the meaning I had built my life around—service, responsibility, and usefulness—was lost.

Even in the midst of my despair, my wife held on to hope. Her hope inspired me to keep trying, to keep searching for anything that could help. I was at the end of my rope when I spoke to a nurse case manager from Semper Fi & America's Fund, who asked if I had ever heard of UCLA Operation Mend—an intensive outpatient program that partners with Wounded Warrior Project to help veterans with PTSD and TBI. I told her I hadn't, but that I would be willing to try anything once.

Operation Mend treated my brain injury differently. They didn't treat my injury as a problem to solve by trying to make it go away. During their intake they collected an entire picture of everything that was happening. Every single symptom that I was experiencing, even if it might have been associated with Crohn's Disease and not TBI, was considered. They took that information and, rather than trying to reduce my symptoms alone, they worked with me to identify the strengths I already had and the skills and resources needed to work around my limitations. They worked WITH me, not ON me.

More importantly, they included my wife in the process, working with her as well—recognizing that this injury does not affect one person alone, but impacts the entire family. It turns out that recovery, just like military operations, is a team sport. Operation Mend helped restore my belief that, while my brain injury was debilitating, painful, and difficult to understand, I could find a way to live a meaningful life of service if I learned to lean on my strengths and develop the skills and resources needed to support me and my family. Returning home with this new approach from Operation Mend I was able to get connected with a headache specialist who helped me understand that challenges I had been facing that I thought were part of Crohn's Disease, feeling like I was getting bitten by red ants, getting extremely weepy for no reason (don't play bag pipes around me unless you want to see me cry), and randomly getting voraciously hungry were all part of my migraine disorder too.

Operation Mend didn't make the migraines, the symptoms, or the TBI go away. I wasn't restored to my old level of functioning. But it did restore my sense of agency. Today, I still get migraines. I have a constant low-grade headache, my ears ring, and my head spins. I still break glass ware and I still get lost and need a GPS to get around. I struggle to understand sarcasm, irony, or implied meaning conveyed through non-verbal communication. I still cry when I hear bag pipes. Chaotic, cluttered, and crowded environments continue to confuse, disorient, and frustrate me. But now—thanks to Operation Mend, the VA, and my wife—these are challenges I have the skills and resources to face. I will likely face them for as long as I am alive, but they are no longer a sign of my failure. They are a sign of my survival. A survival that, while painful, is

marked by humor, brotherhood, and purpose. While my future no longer looks the way it did when I first joined the Marine Corps, it is still full of hope.

By leveraging the skills and resources I have been given through Wounded Warrior Battalion, Operation Mend, Semper Fi & America's Fund, Wounded Warrior Project, and the VA, I now have the opportunity to discover new strengths and abilities within myself so that I can serve my family and my community with more compassion, patience, and wisdom than I was capable of before.

My story is not unique. The infantry is not the only military occupation exposed to environments with a risk of overpressure injuries. My struggle to describe my experience in a way that allowed me to access the right care is shared by many, especially those with brain injuries. Veterans, transitioning service members, and their families need to know that low blast exposure injuries can occur regardless of occupation, deployment history, or combat experience. Training must be developed so veterans, transitioning service members, and their families are given the language needed to explain their experiences and access appropriate care.

Programs like Operation Mend—where symptoms are treated as challenges to work with and through rather than obstacles to destroy or be destroyed by; where veterans are listened to for things they don't yet have words for; and where caregivers are honored as integral partners in the healing journey rather than a dispensable afterthought—should be the gold standard of care and emulated nationwide throughout the VA.

The capacity to provide this level of warrior-family-focused care already exists within the VA. The programs simply need to be organized, and veterans and caregivers need to be honored as key stakeholders in the design and implementation process. Developing these programs requires the collaboration of those who know what the problem is, those who know how to solve it, and those who have the platform to make it a reality. I know what this injury feels like, and I know what helped me. The VA knows how to solve it and has the platform to make it a reality. Now that this Committee understands it as well, the responsibility to act no longer rests with veterans alone.