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ARMED SERVICES

United States Senate

WASHINGTON, DC 20510

COMMERCE, SCIENCE, AND TRANSPORTATION

JUDICIARY

VETERANS' AFFAIRS

Secretary of Defense

The Honorable James Mattis

U.S. Department of Defense 1000 Defense Pentagon Washington, D.C. 20301 June 22, 2017

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## Dear Secretary Mattis:

I write to express grave concern regarding the findings of the May 2017 Government Accountability Office (GAO) report entitled: "Actions Needed to Ensure Post-Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations" (GAO-17-260). GAO concluded that military service branches have inconsistently implemented Department of Defense (DoD) policy with regard to the consideration of mental health conditions in misconduct separations. I understand that DoD largely concurs with the GAO recommendations and is working to address inconsistencies with DoD policy among services and monitor adherence to such policies, but I request an update on your plan to reconcile the discrepancies outlined in the aforementioned GAO report.

Our servicemembers deserve fair and equitable administrative separation proceedings that consider the symptoms of mental health conditions when evaluating misconduct. This premise, which recognizes the potential psychological impact of military service and the subsequent influence on servicemembers' conduct, led Congress to include a provision in the Fiscal Year 2010 Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act (NDAA) requiring each service to provide a medical examination for servicemembers diagnosed with post-traumatic stress or traumatic brain injury and facing administrative separation under other-than-honorable conditions. This statutory requirement seeks to prevent a discharge categorization that will make servicemembers suffering from mental health conditions unjustly ineligible for Department of Veterans Affairs (VA) benefits after separating from the military.

DoD consequently required all service branches to conduct medical screenings for certain servicemembers prior to separation. But alarmingly, the GAO study determined that disparate implementation has resulted in policy irregularities across branches. The study concludes that the Air Force and the Navy screening and training policies related to post-traumatic stress and traumatic brain injury are inconsistent with DoD policy. Based on the absence of documentation that the appropriate officials received traumatic brain injury symptom training, reviewed the medical screening prior to separation, and provided counseling to servicemembers on their

potential ineligibility for VA benefits, GAO also concluded that the Army and Marine Corps may not have adhered to their own policies related to post-traumatic stress and traumatic brain injury screening, training, and counseling. Further, the study demonstrated that DoD, the Army, and Marine Corps do not routinely monitor adherence to policies to address the impact of post-traumatic stress and traumatic brain injury on servicemembers. These discrepancies and lack of oversight reveal that although the 2010 NDAA provision was enacted seven years ago, DoD still fails to guarantee that servicemembers diagnosed with post-traumatic stress or traumatic brain injury receive the required medical screening or appropriate consideration of mental health conditions during misconduct separation.

This reality has disconcerting ramifications for access to critical VA benefits once these servicemembers transition out of the military. GAO determined that out of the total 91,764 servicemembers separated for misconduct from 2011 through 2015, 62 percent – or 57,141 total servicemembers – were diagnosed with post-traumatic stress, traumatic brain injury, or another mental health condition two years prior to separation. Among the servicemembers with mental health diagnoses, 23 percent – 13,283 total servicemembers – received an other-than-honorable discharge categorization regardless of their diagnosis, rendering them ineligible for VA benefits and health care services. VA health care is particularly critical for veterans diagnosed with mental health conditions and discharging a servicemember with an other-than-honorable categorization denies them the VA benefits that they have earned after serving our country. This discharge cannot be unfairly issued to servicemembers' whose misconduct stems from the signature mental health wounds of our military engagements in Afghanistan and Iraq.

It is incumbent on your Department to safeguard our servicemembers against inconsistent policy implementation and I welcome any suggestions regarding statutory provisions or budgetary requests that you may require to consistently implement this critical DoD policy, particularly with regards to the Air Force and Navy training for officers on how to identify mild traumatic brain injury symptoms. Our servicemembers deserve a comprehensive evaluation during their misconduct separation process and should not be unnecessarily robbed of VA benefits and health care that many desperately require. Thank you in advance for your immediate attention and I look forward to working with you on this urgent matter.

Sincerely,

Richard Blumenthal United States Senate

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