Testimony for the Record

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U.S. House Committee on Veterans' Affairs,
Subcommittee on Health
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Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of the Subcommittee, thank you for the opportunity to be here before you today. I appreciate your focus on the long-term brain health and mental wellness of America's military aviators, and I extend my sincere thanks to Congresswoman Kiggans and Congresswoman Goodlander for introducing the WINGS Act.

Before today concludes, an estimated 17 veterans will die by suicide.* Today, I am here to bring you close to the life of one of them: my late husband, CDR Douglas Morea.

Doug was what many in the fleet commonly referred to as "the best of the best." In nearly 20 years as an F/A-18 fighter pilot, he logged 3,700 flight hours, completed 675 carrier landings, and flew more than 80 combat missions. He was selected as a TOPGUN instructor and received the Michael Longardt Leadership Award, recognizing the best leader in the Atlantic Fleet.

Those accomplishments show his endless devotion to that commitment in environments where there was no margin for error and high-stakes decisions were a constant.

What it does not show is the silent suffering he carried behind closed doors.

What I remember most is that at the height of his suffering, within the walls of our home and often in the middle of the night, he would say, "Something is off in my brain. There is something wrong with me." He was searching for answers. He gathered information on his family medical history. He spent hours online in deep research. He was suffering in ways he could not safely or fully disclose. In this culture, honesty with a flight surgeon could mean the end of a career.

Imagine going from more than 150 miles per hour to a complete stop in approximately one second—and doing that more than 600 times. Dr. Robert Cantu, one of the world's leading experts on concussion and co-founder of the Concussion & CTE Foundation, has spent decades studying brain injuries in athletes. "What pilots endure is comparable and possibly worse," he said.

The warning signs did not always appear visible from the outside. They looked like insomnia, isolation, extreme decision-making anxiety, and the slow loss of normal daily life. In 2023, the suicide rate among veterans with a recent diagnosis of traumatic brain injury was 77.6 per 100,000, which was 94.3 percent higher than for veterans without a recent TBI diagnosis. How many more are suffering in silence?

A study conducted by the Army Command and Staff College that allowed anonymous reporting found that nearly 50 percent of Army aviators screened positive for mental health conditions such as depression or PTSD, while official medical records suggested only 3 to 5 percent. The fear is not just being grounded; it is losing medical clearance, jeopardizing a career, and limiting the future opportunities many aviators have spent their lives working toward.

In 2024, a former F/A-18 pilot and current Navy physician submitted a memorandum for the record to raise awareness of the concern for further preventable loss of life due to suicide and the need to improve mental health in the F/A-18 community. In an anonymous forum referenced in that memorandum, 20 F/A-18 aviators were given the opportunity to share concerns and 3 of 20 reported having contemplated or attempted suicide.

In the days after Doug passed, I was contacted by a junior pilot from Doug's Commanding Officer tour. He shared that when he had become med-down and was struggling to cope through standard signals of depression including substance use, Doug saved his life. "He is the only reason I wasn't removed from service. I was at risk of losing [spouse name] too. I truly owe him everything." This was less than six months before Doug took his own.

Invisible signs of distress were all around. Within the ready room, in reports, and even at the leadership level. He rarely saved voicemails, but there was one he kept for over a year: an update on a service member under care for suicidal ideation. This type of call was not unusual.

As a spouse, I got a front row seat to other side: the things he couldn't show or say when his flight suit was on. When his flight suit was on, he checked every box. When his flight suit came off, he was suffering in ways I can't fully put words to most days.

This wasn't specific to Doug or to F/A-18 pilots. Since his passing, many aviators of 15 to 20 years of service have reached out to share mental health struggles they had not been able to address. These were tenured and highly trained leaders, unable to put voice to their own mental health until they lost one of their own.

What I need you to hear today is this: excellence can hide suffering, and official records can miss what families see every day.

That is why the WINGS Act matters. I am here because I believe this bill would take a meaningful step toward a more proactive study of the brain – one that does not require us to lose aviators first.

Brain health and mental wellness must be treated as part of readiness, not separate from it.

The men and women who carry the weight of defending this country deserve more.

They deserve a system that studies what they endure while they are still here.

They deserve a culture that allows them to be honest before crisis.

And they deserve care that protects both their readiness ***and*** their lives.

Thank you.

Sources:

2025 National Veteran Suicide Prevention Annual Report Findings

House Committee on Oversight and Government Reform and Subcommittee on Military and Foreign Affairs Chairmen Investigation into Project Odin's Eye (link)

Barriers to Mental Health Seeking in Army Aviation Personnel Research Study (link)

Prevalence of Neurologic & Mental Health Illness in US Naval Aviators: A Retrospective Cohort Study (link)