

[Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations \(GAO Report\)](#)

Assesses the Department of Defense's compliance with internal policies on considering post-traumatic stress disorder and traumatic brain injury during misconduct separations and recommends greater adherence to those policies.

Updated last **December 12, 2017**
for the May 2017 report.

WHAT IT DOES

The Government Accountability Office ([GAO](#)) performs investigations across various government departments, including the Department of Defense (DOD) as in [this report](#) titled "Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations." Therein, the GAO examined whether the DOD was properly adhering to internal policies regarding [misconduct separations](#) for servicemembers with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or some other related condition.

In the report, the GAO found 62% of servicemembers that were discharged for misconduct had PTSD, TBI, or some related condition. Moreover, 23% of servicemembers who were separated for misconduct and had PTSD, TBI, or some related condition were discharged under an "other than honorable" characterization of service, indicating that they were potentially ineligible to receive benefits from the Department of Veterans (VA), such as healthcare. Likewise, 71% of servicemembers who were separated for misconduct with PTSD and/or TBI were discharged under a "general" characterization of service, which means they are eligible for most benefits but not all.

In evaluating official DOD policy, the GAO found these practices to be in noncompliance:

- The Air Force and Navy only screened servicemembers for TBI or PTSD who were non-voluntarily separated for misconduct and excluded servicemembers who were voluntarily separated for misconduct;
- The Air Force only required screening for servicemembers who received a PTSD or TBI diagnosis from a doctor rather than from some other healthcare provider;
- The Air Force and Navy did not provide training on how to detect concussions and mild TBI in the deployed setting; and
- The Marine Corps and Army could not verify with sufficient evidence that their systems routinely:
 - Screened servicemembers for PTSD and TBI before separation for misconduct;
 - Trained servicemembers on how to identify mild TBI symptoms in deployed settings;
 - Counseled servicemembers on their eligibility status for [VA benefits and services](#); and
 - Monitored adherence to the screening, training, and counseling policies.

The GAO concluded that many servicemembers with PTSD or TBI likely have been separated without full consideration of those conditions' effects on behavior, separation category, or eligibility for VA benefits. To address this problem, the GAO recommended the DOD take the following actions:

- Direct the Air Force and Navy to adhere to policies to screen servicemembers for PTSD and TBI prior to separation for misconduct, in instances of either voluntary or non-voluntary separation;
- Direct the Air Force and Navy to adhere to policies to train all servicemembers on how to identify mild TBI symptoms in deployed settings; and
- Ensure that all military services routinely monitor adherence to the policies regarding PTSD and TBI screening prior to separation, identifying mild TBI symptoms in deployed settings, and providing adequate counseling about VA benefits and services.

RELEVANT SCIENCE

[PTSD](#) is an anxiety disorder with a specific set of symptoms that are the result of experiencing or witnessing traumatic and stressful events. The primary symptom of PTSD is to re-experience the traumatic event through flashbacks or recollections. These flashbacks cause unexpected disturbances generating a fear response that is both physical and mental. Flashbacks can be triggered by cues that closely represent the experience the person endured (such as witnessing a car accident), or they can occur unprompted.

[Other symptoms](#) of PTSD include avoidance, numbness, and hyperarousal:

- Avoidance is when the person tries to deflect their memories, avoids talking about their experience, or avoids associations that will likely trigger a flashback, e.g., avoids places with loud noises or refrains from driving a car.
- Numbness is a feeling of detachment and can present itself in forms of depression. This symptom can often lead a person to seek alcohol or drugs as a way to self-medicate or suppress their feelings.
- Hyperarousal is a state of continued heightened awareness. This is manifested through accelerated heartbeats, cold sweating, rapid breathing, heart palpitations, hypervigilance, and disruptive sleep.

[Approximately](#) seven to eight percent of people will experience PTSD sometime in their life. Rates tend to be higher for combat veterans; for example, about twelve percent of Gulf War veterans experience PTSD, as do about 30 percent of Vietnam War veterans.

[TBI](#) is a brain injury that is caused by an external force, usually from explosions, strokes, or exposure to chemicals and toxins. Depending on the severity of the injury, TBI can lead to changes in language, thinking, emotions, and sensation. Mild TBI, (i.e., concussion,) is the most common form of TBI and is caused by moving the head or body back and forth, provoking the brain to bounce around inside the skull.

[Symptoms](#) of TBI include:

- Prolonged headaches;
- Nausea;
- Convulsions or seizures;
- Blurred speech;
- Weakness or numbness in the arms and legs; and
- Dilated pupils

Both PTSD and TBI [impair higher cognitive functions](#) in the brain. These conditions could also cause physical or chemical changes in the brain which can have profound adverse effects on a person's behavior, mood, performance, and activities.

Servicemembers are particularly at risk for developing PTSD and TBI because they are more likely to experience life-threatening events by personally being exposed to war, terrorism, disasters, and violence.

BACKGROUND

According to the GAO, if a servicemember performs a behavior that is classified as misconduct, such as receive a DUI or take absence from the military without leave, military officials can discharge that servicemember from their duties and entitlements. The DOD typically classifies separated servicemembers into three categories based on various circumstances surrounding the separation. These categories represent the servicemembers' eligibility for VA benefits and services:

- Honorable discharge—eligible for all VA benefits and services;
- General discharge—eligible for most VA benefits and services, exclusive of some education assistance; and
- Other than honorable discharge—may not be eligible for any VA benefits or services, including healthcare.

Most servicemembers who are separated for misconduct will receive an “other than honorable” status by default. However, the National Defense Authorization Act for Fiscal Year 2010 ([Public Law 111-84](#)) specifies that some servicemembers diagnosed with TBI or PTSD cannot be separated for misconduct with the “other than honorable” status until they have received an appropriate screening. Such screening would determine whether the TBI or PTSD was a mitigating factor in the separation; the relevant military service may choose to discharge the servicemember with a different status than “other than honorable” as a result of the screening.

ENDORSEMENTS & OPPOSITION

Endorsements:

- Kristopher Goldsmith (Iraq War veteran discharged for misconduct), [statement](#), May 16, 2017: "Many people didn't believe that the problem [of TBI/PTSD affecting misconduct separation decisions] could be this big. Now I hope Congress will direct the resources to making it right."
- Representative Mike Coffman (R-CO-6 and Iraq War veteran), [statement](#), May 16, 2017: "Before, we were speculating. Now we have hard numbers to prove there are vast numbers of combat veterans affected."

Opposition:

- [Department of Defense Health Affairs](#), [statement](#), May 16, 2017: “[The report gives a] false impression that the majority of service members administratively separated for misconduct had psychological health conditions that would explain their misconduct.”

STATUS

The DOD concurred with all but one of the recommendations made by the GAO. Specifically, the DOD did not concur with the recommendation directing the Air Force and Navy to train servicemembers on how to identify mild TBI symptoms. The DOD argued that GAO’s initial recommendation did not specify that mild TBI symptom training was intended for the deployed setting, implying that the GAO was asking the DOD to create entirely new policy. The GAO has acknowledged and revised this language in their final recommendation, but still pointed out the necessity of the recommendation given observed inconsistencies in following the existing policies.

RELATED POLICIES

- Fairness for Veterans Act ([HR 4683, 114th Congress](#); [SciPol brief available](#)): This bill would have amended the standards for review of military discharge or dismissal regarding post-traumatic stress disorder or traumatic brain injuries.
- No Hero Left Untreated Act ([HR 1162 / S 514](#), 115th Congress; [SciPol brief available](#)): This bill would create a pilot program to provide veterans access to magnetic EEG/EKG-guided resonance therapy.
- [H Res 46, 115th Congress](#): This resolution would promote public awareness of sleep apnea, especially for soldiers and veterans, and would promote further investigation into certain methods of care for soldiers who suffer from sleep disorders and PTSD.
- [H Res 258, 115th Congress](#): This resolution would direct the Secretary of Veterans Affairs to prioritize the hiring of mental health professionals.

POLICY HISTORY

The GAO was required to perform this investigation under the Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act for Fiscal Year 2015 ([Public Law 113-291](#)). Section 588 specifically requires the GAO to report “on the impact of mental and physical trauma relating to Post Traumatic Stress Disorder (PTSD), traumatic brain injury, behavioral health matters not related to Post Traumatic Stress Disorder, and other neurological combat traumas ... on the discharge of members of the Armed

Forces from the Armed Forces for misconduct.”

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