

Paleo Solution - 382

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Robb: Hey, folks, welcome back to another edition of the Paleo Solution Podcast. I think I mentioned that we will have a couple different shows on the topic of traumatic brain injury, looking at this from a variety of different directions. Today's show is with Andrew Marr. Andrew is a Special Operations Green Beret. He is the Co-Founder of the Warrior Angels Foundation and author of *Tales From The Blast Factory: A Brain Injured Special Forces Green Beret's Journey Back From The Brink*. His book is being made into a full feature documentary titled *Quiet Explosions*. Andrew is an MBA candidate at Pepperdine School of Business and Management and really an amazing guy. A father, a husband, they have five kids and I believe they have two more kids on the way, holy smokes. Two kids was enough for me to really question whether or not I had the competency to keep doing this stuff. But we talked a lot about his entry to the military, his passion for doing the work that he did, his injury and the really precipitous physical decline that he experienced after his injury.

In as delicate a way as we could, because I have huge respect for everybody in the military and whatnot, but the standard of care for a variety of issues including or possibly in particular, traumatic brain injury, it's really wanting. People go through a really expensive comprehensive process and they may be on no medications or maybe one or two medications before going through an assessment and then at the end of the assessment they're on 12 or 13 different medications that really doesn't do anything for these folks. And so Andrew talked about needing to go outside of the system and relied heavily on kind of anti-inflammatory Paleo ketogenic type diet, interventions on nutrition side, sought the input of a functional medicine neuro-endocrinologist. One of the most profound impacts of traumatic brain injury is the cessation of normal endocrine function, particularly testosterone, estrogen, growth hormone, and people will pooh-pooh this stuff because there are all kinds of negative connotations with these anabolic hormones because of say, doping and sports and whatnot.

But there's a reality that if you want to make someone feel like they're living in hell on Earth it's disrupt their hormonal profile and nothing does that quite as effective as a traumatic brain injury and there are highly-effective ways of bringing people back from this situation. Again, though, it involves a very clinically-driven process. Some things work, other things don't, you need to do a lot of trial-and-error and Andrew digs deep into that. And he talks about possibly one of the most profound points in this interview was when he was in the hospital both for himself and his wife had gone into labor at this time, he had

suffered a blood clot. So his wife has just delivered their newest baby boy, he himself is in the hospital due to a blood clot which can be a really, really dodgy thing. And he was just kind of wondering if he was going to be around to be a husband, be a father, and he made a commitment to his newborn son that he was going to figure out a way to regain his health and he did it. And part of his commitment was that once he got his own house squared away he was going to do everything he could to help as many people as he possibly could and I think that that's a pretty common sentiment that we see when someone has faced a health crisis, you really want to help other people and interestingly in the process of dealing with your own stuff, you oftentimes become a bit of an expert on the topic.

So I hope you guys enjoy this. I have a real passion for the traumatic brain injury topic so we'll see a little bit more of that here and there. I don't want to beat you guys, no pun intended, over the head with it but it's a really underappreciated issue that can be effectively addressed and I wouldn't say it's easy to address it but it can be much more effectively managed and lives improved than what people really appreciate but we need to get the information out there that there are options that help people to get those resources. So again, I hope you enjoy this episode with Andrew Marr.

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Hey, folks, welcome back to another edition of the Paleo Solution Podcast. I think if you guys have followed my work for any duration of time you're probably familiar with my interest in traumatic brain injury. It really dovetails interestingly into the whole exploration of aging and longevity and whatnot. Many of the characteristics of traumatic brain injury are quite similar to some of the degenerative cognitive states that we see like dementia, Parkinson's, Alzheimer's, there's very similar ideology going on there, usually some sort of localized insulin resistance in the brain, sometimes some substrate utilization problems, ketogenic diets are proving to be incredibly effective from kind of a dietary intervention but there's lots of other things that can be applied including cognitive behavioral therapy and a host of other therapies. Traumatic brain injury is pretty on the radar right now with the NFL and maybe even with the UFC and some things like that but people oftentimes forget our folks in the military who are arguably exposed to the most severe and consistent TBI type day-to-day experiences of anybody in the world.

Today's guest is someone who has been in the military for an extended period of time, has suffered a traumatic brain injury and has a really incredible story of both the experience of that and coming back literally from the brink. His name is Andrew Marr. Andrew, huge honor to have you on the show.

Andrew: Robb, I'm honored and it's going to be awesome to disseminate this information today. Thank you for the opportunity.

Robb: Huge, huge honor for me. I cannot thank you enough for your service and for the work that you're doing in getting this story out there. And with that said, can you tell folks a little bit about your story, give them maybe a little bit of early pre-military background with your life and then track it through into the military and then your process of experiencing a pretty severe traumatic brain injury.

Andrew: Yeah. Well, I grew up in Texas where football is king and that certainly reigned supreme in my life so all I ever wanted to do was be an athlete and so that led me into this successful high school career. We were two-time State champions in football in Texas which is bigger than big and went on to play college football on scholarship, offensive line, started all four years. And so that's all I ever wanted to do with life, that was my main pursuit, and when that ended it was time to look for something else and so I wanted to look in avenues I thought that my skills would translate and transfer over to. So like everybody else, 9/11 was a pivotal moment in my life. I was in college and like I said, I was pursuing the things I wanted to pursue in life. But it was always in the back of my mind because there were men, my own age as I saw it, that were putting their life on the line at night when I was safely pursuing my own interests. And so when that came to an end I wanted to offer up my talents and skills in defense of life, liberty and the pursuit of happiness and defending the right to free speech, things I just hold very dear to my heart.

And so I looked at all the different special operations arenas and I liked the Special Forces Green Beret, seemed a little bit more mature, a little bit different mission, kind of going behind enemy lines, linking up with a guerilla force, indigenous fighting force that didn't speak the same language as you and working together to solve complex problems. And so throw that in with jumping out of planes, shooting guns, blowing things up and hanging around people that are just like yourself, I thought it was the best thing that I'd ever heard about and it absolutely was so I spent a better part of a decade in Special Forces. My specialty, I was engineer and my specialty when deployed, one of many, was dealing with explosives. So identifying improvised explosive devices, known as IED, so we'd identify them or disarm them or blow them in place.

And then another job that I had was a breacher, explosive breacher. So I was responsible to make a surgical explosive charge and put that on a denied point of entry, door, window, wall, whatever, and we'd get an acceptable distance away and I'll blow it and then go in and do our jobs. So that's the life of an operator, you're in and around explosives, explosions, on a routine basis. Just like any skill, you have to become proficient at it and for it to become second nature you have to do it to the nth degree and so that means practice how you play or play how you practice and we took that very seriously. So we didn't know the damaging effects, Robb, of what that explosive concussion or that blast wave does but

basically that it emits, like I said, a blast wave that pushes out in a 360 degree area and it fills up every air-filled organ of the body and rocks it violently back and forth and prior to the World War I really with human experience, I've never experienced that before.

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There's new science coming out showing some of the effects that that can have and it's not obvious because there's not an arm missing, a leg missing, an eye or anything like that. So it's what they call the invisible wounds of the war but we can get it more into that. But that's kind of my background into it. I'll let you take wherever you want to go from there, Robb.

Robb: Yeah, yeah, thank you. That's a fantastic background. Something that I think is underappreciated both in the military and out is how many different ways one can sustain a traumatic brain injury. We have kind of a blunt force trauma, somebody cracks you on the head, and then we have this compression wave and then we just have changes in direction which all these things end up having similar but also somewhat different influences in what happens to the brain. But simply going on a roller coaster that has a pretty vigorous change of direction, it subjects an individual to a one gravity change of direction produces a mild but still a detectable traumatic brain injury. And so when you think about some of the things that folks are up to like firing .50-cal guns and riding a Zodiac over choppy water and parachute deployment and a host of other things, there's a ton of opportunity for physical trauma to occur.

And then from my perspective, a couple of things that have changed over the course of time within the military, we do a lot more night ops now so guys tend to sleep during the day and they are awake at night because that gives us a tactical advantage but it's incredibly impactful on our systems from an inflammatory response. Our immune systems don't function quite right, our endocrine systems don't function quite right so our ability to recover from injury is compromised. And then I think over the course of time our diet at large, even in the military has kind of gotten worse and so we've got this pro-inflammatory diet also. And so guys are doing more deployments, they're doing longer deployments, they're doing night ops, and oftentimes the chow that they're given is about as pro-inflammatory diet as you could get. And like if I were to sit back and write a prescription for how to create a traumatic brain injury over the long haul, I would be hard-pressed to find a better situation than that of the Special Operator, like it's a really, really challenging situation. And you can point all that stuff out but are we going to quit doing night ops, no; are you guys going to quit firing guns to practice your skills, no.

So some of the levers that we have are to try to improve sleep, to try to improve diet, maybe get some fish oil in guys when they're deployed and this has been some of the work that I've done with Naval Special Warfare is talking to folks in

pre-and-post-deployment scenarios about hey, here's a situation you're in, here's what we can change, here's what we can't change, the levers that we can pull, let's play around with that and see what we can do. But Andrew, is there a specific instance that you would say was kind of the primary precipitating situation for you with regards to traumatic brain injury? Was it an accumulative effect? Was it a combination of both accumulation and then maybe one acute instance that really kind of rocked what you were up to?

Andrew: Yeah, great segue, and how just elegantly outlined so many great factors there. It's a beautiful disaster as 311's song put it, so good, the life of an operator. And I think you try to mitigate every risk that you can and, like you said, the ones that you can't you either say you accept it or you don't do it. And a lot of these factors we just didn't think about, that's why it drew me to your work, Robb, is try to mitigate the factors that you can't take into account. But going back to your question, I think a lifetime of football, again, like pre-head injury awareness type deal, like when you got a concussion in the '90s you went to the sidelines, you got some water then you went back in. We didn't know any better, crazy and counterintuitive as that sounds. So a lifetime of that into my early 20s and then a better part of a decade in Spec Ops.

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So just like you said, I had no idea what it meant to eat for anti-inflammatory purposes or to eat anti-inflammatory diet. I had no idea that the diet could even produce inflammation. Again, as counterintuitive as that sounds today, that wasn't discussed as recent as even 2013, I can think, when I was still actively operating. So in and around explosion, I was only knocked unconscious one time in combat and it was brief. And I came back to and RPGs were coming in and AK rounds or 762 rounds were zipping by, so there wasn't time to really zero in and think about it. It was back to work. And when you're in that op tempo, that op cycle, that train doesn't stop so every three days we were out doing business. So I didn't notice any real declines on my last deployment, it was just "Hey, we got rocked, that's business, go back to it."

It was about six months after I returned from my last deployment that I sort of slowly started to have these new physical manifestations that I had never experienced before. The first one was like complete loss of libido and I'm like 31, 32 at the time, married to the woman of my dreams, just back from an active combat scenario, so that just struck me as very odd. But I was like, hey, man, that last deployment was intense, physically and emotionally, and I guess just maybe my body's going to take some time to come back online. But then it continued to just spiral downward, energy was next and like that's like the huge understatement, like I just didn't have any juice to get out of bed or get out, get going, no stamina, no zest.

And again, that was like just very bizarre to me because I've been complete opposite of that all my life. And then I started to have some physical problems, I started to have headaches which would go into migraines, daily migraines, I would get blurry vision that would then go into double vision and I started to have balance issues, so difficult even walking in a straight line. And then from there I started to have some behavior problems, I became depressed and it was really like this is where I thought I was starting to lose my mind, like I had as I saw it, no reason to be depressed. I was living my life's purpose around the people that I love to be around doing the job that gave me a significant amount of pride and purpose, married to the woman of my dreams, we had the family of my dreams, so everything we're doing that's what I wanted to do and I was like there's no reason I should be overcome with depression. I wasn't plagued by what all the job entailed and all the missions we had to do, I wanted to keep doing that, like I said, that provided my meaning in life.

And then I started to have this like anxiety attacks in public. And again, I was paid to make difficult decisions and life-and-death situations and do it calmly and under control in a responsible manner and now I'm breaking down with unprovoked and I couldn't draw it to anything. And so again it was just like I think I'm starting to slowly lose my mind and things just started to spiral out that way. So it was physical, it was mental, it was behavior, memory started to go, short-term memory, speech impediments, not being able to recall just common words, getting lost on the route driving home that I've driven for years, or looking up and having no idea how I got there, all things now that we know stemmed directly from the inflammation that's produced in a traumatic brain injury and then the hormonal dysregulation, again, as a result of that.

Robb: And again, just for folks listening, think about what you just described but then overlay this with an individual who played effectively professional level football, high level high school and collegiate football, Special Operations for a decade, and then like navigating to the mini-mart and home became a challenge. And so in your own mind you're trying to overlay what you know yourself to be with what your current situation is and that had to have been maddening for you.

Andrew: It was. We all get rocked by the circumstances of life and as prepared as I was to deal with certain things I wasn't prepared to deal with that. And so when I raised my hand and asked for help finally because I was just having these horrible anxiety attacks all the time and I realized, man, now I'm actually a detriment to the men that I love and I told myself I would never put them in harm's way, so I need to raise my hand, I need to get some help. I was drinking to try to quell this unbelievable anxiety and drinking and driving on the way in to work and out and nonstop in-between and it didn't even register to me that that was the wrong answer, that was just like the only solution that I saw at the time, just kind of telling the mental state that I was in.

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And so wanted to get help and very well-intended people wanted to help me but it's kind of the system as a whole is not founded on identifying and treating the underlying condition, it's kind of founded on sick management or symptom management. So what I got was a lot of that, seven or eight different specialists from every variety, nobody's talking to one another, everybody just looking at their spectrum, their very small spectrum of the whole person and I found myself on 13 medications. Antidepressants, antianxiety, stuff to go to sleep, stuff to wake up, stuff for migraine headaches, you name it I was on it. Developed blood clots, deep vein thrombosis, and a bilateral pulmonary embolism, and then I was on blood thinners, so just on a host of all these medications and nobody was ever saying like is there anything that's causing these and if there is can we go to it. It was just like, hey, this is a new you.

And so what they found out was that like, hey, you can't afford to have another head injury, you know what I mean, and so I go into a process of a medical retirement. So in a very short time span, like the epitome of what you think our culture says as a man to somebody who without the purpose that they thought was set for their life, was sick and facing all these new dilemmas and not knowing up from down or left from right, it was a very trying time.

Robb: Did you make it out to NICoE like were you one of the folks that went through the NICoE process?

Andrew: Yeah, I was. I went to NICoE and again, very well-intended people. I think I showed up there in about six medications and I left on 13. And they did a good job of telling me I had a neurocognitive disorder and I had a general mood disorder and I was clinically depressed and a general anxiety disorder. It was really good at giving me all the disorders but nothing on the end of like hey, here's a solution, or here's some lifestyle changes that you probably need to install to drive some different effects. It was good, on one instance like they documented everything but on the other end to me it wasn't working towards a solution.

Robb: For folks that aren't familiar, NICoE is an acronym for the National Intrepid Center of Excellence, really a powerful deep dive for folks that have these complex, typically TBI-related issues. And they do an absolutely amazing job, like you said, of cataloguing what's going on and God bless them for what they do but they are still doing a symptoms-based approach, which is like okay, so you've got a sleep disorder, we'll give you something that we think is going to help you sleep but it only makes you unconscious, you don't actually sleep; you've got low libido, okay, here's some Viagra, boom, boom, boom, boom down the line. And so usually a 12 to 15-prescription return is kind of normal out of that and I've learned a lot of these stuff working with Dr. Kirk Parsley. The huge benefit of

going to NiCoE is we get a concrete understanding of where the person is and then if we're able to plug somebody into a functional medicine system or something like that then oftentimes we get much more rapid resolution of what's going on.

And I'm curious, so you went through this NiCoE process, you're on a ton of meds, typically it's kind of palliative, like you kind of feel a little bit better but usually things aren't really turned over. How did you end up turning the corner and really making things change for you?

Andrew: I was really hopeful at going to NiCoE because I was looking for resolution. I want to go back to the teams. And so it is a good experience and the fact that everybody there truly cares, is going to listen to you, and are doing their best to understand it. But then as I realized like that was the death blow to my career, I came back and the change for me, Robb, was this. My son became deathly ill. He was 13 months at the time and developed a lymphatic malformation. He had an upper respiratory infection and it just blew up, this lymphatic malformation in his neck, like the size of a softball in a couple of hours. So we rushed him to the emergency room. My wife was also nine months pregnant at the time and this one my calf was killing me at that time. I didn't know what the deal was. But we had to run to, because Jason was having problems breathing, so we had to run to go into emergency surgery to try to clear his airways with this lymphatic malformation that was bottling in there.

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Becky, because of all the stress, goes into labor at the exact same time, my wife, Becky. So I'm going from the second floor where Becky's giving birth up to the fourth floor where Jason's getting prepped to go into emergency surgery, and my leg was in so much pain at this time, like I'm dragging it like back and forth between the second and the fourth floor to be with both of them as much as I could. So we get Jase in and out of surgery, he has another like six or seven surgeries over a six-week period, get down there for the birth and everything goes okay there. They take me to Imaging finally after Jason's out of surgery and our youngest son is born and my wife is good, and that's when they find that I'd developed this blood clot and since I refused treatment it broke off into both lungs so they had to rush to the Critical Care Unit there to take care of that issue.

So then me and my son were in the hospital for like the next two weeks together and I was in such bad shape at this time, like I had a stash of airplane whiskey that I rolled with on all occasions. And I remember being by his bedside after one of his surgeries and I took the last of them that I ever took, it was a prescription pain pill, and I chased it down with an airplane bottle of whiskey, and I had an epiphany right there at his bedside. And it was like hey, man, your life is going to go one of two ways, you could continue on this same track and it's going to kill you, but worse than that it's going to ruin everything that you love; or you can

decide to go and do something different, to quit just playing the victim and openly taking what every drug and what every doctor is telling you, and go out there and find a way to change it.

And right then and there, I made my son and myself a promise that one, I was going to get off all medication; two, I was going to return to the man of my pre-injury status, I knew I couldn't be a Green Beret anymore but I was still a husband and I was still a father, and at that point that became enough for me. And then three, after I was able to help heal myself, I was going to turn around and figure out a way to help others do the same thing. And that kind of pulled me out of this "My life is over, I had no more purpose, I'm sick from a brain injury and life is going to be just a meaningless and hopeless disaster," into I have now again a vision of the future and I think when you're defined by a vision of the future you have a reason to get up and I realized I have lost that. So realigning with what I knew to be was my ideal self or the pursuit of my ideal self in alignment with the vision of the future was the mindset that I was able to encompass that allowed me to turn the corner on those difficult situations.

Robb: Man, it's incredible you were able to do that, because I mean part of the situation there, like that very bootstrap phenomenon is hard to do when you're in that situation, when literally the neurochemistry is not just on your side, like that's a really incredible process that you went through, and clearly you find your why. This is something whether people are trying to figure out dietary changes or career path or whatever, once you delineate that why, like why are you getting up each day, why are you putting one foot in front of the other, what's the thing that you're willing to fight and die for, that's a pretty good motivator. But then what were the next steps then? Like clearly you had been through literally the state-of-the-art that current medicine typically provides for someone with a traumatic brain injury, where did you go next, like what was that process?

Andrew: Well, after that, after being done everything in the system, I started to look and talk to people who are getting help out of the system. And at first, before I came kind of really a science-minded, I didn't care, I just responded to what anybody said who had a good story. So we looked at hyperbaric oxygen treatment, stellate ganglion nerve block, the Brain Treatment Center down in Southern California with the magnetic resonance therapy, got down to a functional brain center in Texas and that was really the first time that I really had some positive impact where I thought like oh, my gosh, I think we can really resolve some of these because we were able to do some functional, like I said, with some functional neurologists at the Cerebrum Brain Center, used to be called Carrick, and they were able to work on some neuroplasticity with just some eye movement and be able to try to make different parts, the lobes, brain, talk or communicate with one another again as being kind of disrupted through some of

the shearing of the neurons. And man, my migraines resolved, my double vision resolved, my balance issues resolved and I was able to start sleeping again.

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I still had a host of neurocognitive and behavioral issues that I was dealing with but that was the first time like a light went off that I was like, oh, my God, nobody put me on any medication, we were just doing some natural things based off what I was deficient in being able to do and it produced some incredible results. And so that was kind of like what started me on this path to look at all these different things. And I became real curious, Robb, like why are some of these things working for some guys and not working for others, like what's up with that. And some of the benefits I had there once sustainable, they were short-term benefits, and so I got interested in that.

And finally I got linked up with a neuro-endocrinologist named Dr. Mark Gordon out of Encino, Los Angeles, California, and he was basically able to help me to identify the underlying condition that was the stem of all my neurological deficits and this is pretty much for all neurological disorders as I understand it. One is what you hinted on, inflammation, neuro inflammation and there's objective lab analysis that we can do to identify that. So we were able to identify the inflammation and then to identify if the hormones, both in the brain and the body, were deficient or insufficient as a result of this inflammation. And we were able to identify all of that objectively and that just baffled me because we knew like a lot of my hormone markers were in the tank but nothing was really being done about it or nothing was being done in the right way about it. And then through every top tier medical facility in Department of Defense, not once did anybody say anything about getting your inflammation under control, or neuro inflammation, or living a lifestyle that was pro-neuro permissive environment, like never even broached and so that baffled me.

And that was the changes, we were able to identify those again through a lab test then work on getting the brain and body back in this what he calls a neuro-permissive environment but through anti-inflammatory means and then replenishing or replacing what the body's not making that it needs to. There's damage to my hypothalamus and pituitary so I was deficient in every major hormones, so putting those back into the body reversed my symptoms. And today I have no symptoms, I'm on no medication and performing as good, if not better, than my pre-injury status. Dr. Gordon has done that for 1600 people. We started an organization now and we've helped over 200 people do the exact same thing and it's all what they call translational medicine which means doing what's already in the scientific literature and just applying it clinically and when you can do that life does get better for somebody who has a damaged brain.

Robb: Right. And one of the unfortunate things within the military system, they are nervous as a cat in a roomful of rocking chairs, about addressing these hormonal

deficiencies, they inevitably pop up in folks in the Special Operations scene. I think that there's this sense that the public is going to see this as like soldiers on steroids or something like that, but I mean if you don't address those fundamental issues of like DHEA, testosterone, estrogen, and growth hormone, you're broken, like it is just not going to resolve when to your point, you mentioned this, when that HPTA access, the hypothalamus, pituitary, adrenal access gets damaged and it's literally like taking a crystal chandelier and dropping it on the ground, like some parts of it recovers, some parts of it don't recover as well and if we can't get that signaling between the brain and the testes primarily in men and the brain and the ovaries and other organs in women, you just don't get hormonal output and if you don't get that hormonal output then nothing really works. Sleep doesn't function, if you don't sleep well then you don't recover, you're in a hyper-inflamed state and it's this downward spiral. But once you start fixing one of these things then you sleep better, and when you sleep better to the degree you do produce these hormones naturally then you kind of up-regulate that and it becomes either a virtuous or a downward spiral, depending on which direction we're going.

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Andrew:

Yeah, absolutely. In the context of what we're talking about being optimized, we're not talking about super physiological levels or bodybuilders' levels, we're talking about replacing the individual's diminished capacity back up to what optimal level would be, so that's two different ballgames. So it's a huge misconception, like you said, and so I think it's a big a part of this is education and this is saying, hey, it's not trying to get it managed, it's just trying to help the body run like it was intended to run, like how can you expect anybody to do anything if they're deficient in these. A lot of times we just look at the primary benefits, the secondary benefits as you alluded to is anti-inflammatory strength and immune system, the recovery, all these other parts are components that play in to the symphony of the incredible thing that's a human that's just necessary if we're going to perform to our optimal levels.

Robb:

Absolutely. Andrew, have you played around at all with ketogenic diets or exogenous ketones or anything? In that brain-inflamed state, glucose has a tough time getting in to the brain and there's some pretty good literature and also now some growing clinical evidence that a ketogenic diet or even exogenous ketones can really help folks particularly in that acute thing but even in that longer chronic phase. Have you played around with that at all?

Andrew:

Yeah, I have played around with it and I can just give my experience on it. It's been beneficial. I feel better when I do it and I notice the benefit. I'm not that savvy on it and can't quite speak any more than that. But I heard about it through people like yourself and became interested so tried to educate myself as best as possible. Here's what I do know, if you don't try it how can you know if it's any benefit? And if you employ the principles of healthy living and pursue

that then I think you're going to be all right. So with me I've had a great benefit from it.

Robb: So to review here, maybe to encapsulate everything that you did, you had this translational medicine experience where you addressed some underlying hormonal deficiencies, you did a variety of other therapies like hyperbaric oxygen, magnetic resonance therapy. Did you do any cognitive behavioral therapy also, the CBT?

Andrew: I did not.

Robb: Okay, that's kind of a common piece in this. But like you said, there's a lot of different things and different folks respond to different elements to this. You adopted an anti-inflammatory dietary practice, clearly I would suspect that almost on a daily level you reminded yourself about your why and your purpose and that that was kind of an anchor for you. What else was part of this process?

Andrew: I think that's it. Once you get that why you redefined that purpose, like things just start illuminating and coming into play and you can start cutting out the things that are no longer serving you or serving your purpose. And that's what it was for me, it's not you can't get out and just make a hundred thousand changes, like make one and then weigh that against what you want to be doing or who you want to be. Is it helping you get closer to it or further from it, and if it's getting closer to it, great, continue to do it or add to it, and if it's not, that's great too, because that's a learning process where you can say I've got to make a change or I have the opportunity to make a change, to do something different. So it's just kind of revisiting that whole learning self-mastery process and I think that's the exciting part of life is that it always changes, it's always changing and you always have an opportunity to work at that.

Robb: Right, absolutely, yeah, that's kind of my love of jujitsu. You think you've got it figured out today and tomorrow you have nothing figured out. So you made this commitment to your son, you made this commitment to yourself, you managed to get yourself back to the father and the husband and the man that you wanted to be, and then you clearly followed through on this commitment to help other folks and you have a lot of pretty impressive headway in that direction including books and short films. Can you tell folks about that?

Andrew: Yeah. Again, we just wanted to be able to help and what I was able to find as far as treating myself, again, through lowering or decreasing inflammation as much as possible and replenishing lost hormones, life turned around. Again, like that allows you to get better and once you start getting better you look at what else can I do, or what else can I improve on.

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And so we started the organization, Warrior Angels Foundation, to provide this level of care to other people who are traveling similar terrain and now we've had a tremendous ability to disseminate this information on some major media forums that now I see that as the most important aspect of it, with hundreds of thousands of veterans with brain injuries. So we want to get this information out first and foremost. The organization helps to subsidize that care and you can find more information on our website, waftbi.org. And after we've helped 200 people with dramatic, dramatic results and comeback stories, we started to see some similar patterns there where people were falling short and maybe their mindset or how to get reaffirmed with the why. And so that's why we wrote the book called *Tales From The Blast Factory* which is out in every major bookstore or online through all the different mediums there.

And it's basically just kind of a more in-depth view of what we talked about here, Robb, going from a high performer, getting rocked by the circumstances of life and the mindset that it takes to pull yourself out of that. We said, is there some universal truths there that we think can apply for anybody in their life and that's the reason we wrote the book and it has layman's terms for all the science that Dr. Gordon's bringing to light. So that's *Tales From The Blast Factory*, that's since been picked up for a movie, right now it's being made into a documentary called *Quiet Explosions*, and we have all the top neuro-endocrinologists, neuropathologists and TBI docs and about three or four fascinating, fascinating comeback stories, so that's in production right now and it will come out in 2019. The director there is a two-time Emmy Award winning director and we got the sound guy from *Black Hawk Down*, like three-time Academy Award winner, so some big players there. So we just wanted to illuminate this message that it's not good enough to say there's a problem in my estimation, it's like can you offer up a viable solution and I think anybody who says this is the way or this is the only way, that's dangerous. But this is a viable alternative to medication and psychotherapy which was what many of us were told was our only options for dealing with life.

Robb: Yeah, yeah, just so impressed with what you've done. To say nothing of the accomplishments you had as an athlete and as an operator but to go through what you did and to hit that low ebb where it wouldn't be surprising, I don't know that it's excusable, but it wouldn't be surprising if somebody just checked out at that point. And you reaffirmed your commitment to your family and to yourself and got yourself healthy and basically left no rock unturned in that scenario and then have developed this Warrior Angels Foundation, the book, the film which I think is just poised to help so many people because these visual media, particularly the film, I think could be so powerful in letting people know that what they are experiencing, lots of people experience it, there's not something unique or broken about them, they're not weak. Like you can be the toughest individual in the world but the toughest people break at some point

and if you are subjected again to that pro-inflammatory environment, consistent insults to the brain, then something is going to break, it's not a matter of if, it's just when and when it does break we need a strategy that actually works.

And the standard of care, again, God bless the people in the mainstream that are trying to help there, but I think over the course of time, like the next five to ten years is really going to be a watershed moment for this so that the process that you went through will become more the standard of care because the numbers of people experiencing TBI and all the knock-on problems are increasing if anything and the cost to deal with that, both in human terms and also in just kind of economic terms, are staggering and so we have to do something different. So thank you so much for doing the work that you've done.

Andrew: Yeah, it's my pleasure, Robb, and thank you. I think what you're allowing people to do is take control of their own life back, take it out of the hands of a doctor or the secure system and say hey, I'm in the driver's seat, but if I'm in the driver's seat that means I got to take responsibility for every outcome in my life. And when you do that, yeah, you are responsible, you're going to have to do some things differently but you can turn the corner and you can reverse it and you can live and attain your highest levels of health and wellbeing. I think you're an example and my life is an example, too, so if we can do it other people can do it, that's the best key takeaway.

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Robb: Absolutely. Remind people where they can find your foundation, where they can find you on the interwebs.

Andrew: Yeah. Everything can be found at our website, waftbi.org. Information on traumatic brain injury, information on how to get care, information on our book, on our film, it's all there. It's a wealth of information, we have an educational library on there that this information just wasn't disseminated three-and-a-half years ago so I'm very proud of what we've been able to do and the information we've been able to bring to the public.

Robb: Awesome! Well, we will have all that information on the show notes so I'll have links to both the film and the book. I will also have a link to your appearance on Joe Rogan Experience which was phenomenal and you're able to do a much longer deep dive on all these details with that and that was just a phenomenal piece. So Andrew, thank you again so much for doing the work that you're doing and thank you for your service and really look forward to meeting you in real life. Maybe I'll buy you a NorCal Margarita and we can spend some time together.

Andrew: No doubt, let's do it, looking forward to it.

Robb: Awesome! Well, again, thank you for coming on the show and look forward to talking to you soon.

Andrew: All right, Robb.

Robb: Bye-bye.

[0:46:25] End of Audio