



May 2017

DOD HEALTH

Actions Needed to Ensure Post- Traumatic Stress Disorder and Traumatic Brain Injury Are Considered in Misconduct Separations

GAO Highlights

Highlights of [GAO-17-260](#), a report to congressional committees

Why GAO Did This Study

The Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act for Fiscal Year 2015 contains a provision that GAO examine the effect of PTSD, TBI, and certain other conditions on separations for misconduct. This report examines (1) the number of servicemembers separated for misconduct who were diagnosed with PTSD, TBI, or certain other conditions and were potentially ineligible for VA benefits and services; (2) the extent to which military services’ policies to address the impact of PTSD and TBI on separations for misconduct are consistent with DOD’s policies; (3) the extent to which Army and Marine Corps have adhered to their policies; and (4) the extent to which DOD, Army, and Marine Corps monitor adherence to the policies. GAO analyzed DOD data; reviewed applicable policies; interviewed DOD, Army, Marine Corps, Air Force, and Navy officials; visited two Army and one Marine Corps sites selected on factors such as separation rates; and reviewed a nongeneralizable sample of Army and Marine Corps servicemember misconduct separation documents.

What GAO Recommends

GAO is making five recommendations, including that DOD direct the Air Force and Navy to address inconsistencies in their screening and training policies and ensure that the military services monitor adherence to their screening, training, and counseling policies. DOD agreed with four of GAO’s recommendations, but did not agree to address inconsistencies in training policies. GAO maintains inconsistencies should be addressed, as discussed in the report.

View [GAO-17-260](#). For more information, contact Randall B. Williamson at (202) 512-7114 or williamsonr@gao.gov.

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What GAO Found

GAO’s analysis of Department of Defense (DOD) data show that 62 percent, or 57,141 of the 91,764 servicemembers separated for misconduct from fiscal years 2011 through 2015 had been diagnosed within the 2 years prior to separation with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or certain other conditions that could be associated with misconduct. Specifically, 16 percent had been diagnosed with PTSD or TBI, while the other conditions, such as adjustment and alcohol-related disorders, were more common. Of the 57,141 servicemembers, 23 percent, or 13,283, received an “other than honorable” characterization of service, making them potentially ineligible for health benefits from the Department of Veterans Affairs (VA).

GAO found that the military services’ policies to address the impact of PTSD and TBI on separations for misconduct are not always consistent with DOD policy. For example, contrary to DOD policy, Navy policy does not require a medical examination—or screening—for certain servicemembers being separated in lieu of trial by court-martial to assess whether a PTSD or TBI diagnosis is a mitigating factor in the misconduct charged. This type of separation occurs when a servicemember facing a trial by court-martial requests, and is approved, to be discharged administratively. In addition, GAO found that two of the four military services have TBI training policies that are inconsistent with DOD policy.

GAO also found that the Army and Marine Corps may not have adhered to their own screening, training, and counseling policies related to PTSD and TBI. For example, GAO found that 18 of the 48 nongeneralizable sample separation packets reviewed for Marine Corps servicemembers administratively separated for misconduct lacked documentation showing that the servicemember had been screened for PTSD and TBI. During interviews with Army officers, GAO found that some officers may not have received training to identify mild TBI symptoms, despite Army policy that all servicemembers should be trained. Further, GAO found instances in which both Army and Marine Corps may not have adhered to their counseling policies, which require that servicemembers, specifically prior to requesting separation in lieu of trial by court-martial, be counseled about their potential ineligibility for VA benefits and services. For 11 of the 48 separation packets included in GAO’s analysis of Army servicemembers who requested separation in lieu of trial by court-martial, there was no documented evidence—or the evidence was unclear—as to whether the servicemembers received counseling.

Finally, while Army and Marine Corps have some available data on servicemembers’ screenings, training, and counseling, the military services do not use these data to routinely monitor whether they are adhering to relevant policies. Federal internal control standards call for agencies to establish monitoring activities to ensure internal control systems and evaluate results. Without monitoring adherence to these policies, the military services cannot provide assurance that servicemembers with PTSD and TBI are receiving adequate consideration of their conditions as well as the services DOD has established for them.

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Abbreviations

DHA	Defense Health Agency
DMDC	Defense Manpower Data Center
DOD	Department of Defense
PTSD	post-traumatic stress disorder
TBI	traumatic brain injury
VA	Department of Veterans Affairs

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May 16, 2017

The Honorable John McCain
Chairman
The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate

The Honorable Mac Thornberry
Chairman
The Honorable Adam Smith
Ranking Member
Committee on Armed Services
House of Representatives

Mental health conditions and cognitive impairments such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) are “signature wounds” of the conflicts in Afghanistan and Iraq, according to the Department of Defense (DOD) and published research.¹ PTSD, TBI, and other mental and physical conditions can go unrecognized and unacknowledged by the military, family members, and society in general. Because these conditions can adversely affect servicemembers’ moods, thoughts, and behavior, they may lead to disciplinary infractions and subsequent separations for misconduct from the military. Misconduct separations can result from actions and behaviors such as drug use, insubordination, absence from the military without leave, and criminal behavior. In some cases, servicemembers separated for misconduct are not eligible for benefits and services from the Department of Veterans Affairs (VA).

Congress and others have raised questions about whether servicemembers with PTSD or TBI resulting from their military service may be separated for misconduct without appropriate consideration of these conditions. For example, Congress has passed a law requiring the

¹For examples of published research see, Terri Tanielian and Lisa Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, (Santa Monica, Calif.: RAND Corporation, 2008) and Institute of Medicine, *Treatment for post-traumatic stress disorder in military and veteran populations: Final assessment*, (Washington, D.C.: The National Academies Press, 2014).

military services—Army, Marine Corps, Air Force, and Navy—to assess the impact of a PTSD or TBI diagnosis before separating certain servicemembers for misconduct under regulations prescribed by DOD.² To implement this requirement, DOD has issued policies, and each of the military services has its own policies to address servicemember separations for misconduct that involve PTSD or TBI. Nevertheless, advocacy groups and media reports have described instances of servicemembers with symptoms of PTSD and TBI being discharged for misconduct without adequate treatment or consideration of these symptoms.³ In May 2016, the Army’s Audit Agency weighed in on this topic, finding that the Army did not have sufficient documentation to demonstrate that it had considered whether PTSD or TBI was a mitigating factor in certain servicemembers’ behavior prior to separating them for misconduct.⁴

The Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act for Fiscal Year 2015 contains a provision that we examine the impact of mental and physical trauma, including PTSD, TBI, and other combat traumas, on the separation of servicemembers from the military services for misconduct.⁵ In this report, we examine

1. the number of servicemembers separated for misconduct in fiscal years 2011 through 2015 who were diagnosed with PTSD, TBI, or

²National Defense Authorization Act for Fiscal Year 2010, Pub. L. No. 111-84, § 512, 123 Stat. 2190, 2280-82 (2009) (codified, as amended, at 10 U.S.C. § 1177).

³Rebecca Ruiz, “Is the Army Improperly Discharging Wounded, Ill Soldiers for Misconduct?” *Forbes*, August 2, 2013, accessed August 14, 2015, <http://www.forbes.com/sites/rebeccaruiz/2013/08/02/is-the-army-improperly-discharging-wounded-ill-soldiers-for-misconduct/#1e278f391037>. Dave Philipps, “Pattern of Misconduct: Psychological Screenings Prompt Call for More Reforms,” *The Gazette*, October 7, 2013, accessed on August 14, 2015, <http://cdn.csgazette.biz/soldiers/day4.html>.

⁴Department of the Army, U.S Army Audit Agency, *Soldiers with Mental Health Conditions Separated from Active Duty for Misconduct*, A-2016-0084-MTM (Fort Belvoir, V.A.: May 2016). Department of the Army, U.S Army Audit Agency, *Follow-on Audit of Soldiers with Mental Health Conditions Separated from Active Duty for Misconduct*, A-2016-0085-MTM (Fort Belvoir, V.A.: May 2016).

⁵See Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act for Fiscal Year 2015, Pub. L. No. 113-291, § 588, 128 Stat. 3292, 3394 (2014). For the purposes of this report, we focus on two types of administrative separations for enlisted servicemembers—administrative separations for misconduct and administrative separations in lieu of trial by court martial—which we refer to collectively as “separations for misconduct.” In addition, we refer to mental and physical traumas as conditions.

certain other conditions and were potentially ineligible for VA benefits and services;

2. the extent to which the military services' policies to address the impact of PTSD and TBI on the separation of servicemembers for misconduct are consistent with DOD's policies;
3. the extent to which the Army and Marine Corps have adhered to their policies to address the impact of PTSD and TBI on the separation of servicemembers for misconduct; and
4. the extent to which DOD, the Army, and Marine Corps monitor adherence to policies to address the impact of PTSD and TBI on the separation of servicemembers for misconduct.

To examine the number of servicemembers who were separated for misconduct in fiscal years 2011 through 2015, diagnosed with PTSD, TBI, or certain other conditions, and potentially ineligible for VA benefits and services, we obtained data from three sources.⁶ We obtained separation data from DOD's Defense Manpower Data Center (DMDC), medical data from DOD's Defense Health Agency (DHA), and data on VA eligibility determinations from the Veterans Benefits Administration. We limited our analysis to active duty servicemembers, both officers and enlisted, who were separated for misconduct from the Army, Marine Corps, Air Force, or Navy in fiscal years 2011 through 2015.⁷ We assessed the reliability of the DMDC, DHA, and VA data in several ways, including discussing the reliability of the data with DOD and VA officials, performing electronic tests of the data to identify any outliers or anomalies, reviewing relevant documentation, and comparing the data with data from published sources. We determined that the data were sufficiently reliable for the purposes of our reporting objectives. For additional information about the data analysis, see appendix I.

⁶In this report, "certain other conditions" refers to adjustment disorders, alcohol-related disorders, depressive disorders, substance abuse disorders, anxiety disorders, personality disorders, and bipolar disorders. Like PTSD and TBI, these conditions could be associated with misconduct, according to our review of relevant publications and consultation with clinical experts. While servicemembers can be involuntarily separated for personality disorder and acute adjustment disorder, we included these conditions in our review of separations for misconduct as there have been reports of PTSD or TBI being misdiagnosed as these conditions.

⁷We excluded Reservists and National Guard members from our analysis because reliable separation data were not available for the Army Reserve and National Guard, according to DOD officials.

To examine the extent to which the military services' policies to address the impact of PTSD and TBI on the separation of servicemembers for misconduct are consistent with DOD's policies, we reviewed the military services' policies related to (1) assessing the impact of a PTSD or TBI diagnosis prior to separating certain servicemembers for misconduct, (2) training servicemembers on how to identify mild TBI symptoms in the deployed setting, and (3) counseling servicemembers being separated for misconduct about potential ineligibility for VA benefits and services.⁸ We compared the extent to which the military services' policies, as provided by these military services, are consistent with DOD's related policies in the above three areas.⁹ In addition, we interviewed DOD and military service officials regarding the policies. For this and subsequent objectives, we focused our review on the screening and counseling of enlisted servicemembers because they represented the vast majority (98 percent) of separations for misconduct identified in our first objective. We focused our review of TBI training requirements on the training of officers, consistent with our reporting objectives under the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015.¹⁰

To examine the extent to which the Army and Marine Corps have adhered to their policies designed to address the impact of PTSD and TBI on the separation of servicemembers for misconduct, at the national level we reviewed separation documents contained in final personnel files for a small, nongeneralizable sample of Army and Marine Corps enlisted servicemembers who were separated during fiscal years 2011 through

⁸Our review of counseling policies did not include Transition Assistance Program policies because these counseling sessions occur after anticipated separation dates have been set for misconduct separations.

⁹Some of the DOD policies we reviewed have a statutory basis. Where this was the case, we first determined whether the DOD policies were consistent with applicable law in order to assure that our evaluation was based on a comparison with appropriate DOD policies. We excluded from our analysis any DOD policies that appeared to be inconsistent with statute. We also informed appropriate officials of any apparent inconsistencies to enable them to review the issues and take action, as appropriate.

¹⁰In this report, we refer to commissioned officers and noncommissioned officers collectively as "officers."

2015.¹¹ We also interviewed Army and Marine Corps headquarter officials. In addition, we reviewed relevant documents and interviewed officials regarding screening, training, and counseling during three site visits. Specifically, we visited two Army installations—Fort Bragg (NC) and Fort Sill (OK)—and one Marine Corps installation—Camp Pendleton (CA). We selected the sites based on the number of servicemembers separated for misconduct and geographic variation.¹² We limited our review to the Army and the Marine Corps for this and subsequent objectives because of the resource intensive nature of the site visits. We selected the Army and Marine Corps because, as of 2014, these two military services represented over half (almost 60 percent) of all servicemembers in the United States military forces.

To examine the extent to which DOD, the Army, and the Marine Corps monitor adherence to policies to address the impact of PTSD and TBI on the separation of servicemembers for misconduct, we reviewed relevant documents and interviewed officials from DOD, the Army, and the Marine Corps. We determined whether or to what extent they collect and monitor data related to the military services' adherence to screening, training, and counseling policies. We compared these efforts to relevant standards for internal control in the federal government.¹³

We conducted this performance audit from August 2015 to May 2017 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that

¹¹We obtained separation documentation uploaded to the Official Military Personnel File for servicemembers in our small, nongeneralizable sample. We interviewed Army and Marine Corps separation officials and Army Judge Advocate General's Corps officials to determine which screening and counseling documentation should be in servicemembers' separation packets. We then worked with Army and Marine Corps officials to obtain separation packets through the Army's Interactive Personnel Electronic Records Management System and the Defense Personnel Records Information Retrieval System.

¹²According to a Marine Corps official responsible for managing separation policy and procedures, most of the Marine Corps' separations are processed at two installations—Camp Lejeune (NC) and Camp Pendleton (CA).

¹³GAO, *Standards for Internal Control in the Federal Government* [GAO/AIMD-00-23.3.1](#) (Washington, D.C.: November 1999) and GAO, *Standards for Internal Control in the Federal Government* [GAO-14-704G](#) (Washington, D.C.: September 2014). Internal control is a process effected by an entity's oversight body, management, and other personnel that provides reasonable assurance that the objectives of an entity will be achieved.

the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

When a servicemember is charged with misconduct—such as drug use, insubordination, absence from the military without leave, or criminal behavior—the military can take action to separate the servicemember through either a punitive discharge or an administrative separation. A punitive discharge generally involves a trial by court-martial, where charges are filed and the case is adjudicated in a military court. In contrast, administrative separations involving misconduct charges are handled through a nonjudicial administrative process and can include attempts to correct and rehabilitate behavior and to counsel servicemembers on the impact of being separated for misconduct.

Separations for Misconduct: Types and Processes

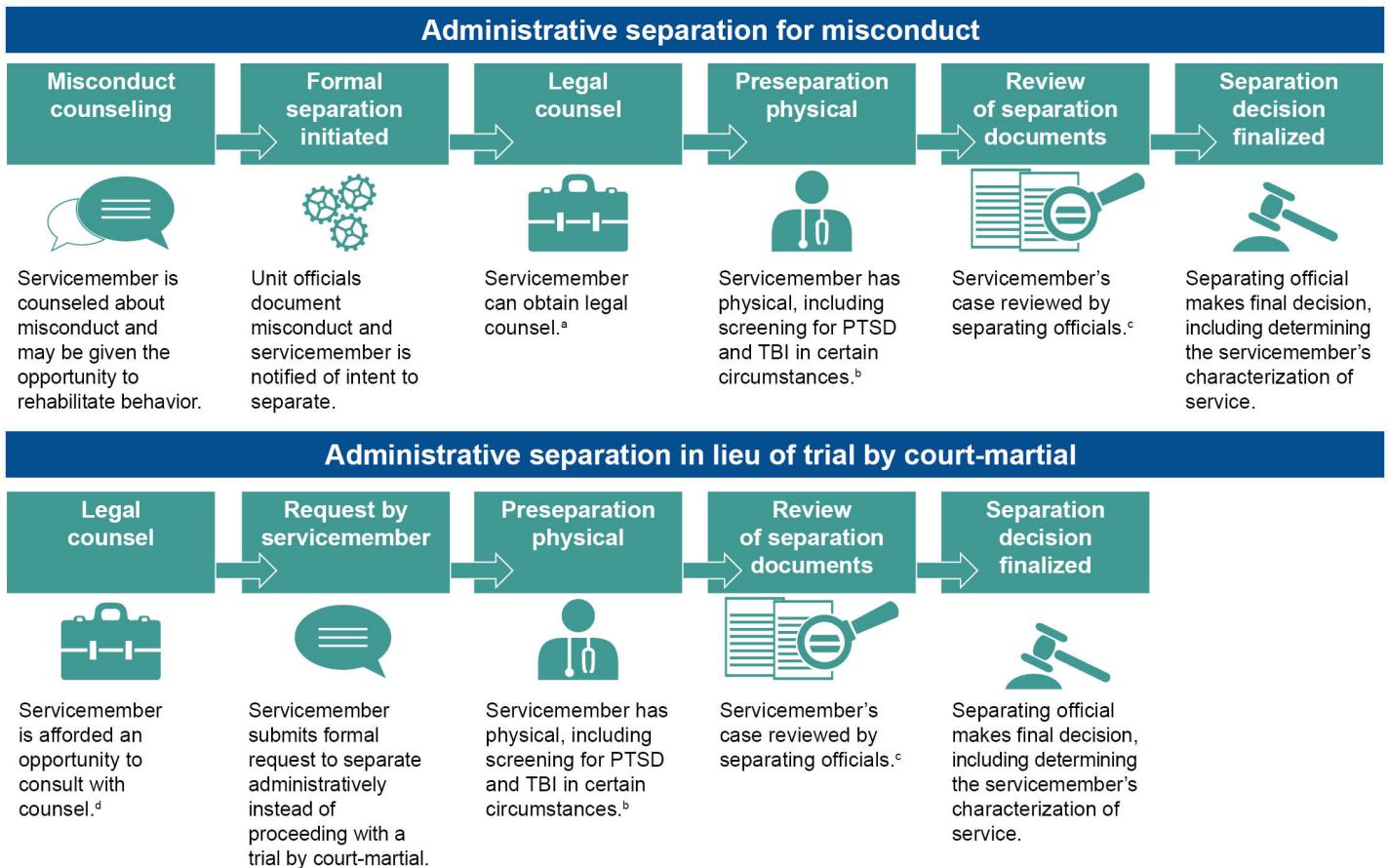
There are two main types of separations for misconduct for enlisted servicemembers: administrative separations for misconduct and administrative separations in lieu of trial by court-martial.¹⁴

- **Administrative separation for misconduct** is an involuntary separation of a servicemember who is unqualified for further military service. Examples of the behaviors that can lead to an administrative separation for misconduct include behaviors ranging from a pattern of minor disciplinary infractions to the commission of a serious military or civilian offense.
- **Administrative separation in lieu of trial by court-martial** is when a servicemember facing trial by court-martial voluntarily requests to be discharged from military service, and, if approved, the separation case is then handled through the administrative process.

The process for separating servicemembers varies slightly between the two separation types. (See fig. 1.)

¹⁴This report describes the separation process for certain enlisted servicemembers. Commissioned officers follow a different separation process. In addition, a servicemember who is within the first 180 days of continuous active duty military service and commits misconduct may be separated under the entry-level performance and conduct process instead of the administrative separation for misconduct basis.

Figure 1: Process for Administrative Separation for Misconduct and Administrative Separation in Lieu of Trial by Court-Martial for Enlisted Servicemembers



Legend: PTSD= post-traumatic stress disorder; TBI= traumatic brain injury.

Source: GAO review of DOD policy. | GAO-17-260

Notes: This figure describes the separation process for certain enlisted servicemembers. Commissioned officers follow a different separation process. In addition, an enlisted servicemember who is within the first 180 days of continuous active duty military service and commits misconduct may be separated through the entry-level performance and conduct process instead of either of the depicted processes.

^aServicemembers have the right to consult with military or civilian counsel. Servicemembers have the right to waive counsel after being afforded a reasonable opportunity to consult with counsel and be advised that failure to respond will constitute a waiver of the right.

^bAll servicemembers receive a physical prior to separation, but additional medical examination requirements apply in certain circumstances. Specifically, DOD policy, pursuant to 10 U.S.C. § 1177, requires that a servicemember diagnosed as experiencing PTSD or TBI, or who reasonably alleges the influence of PTSD or TBI based on deployed service in support of a contingency operation during the previous twenty-four months, must receive a medical examination—or screening—to assess whether PTSD or TBI was a mitigating factor in the behavior that resulted in the misconduct charge. These physicals could occur simultaneously with other process steps. In addition, each of the military

services has a medical evaluation board process where medical examinations are conducted and decisions are made regarding a servicemember's ability to continue to serve in the military.

^cSeparation paperwork for all servicemembers is reviewed by the separating official. Servicemembers with 6 or more years of service or facing an "other than honorable" characterization of service can also request an Administrative Separation Board to review documents, hear their case, and make a recommendation to the separating official.

^dServicemembers facing trial by court-martial have the right to consult with counsel to discuss the adverse nature of the possible characterization of service and its consequences.

Service Characterization for Separating Servicemembers: Potential Impact on VA Benefits and Services

When a servicemember separates from the military, DOD characterizes the nature of that servicemember's military service. Administrative separations generally result in one of three potential characterizations of service, which determine a servicemember's eligibility for VA benefits and services. Specifically,

- servicemembers who receive an "honorable" characterization of service are eligible for all VA benefits and services;
- servicemembers who receive a "general" characterization of service are eligible for most VA benefits and services, with the exception of some VA education assistance; and
- servicemembers who receive an "other than honorable" characterization of service may not be eligible for any VA benefits and services, including health care.¹⁵

According to DOD policy, servicemembers separating under either type of administrative misconduct separation will normally receive a characterization of service of "other than honorable," though other characterizations may be warranted depending on the circumstances.

Legislative and DOD Policy Requirements

Congress has enacted several laws and DOD has established several additional policies governing the military services' handling of misconduct separations in cases involving PTSD and TBI.

¹⁵VA makes the ultimate determination of eligibility—referred to as VA's character of service determination—for VA benefits and services for servicemembers who receive an "other than honorable" characterization of service. However, VA does not initiate this determination unless a servicemember makes a claim to obtain VA benefits and services. In addition, these servicemembers may be eligible for VA benefits and services based on prior periods of service, depending on their characterization upon prior separations and any character of service determinations that VA performed for those periods of service.

Screening servicemembers prior to separation. The National Defense Authorization Act for Fiscal Year 2010, as amended, requires each military service to provide, under policies established by DOD, a medical examination for certain servicemembers diagnosed with PTSD or TBI who are facing administrative separation under conditions other than honorable, including administrative separations in lieu of court-martial.¹⁶ The purpose of the medical examination—or screening—is to assess whether these conditions were a mitigating factor in the behavior that resulted in the misconduct charge.¹⁷ The law prohibits the administrative separation of these servicemembers under conditions other than honorable until the results of the screening have been reviewed by appropriate authorities responsible for the separation case, as determined by the relevant military service.¹⁸

The law's screening requirements only apply to certain servicemembers facing administrative separation under conditions other than honorable. As relevant here, the law requires a screening for those servicemembers who have been deployed overseas in support of a contingency operation during the previous 24 months and have been diagnosed with PTSD or TBI by one of five provider types: (1) a physician, (2) clinical psychologist, (3) psychiatrist, (4) licensed clinical social worker, or (5) psychiatric advanced practice registered nurse.¹⁹

¹⁶Pub. L. No. 111-84, § 512, 123 Stat. 2190, 2280-82 (2009), as amended by the National Defense Authorization Act for Fiscal Year 2013, Pub. L. No. 112-239, § 518, 126 Stat. 1632, 1720 (2013), the National Defense Authorization Act for Fiscal Year 2014, Pub. L. No. 113-66, § 522, 127 Stat. 672, 755 (2013), and the National Defense Authorization Act for Fiscal Year 2017, Pub. L. No. 114-328, § 524, 130 Stat. 2000, 2116 (2016) (codified at 10 U.S.C. § 1177).

¹⁷In this report, a "PTSD or TBI screening" refers to the medical examination to assess whether the effects of PTSD or TBI constitute matters in extenuation of a charge that the service was "other than honorable" under 10 U.S.C. § 1177(b). The law's screening requirements do not apply to courts-martial or other proceedings conducted pursuant to the Uniform Code of Military Justice, only to administrative separations, including administrative separations in lieu of courts-martial. 10 U.S.C. § 1177(c).

¹⁸10 U.S.C. § 1177(a)(2). The law does not restrict the discretion of the separation authority in determining what impact the screening results should have on the service characterization.

¹⁹In the absence of a diagnosis by a qualifying provider, a servicemember may nevertheless be entitled to a screening if the servicemember otherwise reasonably alleges the influence of PTSD or TBI based on the service of the member while deployed. 10 U.S.C. § 1177(a)(1).

The list of providers eligible to diagnose PTSD and TBI is not the same as the list of providers eligible to conduct PTSD screenings or the list of providers eligible to conduct TBI screenings. Specifically, the statute restricts PTSD screenings to one of four provider types—(1) a clinical psychologist, (2) psychiatrist, (3) licensed clinical social worker, or (4) psychiatric advanced practice registered nurse. In comparison, TBI screenings may be performed by (1) a physician, (2) clinical psychologist, (3) psychiatrist, or (4) other health care professional, as appropriate.²⁰ As a result of this statutory scheme, physicians may diagnose PTSD and TBI, and they may also perform TBI screenings. However, they may not perform PTSD screenings.²¹

DOD updated its separation policy first in 2010 and most recently in 2014 in response to changes in the law. Among other things, DOD required each of the military services to issue its own guidance to implement the new requirements within that military service.²²

Training on PTSD and TBI. Although not required by law, DOD has established a policy for the management of mild TBI, also known as concussion, in the deployed setting. The policy directs the military services to develop and support effective training plans for servicemembers on early detection of potential mild TBI in the deployed setting.²³ While DOD does not have—nor is it legally required to have—any identifiable policies that require training of PTSD-specific symptoms, it does have a policy that requires training on combat and operational stress reactions, which may include sleep disturbance, anger and

²⁰10 U.S.C. § 1177(a)(3).

²¹Compare 10 U.S.C. § 1177(a)(1) with 10 U.S.C. § 1177(a)(3).

²²In 2010, DOD released a temporary policy that required military services to develop implementation guidance for the new PTSD and TBI screening requirements. See Department of Defense Directive-Type Memorandum 10-022, *Implementing Required Medical Exam Before Administrative Separation for Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI)* (July 25, 2010). (Hereinafter cited as DTM 10-022 (July 25, 2010)). These requirements were then incorporated into a formal policy, which outlines the administrative separation process for enlisted servicemembers. Department of Defense Instruction 1332.14, *Enlisted Administrative Separations*, Encl. 5, Sec. 9 (Dec. 4, 2014). (Hereinafter cited as DODI 1332.14 (Dec. 4, 2014)).

²³Department of Defense Instruction 6490.11, *DOD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting*, Encl. 2, Para. 6(c) (Sept. 18, 2012). (Hereinafter cited as DODI 6490.11 (Sept. 18, 2012)). For ease of reference, we may refer to this policy as a TBI training policy, although it is specific to symptoms of mild TBI.

difficulty concentrating.²⁴ While combat and operational stress reactions may overlap with PTSD symptoms, the conditions are distinct.

Counseling on potential ineligibility for VA benefits and services.

DOD has several policies related to counseling servicemembers on aspects of DOD's separation policy. Some counseling policies apply to all servicemembers or to those separating under honorable or general conditions. One is specific to separations in lieu of trial by court-martial.

- DOD policy requires the military services to establish procedures for periodically counseling all servicemembers throughout their careers on DOD's separation policy, including the types of separation and how particular actions might affect a servicemember's eligibility for VA benefits and services.²⁵
- DOD policy requires that the military services offer legal counsel to servicemembers requesting separation in lieu of trial by court-martial prior to the servicemember submitting his or her request to be separated. The servicemember may refuse to meet with counsel, but must state in the written request for separation that he or she understands that such request may result in an "other than honorable" characterization of service and the consequences, such as potential loss of benefits, associated with that characterization.²⁶

²⁴DOD's combat and operational stress control policy requires the military services to establish programs that ensure training to officers on how to identify the indicators of combat and stress reactions in themselves and in the servicemembers in their units that may require further consultation with mental health providers. Department of Defense Instruction 6490.05, *Maintenance of Psychological Health in Military Operation*, Encl.2, Para. 2(f) (Oct. 2, 2013).

²⁵DODI 1332.14, Encl. 5, Para. 8 (Dec. 4, 2014).

²⁶DODI 1332.14, Encl. 3, Para. 11 (Dec. 4, 2014).

Many Servicemembers Separated for Misconduct Had PTSD, TBI, or Certain Other Conditions; About a Quarter Were Potentially Ineligible for VA Benefits and Services

Our analysis of DOD data shows that 91,764 servicemembers were separated for misconduct from fiscal years 2011 through 2015; of these servicemembers, 57,141—62 percent—had been diagnosed within the 2 years prior to their separation with PTSD, TBI, or certain other conditions that could be associated with misconduct.²⁷ More specifically, 16 percent, or 14,816 of the 91,764 servicemembers who were separated for misconduct, had been diagnosed with PTSD or TBI. Looking at the conditions individually, 8 percent had been diagnosed with PTSD and 11 percent had been diagnosed with TBI, while other conditions, such as adjustment and alcohol-related disorders were more common.²⁸ (See table 1.) For additional data on prior diagnoses of servicemembers separated for misconduct, see appendix II.

²⁷These separations include both administrative separations for misconduct and administrative separations in lieu of trial by court-martial. Out of the 57,141 servicemembers, most—53,649—were administratively separated for misconduct. The remaining 3,492 servicemembers were administratively separated in lieu of trial by court-martial.

The other conditions included in our study are adjustment disorders, alcohol-related disorders, anxiety disorders, bipolar disorders, depressive disorders, personality disorders, and substance-related disorders.

²⁸The proportion of servicemembers, out of those separated for misconduct, who were diagnosed with PTSD or TBI (16 percent) does not represent the sum of the proportion diagnosed with PTSD (8 percent) and the proportion diagnosed with TBI (11 percent) because some servicemembers had been diagnosed with both conditions.

Table 1: Diagnosis of PTSD, TBI, and Certain Other Conditions in Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015

Condition	Percentage of servicemembers separated for misconduct ^a
Adjustment disorders ^b	35%
Alcohol-related disorders	29
Depressive disorders	22
Substance abuse disorders ^c	20
Anxiety disorders	17
Traumatic brain injuries (TBI)	11
Post-traumatic stress disorders (PTSD)	8
Personality disorders ^d	4
Bipolar disorders ^e	2

Source: GAO analysis of Department of Defense data. | GAO-17-260

Notes: The data include data for active duty officers and enlisted servicemembers who were administratively separated for misconduct or administratively separated in lieu of trial by court-martial identified through our analyses of Defense Manpower Data Center data. In addition, the data include only diagnoses made within the 2 years prior to a servicemember's separation date. Servicemembers may fall into multiple diagnosis categories if they were diagnosed with multiple conditions.

^aThis column contains the percentage of servicemembers who were diagnosed with the applicable condition within the 2 years prior to separation for misconduct. The percentages do not sum to 100 percent as servicemembers could have been diagnosed with multiple conditions.

^bAdjustment disorder is a psychological response to one or more stressors. The diagnosis includes four components—the stressors, symptoms, the lack of an alternative explanation for the symptoms, and the timing of the symptoms. Stressors may occur once, multiple times, or be chronic.

^cSubstance abuse disorder is a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by behavior including recurrent substance abuse resulting in a failure to fulfill major role obligations at work, school, or home, occurring at any time in the same 12-month period.

^dPersonality disorder is a long-standing, inflexible pattern of behavior that deviates markedly from expected behavior, has an onset in adolescence or early adulthood, and leads to distress or impairment.

^eBipolar disorder is an episodic, potentially life-long, disabling disorder characterized by periods of abnormally elevated mood or irritability, which may alternate with periods of depressed mood or a mix of symptoms.

The 57,141 servicemembers who were separated for misconduct and diagnosed within the 2 years prior to separation with PTSD, TBI, or certain other conditions had, on average, 4 years of active military service. Almost all, or 98 percent, were enlisted servicemembers, rather than officers, and two-thirds had not been deployed overseas within the 2 years prior to separation. For additional data on total separations and separations for misconduct, see appendix III.

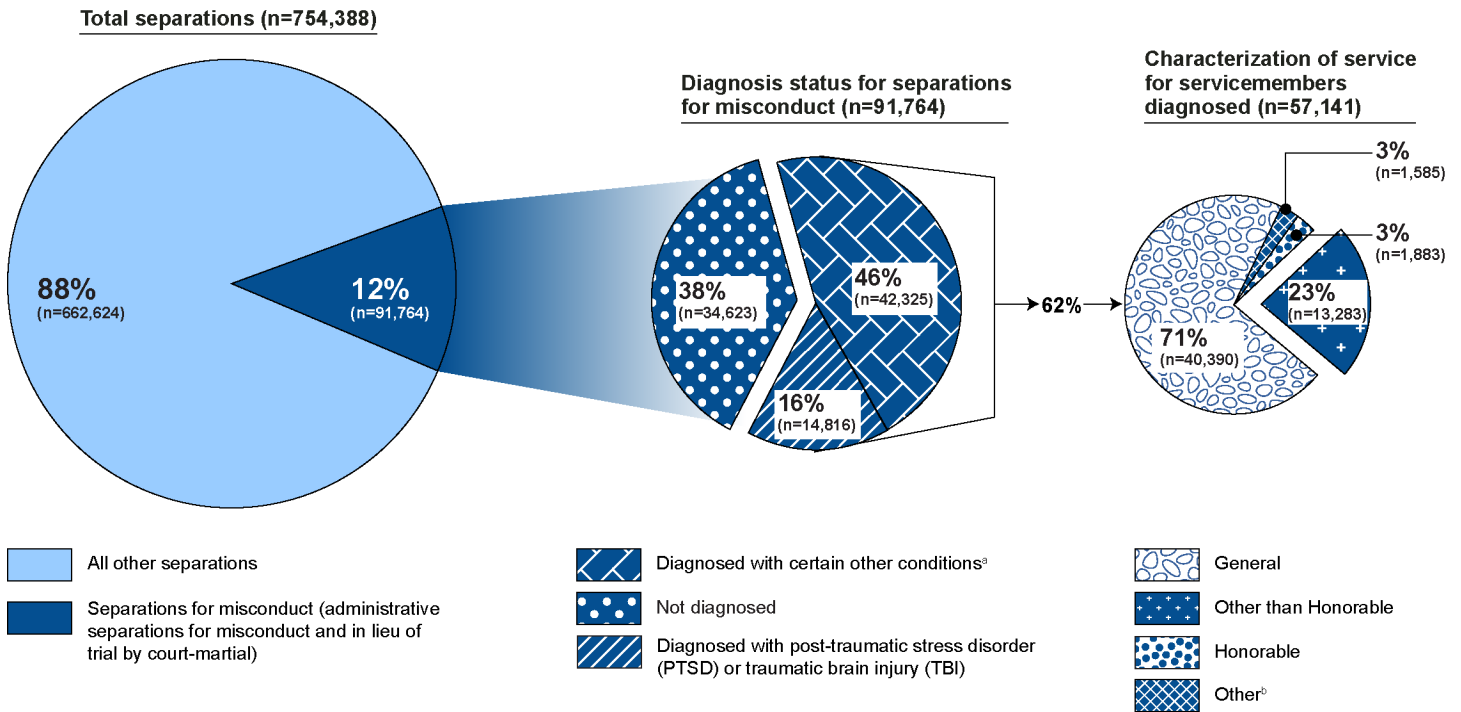
Further, of these servicemembers, 23 percent, or 13,283, received an “other than honorable” characterization of service, making them potentially ineligible for VA benefits and services, including health care.²⁹ The majority—that is, 71 percent—of the servicemembers who were separated for misconduct and diagnosed within the 2 years prior to separation with PTSD, TBI, or certain other conditions received a “general” characterization of service.³⁰ (See fig. 2.) Within the smaller population of servicemembers separated for misconduct and diagnosed with PTSD or TBI, these proportions were the same—that is, 23 percent received an “other than honorable” characterization of service and 71 percent received a “general” characterization of service.³¹

²⁹Twenty percent of servicemembers who were administratively separated for misconduct and previously diagnosed with one of the conditions we reviewed received an “other than honorable” characterization. In contrast, about 80 percent of servicemembers who were administratively separated in lieu of trial by court-martial and previously diagnosed with one of the conditions we reviewed received an “other than honorable” characterization.

³⁰An additional 3 percent were separated with an “honorable” characterization of service, while 3 percent were separated with a characterization that was unknown, not applicable, or uncharacterized.

³¹Four percent were separated with an “honorable” characterization of service, and 2 percent were separated with a characterization that was unknown, not applicable, or uncharacterized.

Figure 2: Diagnosis Status and Characterization of Service for Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015



Source: GAO analysis of Department of Defense data. | GAO-17-260

Notes: The data include data for active duty officers and enlisted servicemembers who were separated to civilian life. Other separations, such as those due to death, joining officer commissioning programs, or separating to the National Guard or Reserve, have been excluded. We defined separations for misconduct as administrative separations for misconduct and administrative separations in lieu of trial by court-martial. We defined diagnoses of PTSD, TBI, or certain other conditions as diagnoses made within 2 years prior to a servicemember's separation date. The other conditions included in our study are adjustment disorders, alcohol-related disorders, anxiety disorders, bipolar disorders, depressive disorders, personality disorders, and substance-related disorders. While in this figure we present data on characterization of service for servicemembers diagnosed with PTSD, TBI, or certain other conditions, these proportions largely held true for the smaller population of servicemembers diagnosed with PTSD or TBI. Specifically, 71 percent of servicemembers diagnosed with PTSD or TBI received "general," 23 percent received "other than honorable," 4 percent received "honorable," and 2 percent received other characterizations of service.

^aThis category does not include servicemembers who were also diagnosed with PTSD or TBI. For the purpose of our analyses, we included these servicemembers only in the "diagnosed with PTSD or TBI" category.

^bOther is defined as non-applicable, uncharacterized, or unknown.

Our analysis of VA data shows that as of June 2016, of the 13,283 servicemembers who were separated for misconduct with an "other than honorable" characterization and diagnosed with one of the conditions we reviewed, 87 percent had not submitted a claim to VA for benefits and

services or completed VA's determination process.³² Twelve percent submitted a claim and were determined eligible for at least some VA benefits and services, including health care, while the remaining 1 percent submitted a claim and were determined ineligible for all VA benefits and services.³³ For additional data on the characterizations of service for servicemembers separated for misconduct and previously diagnosed with PTSD, TBI, or certain other conditions, see appendix IV.

Some Military Services' Screening and Training Policies Related to PTSD and TBI Are Inconsistent with DOD Policy

We found two of the four military services' policies are inconsistent with DOD policies related to screening servicemembers for PTSD and TBI prior to separation and training servicemembers on the early detection of mild TBI symptoms in the deployed setting. In contrast, we found that the counseling policies for all four military services are consistent with DOD policy. (See appendix V for more information on the individual policies that the Army, Marine Corps, Air Force, and Navy identified as implementing applicable DOD policy requirements.)

Screening servicemembers prior to separation. We found that the Marine Corps' screening policies are consistent with DOD's screening policies, the Army's policy is consistent but set to expire March 31, 2018, and the Air Force's and Navy's screening policies are not consistent with DOD policy. (See fig. 3.) For the purposes of this review, we compared the military services' screening policies to DOD's policy governing screenings for certain servicemembers deployed overseas in support of a contingency operation during the previous 24 months. Our assessment was based on the following requirements set forth in DOD's screening policy, which align with applicable statutory requirements:

1. do the military services' screening policies apply to servicemembers diagnosed with PTSD or TBI by a physician, clinical psychologist, psychiatrist, licensed clinical social worker, or psychiatric advanced practice registered nurse;

³²For the purpose of our analyses, we included only claims submitted and VA determinations completed on the day of or after servicemembers were separated for misconduct. Servicemembers may have submitted claims and received determinations of eligibility from VA for prior periods of service.

³³We obtained claims data from VA's Veterans Benefits Administration on the extent to which servicemembers who were administratively separated for misconduct or in lieu of trial by court-martial and previously diagnosed with PTSD, TBI, or certain other conditions were deemed ineligible by VA for benefits and services.

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2. do the military services' screening policies apply to servicemembers facing administrative separation under conditions other than honorable, including those separating in lieu of trial by court-martial; and
 3. do the military services' screening policies identify an appropriate official to review the results of the screening before deciding whether the servicemember's service was "other than honorable?"

We did not assess the military services' consistency with DOD's screening policy regarding the types of providers eligible to perform screenings because at the time of our review, DOD's policy was inconsistent with the law in one respect. In particular, DOD's policy permitted physicians to conduct PTSD screenings, whereas the law only authorizes clinical psychologists, psychiatrists, licensed clinical social workers, and psychiatric advanced practice registered nurses to do so.³⁴ DOD officials stated that they would take steps to correct this issue, which they did on February 27, 2017 by publishing a revised policy that removed physicians from the list of providers who can conduct PTSD screenings.³⁵

³⁴Compare 10 U.S.C. § 1177(a)(3) with DODI 1332.14, Encl. 5, Sec. 9, Para. 2 (Dec. 2014).

³⁵Where a military service's policy on authorized screening providers appeared to be inconsistent with the law, we informed appropriate officials of the issue to enable them to review the matter and take action, as appropriate. See Marine Corps Order 1900.16, *Separation and Retirement Manual*, Para. 6110(3)(a) (Aug. 7, 2015) (Marine Corps policy that allows physicians to conduct PTSD screening); see also Military Personnel Manual 1910-702, *General Guidance for Separation Authorities*, Para. (1)(a)(3) (July 7, 2009) (hereinafter MILPERSMAN 1910-702 (July 7, 2009)) and Secretary of the Navy, Memorandum: Disability Evaluation System Dual Processing (June 1, 2016) (Navy policies that do not specify the providers authorized by statute to conduct PTSD or TBI screenings).

Figure 3: Military Services' Screening Policy Consistency with Key DOD Requirements, as of April 2017

	Policy applies to "other than honorable" cases, including separations in lieu of trial by court-martial	Policy identifies an official who must review the results of the screening prior to separation	Policy applies to servicemembers diagnosed with PTSD or TBI by certain providers ^a
Army	●	● ^b	●
Marine Corps	●	●	●
Air Force	○	● ^c	○
Navy	○	●	○

Legend: DOD= Department of Defense; PTSD= post-traumatic stress disorder; TBI= traumatic brain injury.

- Policy consistent with DOD requirement
- Policy not consistent with DOD requirement

Source: GAO analysis of screening policies identified by DOD and military service officials. | GAO-17-260

^aWe considered a military service's policy consistent with DOD's policy as long as a diagnosis by a (1) physician, (2) clinical psychologist, (3) psychiatrist, (4) licensed clinical social worker, or (5) psychiatric advanced practice registered nurse was sufficient to trigger the screening requirement. Where a policy required a screening based upon a PTSD or TBI diagnosis without identifying the provider, we interpreted the policy as capturing a diagnosis by any provider, including the five types of providers required by DOD.

^bArmy's policy is temporary and will expire in March 2018.

^cAir Force's policy is temporary and set to expire no later than June 2017.

Specifically we found that:

- The Marine Corps' screening policy not only meets, but exceeds, key DOD policy requirements. In particular, the Marine Corps' screening policy requires screenings for servicemembers who have been previously diagnosed with PTSD or TBI or who allege its effects, regardless of the characterization of their service or whether they served overseas in support of a contingency operation.
- In April 2017, the Army reissued its temporary policy requiring separation authorities to ensure screenings for servicemembers diagnosed with PTSD or TBI, consistent with DOD policy. The policy applies to servicemembers deployed overseas in support of a contingency operation during the previous 24 months and who are facing administrative separation under conditions other than honorable, including those separating in lieu of trial by court-martial. While this policy is consistent with DOD's screening policy, it is set to expire on March 31, 2018, and the Army's permanent separation

regulation has not yet been updated to reflect DOD's screening requirements under the statute, as amended.³⁶

- The Air Force's screening policy, which is set to expire no later than June 2017, is inconsistent with DOD's policy in two respects. First, the screening requirement under DOD's policy extends to servicemembers who request separation in lieu of trial by court-martial, whereas the Air Force's policy excludes this group. An Air Force official told us that PTSD and TBI screenings are, in fact, given to this group because separating servicemembers are required to be asked about PTSD and TBI symptoms as part of their physical prior to separation.³⁷ However, a separation physical does not meet the requirements of a PTSD or TBI screening for the purpose of determining whether the condition is a possible mitigating factor in the separation characterization of servicemembers who request separation in lieu of trial by court-martial, as required by DOD policy. Second, DOD policy requires that any qualifying servicemember who is diagnosed with PTSD or TBI by one of five specified provider types, including a licensed clinical social worker or psychiatric advanced practice registered nurse, must receive a screening to determine whether the condition is a potentially mitigating factor in the conduct in question. However, Air Force policy does not require such a screening unless the diagnosis is made by a doctoral-level provider, thereby not recognizing diagnoses made by licensed clinical social workers and psychiatric advanced practice registered nurses. An Air Force official

³⁶The Army Audit Agency's May 2016 review of Army compliance with 10 U.S.C. § 1177 found that "[s]ince the 2014 NDAA amended the provisions of 10 U.S.C. § 1177, Army regulations have not been updated to reflect the applicability of 10 U.S.C. § 1177 to separations in lieu of trial by court-martial." See Army Regulation 635-200, *Active Duty Enlisted Administrative Separations*, Para. 1-32 (Sept. 6, 2011). The Army Audit Agency noted the existence of relevant sub-regulatory guidance, but still recommended that Army-wide regulations be revised to be consistent with the updated legal requirements. While the Army has not yet updated its permanent separation regulation implementing 10 U.S.C. § 1177, it has updated another regulation to clarify that separations in lieu of trial by court-martial are covered by that statute. However, unlike the separation policy set to expire on March 31, 2018, the updated regulation does not identify the separation official who must review the results of the PTSD or TBI screenings, as required by law and DOD policy. Compare Army Regulation 40-501, *Standards of Medical Fitness*, Para. 8-24a(3) (Dec. 22, 2016) with All Army Activities Message 026/2017, *Required Medical Examination Guidance for Soldiers Being Processed for Administrative Separation Under Conditions Other Than Honorable* (April 2017) (hereinafter cited as ALARACT 026/2017).

³⁷The Separation History and Physical Examination includes a review of a servicemember's medical history and a physical exam. It is a pre-separation requirement for servicemembers who have served at least 180 days. The Separation History and Physical Examination facilitates the continuity of care from the DOD to the VA.

told us that the intent of the policy is to ensure that diagnoses made by these providers are reviewed and confirmed by doctoral-level providers. However, imposing such a condition on the diagnoses made by these provider types is inconsistent with DOD policy, which recognizes that their diagnoses are sufficient to trigger the screening requirement.

- Similar to the Air Force, the Navy's screening policy excludes servicemembers who request separation in lieu of trial by court-martial and is likewise inconsistent with DOD's screening policy. This is because the Navy's separation policy only requires screenings prior to involuntary separations, whereas the Navy elsewhere defines a separation in lieu of trial by court-martial as a voluntary separation.³⁸ While the Navy, like the Air Force, requires all servicemembers to undergo a separation physical that includes questions about PTSD and TBI, such a procedure does not meet the requirement of a screening for the purpose of assessing whether the condition is a mitigating factor in the misconduct charged in the separation case.

Our review did not evaluate whether the inconsistencies we identified had an impact on any individual servicemember who may have been entitled to a screening. However, unless the military services rectify these inconsistencies, DOD is at risk that some servicemembers may be deprived of a required screening for PTSD or TBI or may not have the results of a screening taken into account as a possible mitigating factor in their misconduct, as required by DOD policy.

Some of the inconsistencies in military service screening policies appear to have existed since DOD updated its screening policy in 2014 in response to various statutory amendments enacted in 2013. For example, neither the Navy nor Air Force have updated their policies to expressly require PTSD or TBI screenings for servicemembers requesting separation in lieu of trial by court-martial for the purpose of determining whether the condition is a mitigating factor in the servicemember's separation characterization. While each military service has released at least one policy update to correspond with other updates made by DOD in 2014, none of the Navy or Air Force updates pertain to servicemembers requesting separation in lieu of trial by court-martial.

³⁸See Military Personnel Manual 1910-100, *Reasons for Separation*, Para. 1 (Sept. 20, 2011), and MILPERSMAN 1910-702 (July 7, 2009). Navy officials stated they are in the process of updating MILPERSMAN 1910-702 (July 7, 2009) and other relevant policies to address the inconsistencies GAO identified.

Training on PTSD and TBI. We found that two of the four military services' TBI training policies are inconsistent with DOD policy. (See table 2.) DOD policy requires the military services to develop effective training plans for all servicemembers on the early detection of potential concussion or mild TBI in the deployed setting.³⁹ As previously noted, DOD does not have a specific policy that requires training on how to identify the symptoms of PTSD.

Table 2: Military Services' TBI Training Policy Consistency with DOD Requirements, as of April 2017

	Consistent with DOD policy to ensure that all servicemembers receive training on detection of potential concussion or mild TBI in the deployed setting
Army	Yes ^a
Marine Corps	Yes
Air Force	No
Navy	No

Legend: TBI = traumatic brain injury

Source: GAO analysis of TBI training policies identified by officials from DOD and the military services. | GAO-17-260

^aThe Army's policy is scheduled to expire May 31, 2017.

We found that the Army's temporary policy and the Marine Corps' policy are consistent with DOD's policy requiring that all servicemembers be trained on how to identify mild TBI symptoms in the deployed setting, but the Air Force's and the Navy's policies are not.⁴⁰ Specifically we found that:

- the Air Force training policy incorporates DOD's policy by reference and assigns responsibility to an Air Force component to develop training plans. However, as of April 2017, Air Force officials had not identified whether this component had issued such training plans.⁴¹

³⁹See DODI 6490.11(Sept. 18, 2012).

⁴⁰According to Army officials, they plan to update their TBI training policy, which is set to expire on May 31, 2017. Based on our review, such action would be necessary before May 31, 2017 to ensure that the Army policy remains consistent with DOD policy.

⁴¹The Air Force commented that it does train all deploying servicemembers consistent with DOD's policy. However, we were unable to confirm this fact based upon any documented training plans.

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- While the Navy’s TBI policy requires that training be provided to certain health providers assigned to military treatment facilities, the policy does not extend to all servicemembers in the deployed setting, consistent with DOD’s policy.

Because of these inconsistencies, Air Force and Navy increase their risk that some servicemembers, including officers, may not be getting trained on how to identify symptoms of mild TBI in the deployed setting.

Counseling on potential ineligibility for VA benefits and services. All four military services have policies that require all servicemembers to be counseled about their eligibility for VA benefits and services at multiple points in their career, with additional counseling requirements for servicemembers who are requesting separation in lieu of trial by court-martial.⁴² This is consistent with DOD policy. All four military services established periodic counseling policies, including a requirement for servicemembers to be briefed on eligibility for VA benefits and services at least twice in the first year of service. All four military services also established policies requiring that servicemembers who are considering separating in lieu of trial by court-martial be offered legal counsel who, among other things, advises the servicemember on his or her potential ineligibility for VA benefits and services as a result of an “other than honorable” characterization of service.

Army and Marine Corps May Not Have Adhered to Their Own Policies Related to PTSD and TBI Screening, Training, and Counseling

In our review of separation documents and interviews with installation-level Army and Marine Corps officials we found that the Army and Marine Corps may not have adhered to their own screening, training, and counseling policies.

Screening servicemembers prior to separation. Our review of the Army and Marine Corps implementation of screening policies identified instances in which servicemembers may not always have been screened for PTSD and TBI and that screening results may not have been reviewed by the appropriate officials as required by the military services’ policies.

⁴²We evaluated each military services’ policies to determine whether they are consistent with the following DOD requirements: (1) servicemembers are to be informed of the various types of separations and their possible effects on veterans’ benefits at least twice in the first year of service, and (2) servicemembers requesting separation in lieu of trial by court-martial are to be offered counsel prior to submitting his or her request.

In our review of separation packets for Army servicemembers, we found the following:

- In 2010, the Army issued a policy requiring PTSD and TBI screening for servicemembers administratively separated for misconduct who meet certain requirements.⁴³ In our review of 46 separation packets for Army servicemembers separated for administrative misconduct from fiscal years 2011 to 2015, we did not find screening documentation in 16 packets, and in 1 of the packets the documentation was unclear.⁴⁴
- In October 2013, the Army updated its policy to require screenings for servicemembers separating in lieu of trial by court-martial. In our review of 7 separation packets for Army servicemembers separated in lieu of trial by court-martial after the policy update to the end of fiscal year 2015, we did not find screening documentation in 5 of the packets.⁴⁵

⁴³The Army issued OTSG/MEDCOM Policy Memorandum 10-040, *Screening Requirements for Post-Traumatic Stress Disorder (PTSD) and mild Traumatic Brain Injury (mTBI) for Administrative Separations of Soldiers* on June 9, 2010 in response to DOD DTM 10-022 (July 25, 2010). DOD DTM 10-022 (July 25, 2010) required military services to develop implementing guidance for the new PTSD and TBI screening requirements outlined in 10 U.S.C. § 1177.

⁴⁴Using Defense Manpower Data Center separation data and Defense Health Agency diagnosis data, we requested separation packets of a random, nongeneralizable sample of 50 Army servicemembers administratively separated for misconduct and 50 Army servicemembers who requested separation in lieu of trial by court-martial during fiscal years 2011 through 2015. Our final analysis included 46 packets of servicemembers who were administratively separated for misconduct and 48 packets of servicemembers who requested separation in lieu of trial by court-martial. We excluded 6 packets from our analysis; 3 packets belonged to officers, 2 packets belonged to servicemembers who separated under "general" characterization, and 1 packet was a duplicate.

⁴⁵See All Army Activity Message 262-2013. *Required Medical Examination for Soldiers Being Processed for Administrative Separation Under Conditions Other Than Honorable* (October 2013) (hereinafter cited as ALARACT 262-2013). ALARACT 262/2013 required that PTSD and TBI screenings are to be completed for any servicemember, officer or enlisted, pending administrative separation under conditions other than honorable who has deployed overseas in support of a contingency operation during the previous 24 months, and who is diagnosed with PTSD and/or TBI, or who otherwise reasonably alleges the influence of such a condition based on their service while deployed. ALARACT 262/2013 states that the requirements apply to all administrative separations, including separations in lieu of trial by court-martial. Furthermore, ALARACT 262/2013 states that no servicemember who meets the above requirements will be administratively separated until the results of the screening are reviewed by the separation authority.

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- In addition, the Army's October 2013 update required the separation authority to review the screenings prior to making a final separation decision. In our review of 21 separation packets for Army servicemembers who were administratively separated for misconduct or in lieu of trial by court-martial after the policy update to the end of fiscal year 2015, we did not find documentation of review by the separation authority in 4 of the packets, and in 5 of the packets the documentation was unclear. As a result, PTSD or TBI may not have been identified as a possible mitigating factor in the separation.

In our review of separation packets for Marine Corps servicemembers, we found the following:

- Of those Marine Corps servicemembers who were administratively separated for misconduct from fiscal years 2011 to 2015, screening documentation was missing for 18 of the 48 separation packets we reviewed and in 2 packets the documentation was unclear.⁴⁶ As such, it is unclear whether these Marine Corps servicemembers were screened for PTSD and TBI as required under DOD policy.
- In addition, 19 of the 48 separation packets we reviewed did not have documented evidence that the appropriate official reviewed the screening prior to separation, and in 1 packet the documentation was

⁴⁶Similar to our analysis of Army separation packets, we used Defense Manpower Data Center and Defense Health Agency data to request 50 separation packets for Marine Corps servicemembers who were administratively separated for misconduct and 18 separation packets for Marine Corps servicemembers who requested separation in lieu of trial by court-martial during fiscal years 2011 to 2015. Our final analysis included 48 packets of servicemembers who were administratively separated for misconduct and 15 packets of servicemembers who requested separation in lieu of trial by court-martial. We excluded 5 packets from our analysis; in 4 packets, we were unable to determine if the servicemember met DOD pre-separation screening requirements because of incomplete information in the servicemember's packet, and 1 packet belonged to a servicemember who separated prior to fiscal year 2011.

Of the 15 separation packets for servicemembers who requested separation in lieu of trial by court-martial in our analysis, no packet belonged to a servicemember who made his or her request after the Marine Corps updated its screening policy to include this type of separation.

unclear.⁴⁷ As such, we cannot be certain that these Marine Corps servicemembers' screening results were reviewed by the appropriate official prior to the servicemembers being separated.

While the absence of documentation does not prove that screenings and review by appropriate officials did not occur, it does suggest that Army and Marine Corps policies may not have been followed.

In interviews with Army and Marine Corps installation-level defense counsel who represent servicemembers, some additional concerns regarding the PTSD and TBI screenings were mentioned. For example, Marine Corps defense counsel raised concerns that screenings might be occurring after key separation recommendations are being made and that the tools used to determine whether servicemembers have either condition should have a more comprehensive exam for PTSD and TBI. During our review of separation packets we found one instance in which a screening did not occur before a board was convened; however, the board members did discuss PTSD during the proceedings.⁴⁸ In addition, Army and Marine Corps defense counsel raised concerns that providers might be pressured by commanders to clear servicemembers.⁴⁹

⁴⁷Marine Corps policy changed between fiscal years 2011-2015 as to which official should review the screenings prior to separation. Until fiscal year 2014, the policy stated that the separation authority should review the screenings prior to making the final decision. Marine Administrative Message 328/10, *Requirements for Medical Evaluation of Marines Before Involuntary Administrative Separation* (June 10, 2010). After fiscal year 2014, Marine Corps policy requires the general court-martial convening authority to review the screenings and document why the servicemember should be separated and with which service characterization in light of the identified PTSD or TBI contributing factor. Marine Corps Order 1900.16, *Separation and Retirement Manual*, Para. 6110(3)(g) (Nov. 26, 2013). According to Marine Corps policy, the separation authority for most enlisted servicemembers is the officer with general court-martial convening authority. The general court-martial convening authority in most enlisted separations is the commanding general of that unit. In our review of Marine Corps separation packets we looked for documentation that the commanding general of the installation acknowledged the results of the PTSD and TBI screening results when making his or her recommendation for separation.

⁴⁸Due to the design of our packet review, it was only feasible to identify instances in which the timing of the screening in relation to separation recommendations might be an issue. To determine if the screening occurred after key recommendations were made, we compared the date of the screening with the date of the administrative separation board hearing, if the servicemember requested one.

⁴⁹Although these concerns are anecdotal, we included the information in our report because they were raised by defense counsel at more than one installation.

Training on PTSD and TBI. During our Army and Marine Corps installation interviews, we found that some Army officers who should have received training on how to identify symptoms of TBI may not have; further, installation-level officials for both the Army and the Marine Corps could not produce documentation for officers who had received the training. During our site visits to the Army installations, noncommissioned officers, in particular, told us that they did not receive specific training on how to identify symptoms for TBI. In contrast, commissioned officers were more likely to recall that they had received the training, often citing the officer leadership courses as the way they received the information. When we asked officials at both Army and Marine Corps installations for documentation of training, officials said that while they have sign-in sheets for the servicemembers who participate in the training, they do not maintain them or other documentation, such as training logs, at the installations because they are not required to do so.

Officers at one of the Army and the Marine Corps installations we visited said that other efforts—beyond training courses—to build awareness of PTSD and TBI have been helpful.⁵⁰ In particular, they said that a DOD-wide initiative to have a mental health provider “embedded” in the units has been beneficial in helping them to identify these symptoms in the servicemembers under their command. The officers added that discussing a servicemember’s behavior with a mental health provider often resulted in a medical referral instead of initiating the process for separating a servicemember for misconduct.

Counseling on potential ineligibility for VA benefits and services. We found instances in which both the Army and the Marine Corps may not have adhered to their own counseling policies, specifically prior to servicemembers’ request for separation in lieu of trial by court-martial. In 11 of the 48 packets included in our analysis of Army servicemembers who requested separation in lieu of trial by court-martial, we found that there was no documented evidence or the evidence was unclear as to whether the servicemembers were counseled on their potential ineligibility for VA benefits and services.⁵¹ Similarly, with respect to the Marine

⁵⁰As previously stated, DOD does not have, nor is it legally required to have, a policy requiring the military services to provide training on how to identify the symptoms of PTSD.

⁵¹One of the separation packets we received for enlisted Army servicemembers who requested separation in lieu of trial by court-martial was a duplicate, while another belonged to a servicemember separated after the end of fiscal year 2015. Therefore, the final number of separation packets included in the analysis was 48.

Corps, 4 of the 15 packets we reviewed for servicemembers who requested separation in lieu of trial by court-martial were missing documented evidence that the servicemembers were made aware of their potential ineligibility for VA benefits and services. As such, we cannot be certain these servicemembers were counseled on potential ineligibility for VA benefits and services as required.

Army and Marine Corps installation-level defense counsel said that if a servicemember elects to meet with legal counsel prior to requesting separation in lieu of trial by court-martial, counsel reviews how receiving an “other than honorable” characterization can affect the servicemember’s eligibility for VA benefits and services as part of the counseling. Officials from both military services also stated that servicemembers are counseled on how their characterization of service could affect their eligibility for VA benefits and services as part of their initial training. Moreover, installation-level officials said that commanders at multiple levels discuss the impact of certain characterizations on eligibility for VA benefits and services as part of their misconduct counseling with servicemembers.⁵² Marine Corps officials said that early counseling is done through one-on-one conversations, and in many cases only once the formal separation is about to begin do the counseling sessions become documented. However, as previously reported, we cannot be certain that counseling policies for separations in lieu of trial by court-martial were always implemented as required based on the results of our packet review.

DOD, Army, and Marine Corps Do Not Routinely Monitor Adherence to Policies to Address the Impact of PTSD and TBI on Servicemembers

DOD does not routinely monitor the military services’ adherence to policies for screening servicemembers for PTSD and TBI prior to separating them for misconduct, training officers on how to identify symptoms of TBI in the deployed setting, and counseling servicemembers on eligibility for VA benefits and services. According to DOD officials, the expectation is that the military services are responsible for monitoring adherence to these policies. While both Army and Marine Corps have some data available that could make it possible for them to monitor whether their screening, training, and counseling policies are being adhered to as required, the two military services are not routinely using these data to do so because of limited resources in some instances,

⁵²DOD policy requires misconduct counseling and an opportunity to overcome deficiencies for certain servicemembers prior to initiating separation. DODI 1332.14, Encl. 2, Para. 10b (Dec. 4, 2014).

according to an official. Federal internal control standards call for agencies to establish activities to monitor internal control systems and evaluate results. Without monitoring adherence to these policies, the military services cannot provide assurance that certain servicemembers are screened for PTSD and TBI prior to separation; all servicemembers, including officers at all levels, are trained on how to identify symptoms of mild TBI in the deployed setting; and servicemembers are counseled about VA benefits and services during the separation process.

Screening servicemembers prior to separation. Neither the Army nor the Marine Corps routinely monitors whether its screening policies related to PTSD and TBI are adhered to. According to an Army headquarters official, it is the responsibility of commanders and staff judge advocates at each Army installation to review a servicemember's separation material and make sure that the required screening documents are included before final separation decisions are made. Such documents can indicate whether or not servicemembers have been screened for PTSD or TBI. However, the official added that the Army does not have a systematic method for monitoring whether certain servicemembers are being screened. As previously discussed, we found that screening documents were not always included in the Army separation packets that we reviewed.

Recent Army audits have found that the Army did not have sufficient documentation to demonstrate that it was always considering whether PTSD or TBI was a mitigating factor in servicemembers' behavior prior to separating them for misconduct.⁵³ Specifically, the Army Audit Agency conducted two audits that reviewed separation and medical records of servicemembers who had been separated with a characterization of service of "other than honorable" and had been deployed and diagnosed with PTSD or TBI within 24 months of their separation for the period of November 1, 2009 through July 31, 2015. The Army Audit Agency found that not all of the separation packets it reviewed had documentation showing that screening for PTSD and TBI had occurred prior to the servicemember's separation for misconduct.

⁵³Department of the Army, U.S Army Audit Agency, *Soldiers with Mental Health Conditions Separated from Active Duty for Misconduct*, A-2016-0084-MTM (Fort Belvoir, V.A.: May 2016). Department of the Army, U.S Army Audit Agency, *Follow-on Audit of Soldiers with Mental Health Conditions Separated from Active Duty for Misconduct*, A-2016-0085-MTM (Fort Belvoir, V.A.: May 2016).

While the Army does not have a systematic method for monitoring, it does have data available that could be used to routinely monitor whether screening is occurring. Specifically, the Army has access to servicemembers' medical records and could review the medical records of certain servicemembers being separated for misconduct to determine if they had been previously diagnosed with PTSD or TBI and therefore should be screened. According to Army officials, Army Behavioral Health System of Care personnel are building an electronic program that will create an automated record of all screenings. Officials added that this electronic program is expected to be completed in fiscal year 2017.

In the case of the Marine Corps, officials recognize that monitoring is necessary; however, an official told us that the Marine Corps does not have sufficient data to routinely monitor whether screenings are occurring. The officials told us the Marine Corps was exploring options for analyzing separation and medical data to see whether separating servicemembers had been screened for PTSD and TBI. The officials explained that the Marine Corps has a new electronic system that allows commanders at the installation level to input real time information about an administrative separation, which can be viewed by officials at Marine Corps headquarters. The officials stated that this system could be used to help identify separation issues, such as unaccounted for screenings prior to a servicemember being separated. However, one of the officials told us that the Marine Corps installations are only using the electronic system in forty percent of separation cases. Furthermore, the official stated that medical personnel would be required to review medical records of certain servicemembers to determine if they had been diagnosed with PTSD or TBI, but the Marine Corps does not have the resources to hire this personnel.⁵⁴

Training on PTSD and TBI. Although Army and Marine Corps officials told us they collect data about the training provided as part of the TBI programs, they do not use these data to routinely monitor adherence with their training policies. As previously discussed, Army and Marine Corps officials told us they collect attendance for the servicemembers, including officers, who participate in the trainings. However, according to officials, these data are not used to identify officers who may not have received training or to routinely monitor whether the Army and Marine Corps are adhering to DOD's policy that all servicemembers receive training on how

⁵⁴Navy personnel provide medical support to the Marine Corps.

to identify mild TBI symptoms in the deployed setting. Because DOD does not have a policy requiring PTSD training, and the military services have not developed such policies on their own, there is no policy for the DOD and the military services to monitor adherence against.

Counseling servicemembers about VA benefits and services. While Army and Marine Corps collect some data about the counseling provided to servicemembers, the two military services do not routinely use these data to ensure adherence with their counseling policies. For example, Marine Corps headquarters officials told us that they collect attendance records for the Marine Corps' 90-day personnel readiness training, which includes counseling on VA benefits and services, but the data collected are not reviewed to ensure that servicemembers have received the required counseling. For the counseling that is provided to servicemembers being separated in lieu of trial by court-martial, Army and Marine Corps officials told us that documentation of this counseling should be included in each servicemember's separation packet. However, officials from both military services told us that servicemembers' separation packets are not reviewed by officials at the military services' headquarters to ensure that counseling is occurring. Similar to how the PTSD and TBI screening documents are reviewed, officials explained that military staff at the installations should review the separation material to make sure that the counseling documents are included. For example, an Army headquarters official told us that the Army relies on staff judge advocates at the installations to review servicemembers' separation material and make sure that the required counseling documents are included prior to a final separation decision. However, as previously noted, in our review of a sample of Army and Marine Corps separation packets, we found that counseling documents were not always present and therefore could not confirm that the counseling had occurred.

Conclusions

DOD's policies and the policies of the four military services—Army, Marine Corps, Air Force, and Navy—are intended to ensure that PTSD and TBI are appropriately considered before a servicemember is separated for misconduct. However, we found that Air Force and Navy's pre-separation screening and training policies are inconsistent with DOD policy. Furthermore, we found that the Army and Marine Corps may not always be adhering to their own policies and that monitoring of the policies—which could include a review of documentation, data analyses, or other oversight mechanisms—by DOD, Army, and Marine Corps is limited. While we did not review whether the Air Force or Navy adhered to or monitored their policies, we identified inconsistencies between their

policies and DOD's policies. As a result of policy inconsistencies and limited monitoring, DOD has little assurance that certain servicemembers diagnosed with PTSD or TBI receive the required screening and counseling prior to being separated for misconduct and that all servicemembers, including officers, have been trained on how to identify symptoms of mild TBI in the deployed setting. Unless the policy inconsistencies are resolved and routine monitoring is undertaken to ensure adherence, the risk increases that servicemembers may be inappropriately separated for misconduct without adequate consideration of these conditions' effects on behavior, separation characterization, or eligibility for VA benefits and services.

Recommendations for Executive Action

To increase its assurance that PTSD and TBI are appropriately considered prior to separating certain servicemembers from the military for misconduct, the Secretary of Defense should take the following five actions:

Direct the Air Force and Navy to address inconsistencies with DOD policy in their policies related to

- screening certain servicemembers, including servicemembers separating in lieu of trial by court-martial, for PTSD and TBI and reviewing the results prior to separation for misconduct; and
- training servicemembers, including officers, on how to identify mild TBI symptoms in the deployed setting.

Ensure that the military services routinely monitor adherence to policies related to

- screening certain servicemembers for PTSD and TBI prior to separation for misconduct;
- training servicemembers, including officers, on how to identify mild TBI symptoms in the deployed setting; and
- counseling about VA benefits and services during the process of separating certain servicemembers for misconduct.

Agency Comments and Our Evaluation

DOD and VA reviewed a draft of this report. DOD provided general comments, which are reprinted in appendix VI, and technical comments, which we incorporated as appropriate. VA did not provide written comments on this report, but the department indicated that it will continue to raise awareness of PTSD and TBI programs available to veterans, including veterans with a less than honorable discharge.

In its comments, DOD concurred with four of our five recommendations. Specifically, DOD agreed with our recommendation to direct the Air Force and the Navy to address inconsistencies in their policies related to screening certain servicemembers for PTSD and TBI and reviewing the results prior to separation for misconduct. DOD also agreed with our recommendations to ensure that the military services routinely monitor adherence to policies related to screening certain servicemembers for PTSD and TBI prior to separation for misconduct; counseling servicemembers about VA benefits and services during the separation process; and training servicemembers, including officers, on how to identify mild TBI symptoms. On this last monitoring recommendation related to training, based on additional information from DOD we revised the language of the original recommendation to clarify that the military services should monitor the training provided to servicemembers on how to identify mild TBI symptoms *in the deployed setting*.

DOD did not concur with our recommendation that it direct the Air Force and the Navy to address inconsistencies between their policies and DOD's policy related to training servicemembers on how to identify mild TBI symptoms. In its comments, DOD said that because our recommendation did not specify that training to identify mild TBI symptoms was *in the deployed setting*, we were in effect creating new policy. We have revised the language in our recommendation to clarify this point. However, this clarification does not obviate the need for our recommendation because the inconsistencies we identified in the Air Force and Navy policies were material to their mild TBI training requirements in deployed settings. In particular, the Air Force provided no documentation of the training plans it was responsible for developing, while the Navy's mild TBI training requirement only applied to certain health providers.

DOD also raised four concerns about our data analysis. First, DOD raised concern that data from DOD's Defense Manpower Data Center (DMDC) on the total number of separations were lower than Army and Marine Corps data. We obtained our data from DMDC, and over the course of

our audit assessed the reliability of the data provided in several ways, including comparing it with published sources and discussing the data with officials from the military services and DMDC. Differences between DMDC's and the military services' data were reviewed and, where necessary, explanations were identified and noted. The discrepancy in total number of separations noted in DOD's comments stems largely from differences in which servicemembers were included. In their analyses of total separations, the Army and the Marine Corps included servicemembers who separated from active duty and transferred directly to National Guard or Reserve duty, whereas the data provided by DMDC that we used for our analysis excluded these servicemembers. We excluded these servicemembers because our review focuses on servicemembers separating to civilian life. In response to DOD's concern, we clarified this exclusion in the report. Further, these military services confirmed that DMDC's misconduct separations data—the data on which our findings are based—are consistent with their data.

Second, DOD raised concern that the number of servicemembers we report as having been diagnosed with PTSD or TBI—14,816—is inaccurate because of double counting. We disagree. As stated in the report, collectively, about 16 percent, or 14,816, of the 91,764 servicemembers who were separated for misconduct had been diagnosed with PTSD or TBI. As we explain in footnote 28, this proportion is lower than the sum of the proportion diagnosed with PTSD (8 percent) and the proportion diagnosed with TBI (11 percent) because some servicemembers had been diagnosed with both conditions. However, in response to DOD's concern, we made additional clarifications in the report.

Third, DOD expressed concern about some of the conditions included in our group of conditions other than PTSD and TBI that could be associated with misconduct. As described in our methodology, we developed our list of conditions through conversations with DOD and mental health professionals and reviews of relevant publications. We ultimately selected conditions that could potentially be caused or exacerbated by military service, or that could be misdiagnosed as PTSD or TBI. For example, one of the reasons we included depressive disorders was the discussion of major depressive disorder and depressive symptoms in a 2008 RAND study. This study noted that depression could be linked to specific war experiences such as loss, and affects mood, thoughts, and behavior, but often goes unrecognized and unacknowledged. Furthermore, because we understand that there can be conflicting evidence on these issues, in key parts of the report we

separate discussions of PTSD and TBI data from the data on other health conditions. In response to DOD's concern, we also included additional data on PTSD and TBI separately from the data related to other health conditions.

Finally, DOD expressed concern that our use of the word "officials" to describe servicemembers' defense counsel implied that they represented the interests of the military services rather than the servicemembers. In response, we removed the word "officials" in describing defense counsel.

We are sending copies of this report to the appropriate congressional committees, the Secretary of Defense, the Secretary of Veterans Affairs, the Secretaries of the Air Force, Army, and Navy, the Commandant of the Marine Corps, the Assistant Secretary of Defense for Health Affairs, and other interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao>.

If you or your staff have any questions about this report, please contact me at (202) 512-7114 or williamsonr@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix VI.



Randall B. Williamson
Director, Health Care

Appendix I: Additional Information on GAO's Data Analyses

To determine the number of servicemembers—officers and enlisted—separated for misconduct in fiscal years 2011–2015 and diagnosed with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or certain other conditions, we obtained data from the Department of Defense's (DOD) Defense Manpower Data Center (DMDC) and the Defense Health Agency (DHA). DMDC provided us with data on total separations of active duty servicemembers from the Army, Air Force, Marine Corps, and Navy, as well as a list of active duty servicemembers who were administratively separated for misconduct or in lieu of trial by court-martial from the military services during this timeframe.¹ For each servicemember who was administratively separated for misconduct or in lieu of trial by court-martial, DMDC provided the characterization of service upon separation as well as other relevant data.² For the data on total separations and separations for misconduct, we included only servicemembers who were separated to civilian life—that is, we excluded separations due to factors such as death, joining officer commissioning programs, joining military academies, or separating to the National Guard

¹To determine which servicemembers were administratively separated for misconduct or in lieu of trial by court-martial, DMDC used separation codes identified by the military services. Every servicemember who is separated is assigned a separation code that identifies the cause of the separation. However, the military services may differ in the separation codes they use for the various separation types. We therefore requested that each military service provide us with lists of separation codes that could be used for servicemembers who are, respectively, administratively separated for misconduct or administratively separated in lieu of trial by court-martial. We provided these codes to DMDC, and DMDC provided data on each servicemember who was separated under one of the codes.

We excluded two of the separation codes provided by the military services from our analyses. Specifically, according to Air Force officials, one of the separation codes the Air Force uses for administrative separations for misconduct is also used for another separation type. A total of 18 separations from the Air Force were performed under this code from fiscal years 2011 through 2015. We excluded this code—and therefore these 18 servicemembers—from our analyses of Air Force separations since the corresponding separation type could not be identified. In addition, we did not obtain data from DMDC on one of the separation codes the Navy reported using for administrative separations for misconduct. However, DMDC officials reported that this code is rarely used and that only three Navy servicemembers were separated under the code from October 2013 through July 2015.

²As servicemembers who are administratively separated may only receive “honorable,” “general (under honorable conditions),” or “other than honorable” characterizations, we excluded any servicemembers that were administratively separated for misconduct or in lieu of trial by court-martial as per their separation code but had other characterizations. Therefore, we excluded 55 servicemembers who received “bad conduct” or “dishonorable/dismissal” characterizations—which are only available to servicemembers who are punitively separated through court-martial—from our analyses.

or Reserve. If servicemembers had multiple relevant separation dates, we used only the most recent date. We excluded Reservists and National Guard members because, according to DMDC officials, reliable data were not available for the Army Reserve and National Guard. For each servicemember who was identified by DMDC as having been administratively separated for misconduct or in lieu of trial by court-martial, DHA provided us with data on whether the servicemember was diagnosed with PTSD, TBI, or certain other conditions within the 2 years prior to the servicemember's separation date.³ To determine which conditions, in addition to PTSD and TBI, to include in our analysis, we reviewed relevant literature and consulted with clinical experts regarding the prevalence in the military population of conditions that cause behaviors that could contribute to misconduct. The conditions we selected are adjustment disorders, alcohol-related disorders, anxiety disorders, bipolar disorders, depressive disorders, personality disorders, and substance-related disorders.⁴

To determine how many of the servicemembers who were separated for misconduct and previously diagnosed with PTSD, TBI, or certain other conditions were potentially ineligible for Department of Veterans Affairs (VA) benefits and services, we analyzed the data provided by DMDC on servicemembers' characterizations of service upon separation. In addition, we obtained data from VA's Veterans Benefits Administration on the extent to which servicemembers who were administratively separated for misconduct or in lieu of trial by court-martial and previously diagnosed with PTSD, TBI, or certain other conditions were deemed ineligible by VA for benefits and services. Specifically, we provided VA with a list of servicemembers who DMDC and DHA data show were administratively separated for misconduct or in lieu of trial by court-martial in fiscal years 2011-2015 and diagnosed within the prior 2 years with PTSD, TBI, or another condition included in our study. For each of these servicemembers, the Veterans Benefits Administration provided data on

³To identify these diagnoses, DHA used codes from the International Classification of Diseases, 9th Revision (ICD-9), defining a diagnosis as any relevant ICD-9 code in any diagnosis position, regardless of the location or other aspects of the medical encounter. While DHA identified diagnosis codes occurring in medical records up to 2 years prior to a servicemember's separation date, initial diagnoses of these conditions may have occurred prior to this period.

⁴Servicemembers can be involuntarily separated for personality disorder and acute adjustment disorder. However, we included these conditions in our review of separations for misconduct as there have been reports of PTSD or TBI being misdiagnosed as these conditions.

(1) whether the servicemember ever submitted a claim to VA for benefits or services, as well as the date of the most recent claim; (2) whether VA's characterization of service determination process was ever completed for the servicemember, as well as the completion dates; and (3) the outcome of this process each time it was performed—that is, whether the servicemember was deemed eligible or ineligible for VA benefits and services.⁵

We assessed the reliability of the data provided by DMDC, DHA, and VA's Veterans Benefits Administration in several ways, including discussing the reliability of the data with DOD and VA officials, performing electronic tests of the data to identify any outliers or anomalies, reviewing relevant documentation, and comparing the data with data from published sources. We determined that the data were sufficiently reliable for the purposes of our reporting objectives.

⁵Data provided by the Veterans Benefits Administration were as of June 2016.

According to VA officials, VA's character of service determination process has three possible outcomes. Specifically, VA can determine that servicemembers have one of the following: 1) honorable service for VA purposes—that is, they are eligible for all VA benefits and services, excluding certain education and burial benefits available only to servicemembers who receive "honorable" characterizations of service upon separation; 2) a regulatory bar to VA benefits and services—that is, they are eligible for health care benefits and services for conditions incurred in or aggravated during the period of service for which the VA determination was performed, but ineligible for other VA benefits and services; or 3) a statutory bar to VA benefits and services—that is, they are ineligible for all VA benefits and services.

Appendix II: Prior Diagnoses for Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015

Table 3 provides additional information on the extent to which servicemembers who were separated for misconduct from fiscal years 2011 through 2015 were previously diagnosed with post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI), previously diagnosed with certain other conditions, or not previously diagnosed with any of the conditions. Tables 4 and 5 provide additional information on the extent to which servicemembers who were administratively separated for misconduct or administratively separated in lieu of trial by court-martial from fiscal years 2011 through 2015 were previously diagnosed with the individual conditions included in our study.

Table 3: Diagnosis of PTSD or TBI, Certain Other Conditions, or None of the Conditions in Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015

Military service	Diagnosis status	Number of servicemembers separated for misconduct	Percentage of servicemembers separated for misconduct ^a
Army	Previously diagnosed with PTSD or TBI	10303	21%
	Previously diagnosed with certain other conditions ^b	25111	51
	Not previously diagnosed ^c	13987	28
Air Force	Previously diagnosed with PTSD or TBI	1180	10
	Previously diagnosed with certain other conditions ^b	5124	42
	Not previously diagnosed ^c	5781	48
Marine Corps	Previously diagnosed with PTSD or TBI	1991	15
	Previously diagnosed with certain other conditions ^b	5418	42
	Not previously diagnosed ^c	5599	43
Navy	Previously diagnosed with PTSD or TBI	1342	8
	Previously diagnosed with certain other conditions ^b	6672	39
	Not previously diagnosed ^c	9256	54
All military services	Previously diagnosed with PTSD or TBI	14816	16
	Previously diagnosed with certain other conditions ^b	42325	46
	Not previously diagnosed ^c	34623	38

Legend: PTSD = post-traumatic stress disorder, TBI = traumatic brain injury

Source: GAO analysis of Defense Manpower Data Center and Defense Health Agency data. | GAO-17-260

Notes: The data include active duty servicemembers who were separated for misconduct—including administrative separations for misconduct and administrative separations in lieu of trial by court-martial—as per our analyses of Defense Manpower Data Center data. In addition, the data include only diagnoses made within the 2 years prior to a servicemember’s separation date. The other conditions included in our study, aside from PTSD and TBI, are adjustment disorders, alcohol-related disorders, anxiety disorders, bipolar disorders, depressive disorders, personality disorders, and substance-related disorders.

**Appendix II: Prior Diagnoses for
Servicemembers Separated for Misconduct
from Fiscal Years 2011 through 2015**

^aThis column contains the percentage of servicemembers, within the applicable military service, who had the applicable diagnosis status within the 2 years prior to separation for misconduct. The percentages within military services may not sum to 100 percent due to rounding.

^bThis category does not include servicemembers who were also diagnosed with PTSD or TBI. For the purpose of our analyses, we included these servicemembers only in the “diagnosed with PTSD or TBI” category.

^cThis category consists of servicemembers who were not diagnosed with any of the conditions included in our study within the 2 years prior to separation.

Table 4: Diagnosis of Certain Conditions in Servicemembers Administratively Separated for Misconduct from Fiscal Years 2011 through 2015

Military service	Previously diagnosed condition	Number of servicemembers administratively separated for misconduct	Percentage of servicemembers administratively separated for misconduct^a
Army	Adjustment disorders	19652	45%
	Alcohol-related disorders	15265	35
	Anxiety disorders	8806	20
	Bipolar disorders	863	2
	Depressive disorders	11533	26
	Personality disorders	1844	4
	PTSD	4417	10
	Substance-related disorders	12099	27
	TBI	6468	15
Air Force	Adjustment disorders	3467	29%
	Alcohol-related disorders	2302	20
	Anxiety disorders	1711	15
	Bipolar disorders	185	2
	Depressive disorders	2280	19
	Personality disorders	437	4
	PTSD	416	4
	Substance-related disorders	888	8
	TBI	790	7
Marine Corps	Adjustment disorders	3385	27%
	Alcohol-related disorders	3762	30
	Anxiety disorders	1812	14
	Bipolar disorders	202	2
	Depressive disorders	2493	20
	Personality disorders	600	5
	PTSD	1022	8

**Appendix II: Prior Diagnoses for
Servicemembers Separated for Misconduct
from Fiscal Years 2011 through 2015**

Military service	Previously diagnosed condition	Number of servicemembers administratively separated for misconduct	Percentage of servicemembers administratively separated for misconduct^a
	Substance-related disorders	2263	18
	TBI	1226	10
Navy	Adjustment disorders	3515	21%
	Alcohol-related disorders	4247	25
	Anxiety disorders	1751	10
	Bipolar disorders	214	1
	Depressive disorders	2665	16
	Personality disorders	624	4
	PTSD	499	3
	Substance-related disorders	1929	12
	TBI	872	5
All military services	Adjustment disorders	30019	35%
	Alcohol-related disorders	25576	30
	Anxiety disorders	14080	17
	Bipolar disorders	1464	2
	Depressive disorders	18971	22
	Personality disorders	3505	4
	PTSD	6354	7
	Substance-related disorders	17179	20
	TBI	9356	11

Legend: PTSD = post-traumatic stress disorder, TBI = traumatic brain injury

Source: GAO analysis of Defense Manpower Data Center and Defense Health Agency data. | GAO-17-260

Notes: The data include data for active duty servicemembers who were administratively separated for misconduct as identified through our analyses of Defense Manpower Data Center data. In addition, the data include only diagnoses made within the 2 years prior to a servicemember's separation date, and servicemembers may fall into multiple diagnosis categories if they were diagnosed with multiple conditions.

^aThis column contains the percentage of servicemembers within the applicable military service who were diagnosed with the applicable condition within the 2 years prior to administrative separation for misconduct. The percentages do not sum to 100 percent as servicemembers could have been diagnosed with multiple conditions or not diagnosed with any of the conditions we reviewed.

**Appendix II: Prior Diagnoses for
Servicemembers Separated for Misconduct
from Fiscal Years 2011 through 2015**

Table 5: Diagnosis of Certain Conditions in Servicemembers Administratively Separated in Lieu of Trial by Court-Martial from Fiscal Years 2011 through 2015

Military service	Previously diagnosed condition	Number of servicemembers administratively separated in lieu of trial by court-martial	Percentage of servicemembers administratively separated in lieu of trial by court-martial^a
Army	Adjustment disorders	1914	36%
	Alcohol-related disorders	1009	19
	Anxiety disorders	1034	19
	Bipolar disorders	173	3
	Depressive disorders	1306	24
	Personality disorders	252	5
	PTSD	658	12
	Substance-related disorders	845	16
	TBI	631	12
Air Force	Adjustment disorders	110	36%
	Alcohol-related disorders	61	20
	Anxiety disorders	67	22
	Bipolar disorders	6	2
	Depressive disorders	92	30
	Personality disorders	18	6
	PTSD	31	10
	Substance-related disorders	40	13
	TBI	22	7
Marine Corps	Adjustment disorders	103	27%
	Alcohol-related disorders	108	28
	Anxiety disorders	56	14
	Bipolar disorders	12	3
	Depressive disorders	101	26
	Personality disorders	28	7
	PTSD	53	14
	Substance-related disorders	80	21
	TBI	35	9
Navy	Adjustment disorders	148	29%
	Alcohol-related disorders	102	20
	Anxiety disorders	84	17
	Bipolar disorders	15	3
	Depressive disorders	116	23

**Appendix II: Prior Diagnoses for
Servicemembers Separated for Misconduct
from Fiscal Years 2011 through 2015**

Military service	Previously diagnosed condition	Number of servicemembers administratively separated in lieu of trial by court-martial	Percentage of servicemembers administratively separated in lieu of trial by court-martial^a
	Personality disorders	28	6
	PTSD	25	5
	Substance-related disorders	67	13
	TBI	29	6
All military services	Adjustment disorders	2275	35%
	Alcohol-related disorders	1280	20
	Anxiety disorders	1241	19
	Bipolar disorders	206	3
	Depressive disorders	1615	25
	Personality disorders	326	5
	PTSD	767	12
	Substance-related disorders	1032	16
	TBI	717	11

Legend: PTSD = post-traumatic stress disorder, TBI = traumatic brain injury

Source: GAO analysis of Defense Manpower Data Center and Defense Health Agency data. | GAO-17-260

Notes: The data include data for active duty servicemembers who were administratively separated in lieu of trial by court-martial as identified through our analyses of Defense Manpower Data Center data. In addition, the data include only diagnoses made within the 2 years prior to a servicemember's separation date, and servicemembers may fall into multiple diagnosis categories if they were diagnosed with multiple conditions.

^aThis column contains the percentage of servicemembers within the applicable military service who were diagnosed with the applicable condition within the 2 years prior to administrative separation in lieu of trial by court-martial. The percentages do not sum to 100 percent as servicemembers could have been diagnosed with multiple conditions or not diagnosed with any of the conditions we reviewed.

Appendix III: Additional Information on Separations for Active Duty Servicemembers, Fiscal Years 2011 through 2015

Table 6 provides information on total separations of active duty servicemembers from military service from fiscal years 2011 through 2015. Tables 7 and 8 provide information on administrative separations for misconduct and administrative separations in lieu of trial by court-martial for active duty servicemembers during this timeframe.

Table 6: Total Separations, Active Duty Servicemembers, Fiscal Years 2011 through 2015

Military service	Type of service-member	Fiscal year 2011	Fiscal year 2012	Fiscal year 2013	Fiscal year 2014	Fiscal year 2015	Total (Fiscal years 2011 - 2015)
Army	Enlisted	65034	72817	59831	52891	51009	301582
	Officer	5790	5904	6270	5416	6808	30188
	Total	70824	78721	66101	58307	57817	331770
Air Force	Enlisted	27423	26599	27340	34550	25331	141243
	Officer	5271	5208	4467	6385	5459	26790
	Total	32694	31807	31807	40935	30790	168033
Marine Corps	Enlisted	13371	11501	10309	9772	9483	54436
	Officer	806	1068	1007	731	735	4347
	Total	14177	12569	11316	10503	10218	58783
Navy	Enlisted	36541	41897	34576	31778	32596	177388
	Officer	3476	4041	3409	3581	3907	18414
	Total	40017	45938	37985	35359	36503	195802
All military services	Enlisted	142369	152814	132056	128991	118419	674649
	Officer	15343	16221	15153	16113	16909	79739
	Total	157712	169035	147209	145104	135328	754388

Source: GAO analysis of Defense Manpower Data Center data. | GAO-17-260

Notes: The data include data on servicemembers' most recent separations to civilian life, including retirements. Other separations, such as those due to death, joining officer commissioning programs, or separating to the National Guard or Reserve, have been excluded. The "officer" category includes warrant officers. Army and Marine Corps officials reported that according to their data, additional servicemembers were separated during this time frame. The differences in the Defense Manpower Data Center and the military services' data may stem from factors such as variations in the methodology used to define separations to civilian life.

**Appendix III: Additional Information on
Separations for Active Duty Servicemembers,
Fiscal Years 2011 through 2015**

Table 7: Administrative Separations for Misconduct, Active Duty Servicemembers, Fiscal Years 2011 through 2015

Military service	Type of service-member	Fiscal year 2011	Fiscal year 2012	Fiscal year 2013	Fiscal year 2014	Fiscal year 2015	Total (Fiscal years 2011-2015)
Army	Enlisted	8849	10479	9254	8115	6612	43309
	Officer	106	131	195	194	131	757
	Total	8955	10610	9449	8309	6743	44066
Air Force ^a	Enlisted	2634	2519	2278	2246	1965	11642
	Officer	21	16	22	35	44	138
	Total	2655	2535	2300	2281	2009	11780
Marine Corps	Enlisted	2994	2800	2525	2163	1939	12421
	Officer	37	35	47	39	41	199
	Total	3031	2835	2572	2202	1980	12620
Navy ^b	Enlisted	3781	3667	3132	2975	2682	16237
	Officer	117	96	92	109	113	527
	Total	3898	3763	3224	3084	2795	16764
All military services	Enlisted	18258	19465	17189	15499	13198	83609
	Officer	281	278	356	377	329	1621
	Total	18539	19743	17545	15876	13527	85230

Source: GAO analysis of Defense Manpower Data Center data. | GAO-17-260

Notes: The data include data on servicemembers' most recent separations to civilian life, including retirements. Other separations, such as those due to death, joining officer commissioning programs, or separating to the National Guard or Reserve, have been excluded. The "officer" category includes warrant officers.

^aAccording to Air Force officials, one of the separation codes the Air Force uses for administrative separations for misconduct is also used for another separation type. A total of 18 separations from the Air Force were performed under this code from fiscal year 2011 through fiscal year 2015. We excluded this code—and therefore these 18 servicemembers—from our analyses of Air Force separations since the corresponding separation type could not be identified.

^bOne of the separation codes the Navy reported using for administrative separations for misconduct is excluded from our analyses. However, Defense Manpower Data Center officials reported that this code is rarely used and that only three Navy servicemembers were separated under the code from October 2013 through July 2015.

**Appendix III: Additional Information on
Separations for Active Duty Servicemembers,
Fiscal Years 2011 through 2015**

Table 8: Administrative Separations In Lieu Of Trial by Court-Martial, Active Duty Servicemembers, Fiscal Years 2011 through 2015

Military service	Type of service-member	Fiscal year 2011	Fiscal year 2012	Fiscal year 2013	Fiscal year 2014	Fiscal year 2015	Total (Fiscal years 2011-2015)
Army	Enlisted	1314	1160	1037	613	563	4687
	Officer	24	88	178	199	159	648
	Total	1338	1248	1215	812	722	5335
Air Force	Enlisted	54	46	49	65	77	291
	Officer	2	0	3	4	5	14
	Total	56	46	52	69	82	305
Marine Corps ^a	Enlisted	266	109	0	0	0	375
	Officer	2	7	3	1	0	13
	Total	268	116	3	1	0	388
Navy	Enlisted	160	120	69	78	75	502
	Officer	0	3	1	0	0	4
	Total	160	123	70	78	75	506
All military services	Enlisted	1794	1435	1155	756	715	5855
	Officer	28	98	185	204	164	679
	Total	1822	1533	1340	960	879	6534

Source: GAO analysis of Defense Manpower Data Center data. | GAO-17-260

Notes: The data include data on servicemembers' most recent separations to civilian life, including retirements. Other separations, such as those due to death, joining officer commissioning programs, or separating to the National Guard or Reserve, have been excluded. The "officer" category includes warrant officers.

^aWhile the data from the Defense Manpower Data Center indicated that there were no administrative separations in lieu of trial by court-martial for enlisted Marine Corps servicemembers from fiscal years 2013 through 2015, Marine Corps officials reported that enlisted servicemembers were administratively separated in lieu of trial by court-martial in those years, although less frequently than in fiscal year 2011 and fiscal year 2012. The differences between the Defense Manpower Data Center and Marine Corps data may stem from factors such as variations in the methodology used to define separations to civilian life.

Appendix IV: Characterization of Service for Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015 and Previously Diagnosed with PTSD, TBI, or Certain Other Conditions

Tables 9 and 10 provide information on characterization of service for servicemembers who were administratively separated for misconduct or administratively separated in lieu of trial by court-martial from fiscal years 2011 through 2015 and diagnosed within the 2 years prior to separation with post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), or certain other conditions.

Table 9: Characterization of Service for Servicemembers Administratively Separated for Misconduct, Fiscal Years 2011 through 2015, by Diagnosis

Military service	Characterization of service	Previously diagnosed with PTSD or TBI		Previously diagnosed with certain other conditions ^a		Not previously diagnosed with PTSD, TBI, or certain other conditions		Total servicemembers administratively separated for misconduct	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Army	Honorable	415	4%	638	3%	356	3%	1409	3%
	General	8219	89	21096	91	9970	87	39285	89
	Other than honorable	617	7	1401	6	854	7	2872	7
	Other ^b	27	<1	151	<1	322	3	500	1
	Total	9278	100	23286	100	11502	100	44066	100
Air Force	Honorable	21	2%	103	2%	67	1%	191	2%
	General	1066	94	4697	94	5351	95	11114	94
	Other than honorable	46	4	195	4	188	3	429	4
	Other ^b	0	0	9	<1	37	1	46	<1
	Total	1133	100	5004	100	5643	100	11780	100
Marine Corps	Honorable	65	3%	124	2%	91	2%	280	2%
	General	472	25%	901	17	698	13	2071	16
	Other than honorable	1378	72	4234	80	4646	85	10258	81
	Other ^b	3	<1	3	<1	5	<1	11	<1
	Total	1918	100	5262	100	5440	100	12620	100
Navy	Honorable	58	4%	234	4%	274	3%	566	3%
	General	578	45	2983	46	3594	40	7155	43
	Other than honorable	427	33	2179	34	3500	39	6106	36
	Other ^b	231	18	1078	17	1628	18	2937	18
	Total	1294	100	6474	100	8996	100	16764	100
All military services	Honorable	559	4%	1099	3%	788	3%	2446	3%
	General	10335	76	29677	74	19613	62	59625	70

Appendix IV: Characterization of Service for Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015 and Previously Diagnosed with PTSD, TBI, or Certain Other Conditions

Military service	Characterization of service	Previously diagnosed with PTSD or TBI		Previously diagnosed with certain other conditions ^a		Not previously diagnosed with PTSD, TBI, or certain other conditions		Total servicemembers administratively separated for misconduct	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
	Other than honorable	2468	18	8009	20	9188	29	19665	23
	Other ^b	261	2	1241	3	1992	6	3494	4
	Total	13623	100	40026	100	31581	100	85230	100

Legend: PTSD = post-traumatic stress disorder, TBI = traumatic brain injury

Source: GAO analysis of Defense Manpower Data Center and Defense Health Agency data. | GAO-17-260

Notes: The data include data on active duty servicemembers who were administratively separated for misconduct as identified through our analyses of Defense Manpower Data Center data. In addition, the data include only diagnoses made within the 2 years prior to a servicemember's separation date. The conditions included in our analyses, aside from PTSD and TBI, are adjustment disorders, alcohol-related disorders, anxiety disorders, bipolar disorders, depressive disorders, personality disorders, and substance-related disorders.

^aThis category does not include servicemembers who were also diagnosed with PTSD or TBI. For the purpose of our analyses, we included these servicemembers only in the "diagnosed with PTSD or TBI" category.

^bThe "other" category includes servicemembers whose characterization of service was "uncharacterized," "unknown," or "not applicable."

Appendix IV: Characterization of Service for Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015 and Previously Diagnosed with PTSD, TBI, or Certain Other Conditions

Table 10: Characterization of Service for Servicemembers Administratively Separated in Lieu of Trial by Court-Martial, Fiscal Years 2011 through 2015, by Diagnosis

Military service	Characterization of service	Previously diagnosed with PTSD or TBI		Previously diagnosed with certain other conditions ^a		Not previously diagnosed with PTSD, TBI, or certain other conditions		Total servicemembers administratively separated in lieu of trial by court-martial	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Army	Honorable	86	8%	135	7%	159	6%	380	7%
	General	162	16	175	10	184	7	521	10
	Other than honorable	764	75	1483	81	2005	81	4252	80
	Other ^b	13	1	32	2	137	6	182	3
	Total	1025	100	1825	100	2485	100	5335	100
Air Force	Honorable	0	0	0	0%	0	0	0	0
	General	6	13%	6	5	5	4%	17	6%
	Other than honorable	41	87	114	95	133	96	288	94
	Other ^b	0	0	0	0	0	0	0	0
	Total	47	100	120	100	138	100	305	100
Marine Corps	Honorable	4	5%	0	0%	3	2%	7	2%
	General	10	14	9	6	10	6	29	7
	Other than honorable	59	81	147	94	146	92	352	91
	Other ^b	0	0	0	0	0	0	0	0
	Total	73	100	156	100	159	100	388	100
Navy	Honorable	0	0	0	0%	0	0	0	0
	General	4	8%	6	3	8	3%	18	4%
	Other than honorable	36	75	162	82	205	79	403	80
	Other ^b	8	17	30	15	47	18	85	17
	Total	48	100	198	100	260	100	506	100

Appendix IV: Characterization of Service for Servicemembers Separated for Misconduct from Fiscal Years 2011 through 2015 and Previously Diagnosed with PTSD, TBI, or Certain Other Conditions

Military service	Characterization of service	Previously diagnosed with PTSD or TBI		Previously diagnosed with certain other conditions ^a		Not previously diagnosed with PTSD, TBI, or certain other conditions		Total servicemembers administratively separated in lieu of trial by court-martial	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
All military services	Honorable	90	8%	135	6%	162	5%	387	6%
	General	182	15	196	9	207	7	585	9
	Other than honorable	900	75	1906	83	2489	82	5295	81
	Other ^b	21	2	62	3	184	6	267	4
	Total	1193	100	2299	100	3042	100	6534	100

Legend: PTSD = post-traumatic stress disorder, TBI = traumatic brain injury

Source: GAO analysis of Defense Manpower Data Center and Defense Health Agency data. | GAO-17-260

Notes: The data include data on active duty servicemembers who were administratively separated in lieu of trial by court-martial as identified through our analyses of Defense Manpower Data Center data. In addition, the data include only diagnoses made within the 2 years prior to a servicemember's separation date. The conditions included in our analyses, aside from PTSD and TBI, are adjustment disorders, alcohol-related disorders, anxiety disorders, bipolar disorders, depressive disorders, personality disorders, and substance-related disorders. Percentages may not sum to 100 percent due to rounding.

^aThis category does not include servicemembers who were also diagnosed with PTSD or TBI. For the purpose of our analyses, we included these servicemembers only in the "diagnosed with PTSD or TBI" category.

^bThe "other" category includes servicemembers whose characterization of service was "uncharacterized," "unknown," or "not applicable."

Appendix V: Military Services' Policies that Address the Impact of PTSD and TBI on the Separation of Servicemembers for Misconduct

All four military services have policies related to screening servicemembers for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) prior to separation; training servicemembers, including officers, on how to identify mild TBI symptoms in the deployed setting; and counseling servicemembers on eligibility for Department of Veterans Affairs (VA) benefits and services. Table 11 provides a brief description of the screening requirements outlined in the Department of Defense (DOD) and the military service policies. Table 12 illustrates selected DOD and military service policies that include requirements for training on mild TBI in the deployed setting.¹ Finally, Table 13 outlines the policies that require counseling for servicemembers.

Table 11: Military Services' Policies Related to Screening Servicemembers Prior to Separation for Misconduct

DOD or military services	Number	Date	Description
DOD	DODI 1332.14 Encl. 5, Sec. 9	December 4, 2014	DOD policy outlines the administrative separation process for enlisted servicemembers, including screening and review requirements outlined in 10 U.S.C. § 1177.
Army	AR 635-200 Para. 1-32	September 6, 2011	Army's policy on enlisted administrative separations. It requires servicemembers being administratively separated for misconduct to undergo a mental status evaluation.
	AR 40-501 Para. 8-24	December 22, 2016	Army's policy on medical fitness standards for induction, enlistment, appointment, and retention. It requires PTSD and TBI screenings for servicemembers who meet the requirements outlined in 10 U.S.C. § 1177, including servicemembers requesting separation in lieu of trial by court-martial.
	ALARACT 026/2017	April 2017	Army policy, set to expire in March 2018, on PTSD and TBI screenings including identifying the appropriate officials who should review PTSD and TBI screenings, how they should document their review, and requiring PTSD and TBI screenings for servicemembers requesting separation in lieu of trial by court-martial.
Marine Corps	MCO 1900.16 Para. 6110	November 26, 2013 August 7, 2015	Marine Corps updated its separation policy in 2013 to include PTSD and TBI screening and review requirements. The 2015 update states that PTSD and TBI screening and review requirements apply to servicemembers requesting separation in lieu of trial by court-martial.
Air Force	AFI 36-3208 Guidance Memorandum	June 24, 2016	In 2016 the Air Force renewed its policy from June 2015.

¹The policies reviewed were identified by officials from DOD and the military services as providing training on how to identify symptoms of traumatic brain injury as part of the Traumatic Brain Injury programs.

**Appendix V: Military Services' Policies that
Address the Impact of PTSD and TBI on the
Separation of Servicemembers for Misconduct**

DOD or military services	Number	Date	Description
Navy	MILPERSMAN 1900-808	April 13, 2005	Navy policy requires that servicemembers be given a complete physical examination within 6 months of separation.
	MILPERSMAN 1910-702	July 7, 2009	Navy policy requires separation authorities to review a servicemember's record for certain characteristics prior to administrative separation. Specifically the separation authority should check if the servicemember served in an imminent danger pay area in the previous 2 years. Also if the servicemember has been diagnosed with PTSD and TBI, then a determination must be made as to whether either one is a contributing factor for the reason for separation. These requirements apply only to involuntary separations, not voluntary separations such as separation in lieu of trial by court-martial.
	Secretary of the Navy Memo	July 1, 2016	This Navy policy permits Disability Evaluation System processing for certain involuntary administrative separations and requires referral to a specified authority in certain cases that could result in an "other than honorable" service characterization.

Legend: DOD = Department of Defense, PTSD = post-traumatic stress disorder, TBI = traumatic brain injury
Source: GAO analysis of Department of Defense and military policies. | GAO-17-260

Appendix V: Military Services' Policies that Address the Impact of PTSD and TBI on the Separation of Servicemembers for Misconduct

Table 12: Military Services' Policies Related to Training Servicemembers on How to Identify Mild Traumatic Brain Injury in the Deployed Setting

DOD or military services	Number	Dates	Description
DOD	DODI 6490.11 Encl. 2, Para. 6	September 18, 2012	Instruction directs the military services to develop and support effective training plans for line leadership and servicemembers on early detection of potentially concussive events/mild TBI in the deployed setting and to develop policies and procedures consistent with this instruction.
Army	HQDA EXORD 165-13 Para. 3.B.2.B.3	June 2013 (expires May 31, 2017)	Policy requires one-time and annual training for all servicemembers on identifying concussion/mild TBI in the garrison setting.
Marine Corps	MARADMIN 294/12, Para. 5.D	May 2012	Policy requires training all servicemembers on mild TBI in the deployed setting upon entry, predeployment, and annually.
Air Force	AFI 44-102	March 2015	Policy states that Air Force personnel will support DODI 6490.11, requires the Air Force Surgeon General to provide the required policies and training on TBI, and requires all deployed medical personnel to follow the medical guidance outlined in DODI 6490.11.
Navy	NAVMED Memorandum	September 9, 2011	Policy requires certain medical providers and personnel in military treatment facilities to be trained on TBI.

Legend: DOD = Department of Defense, TBI = traumatic brain injury

Source: DOD analysis of TBI training policies identified by officials from DOD and the military services. | GAO-17-260

**Appendix V: Military Services' Policies that
Address the Impact of PTSD and TBI on the
Separation of Servicemembers for Misconduct**

Table 13: Military Services' Policies Related to Counseling on Potential Ineligibility for Benefits and Services from the Department of Veterans Affairs

DOD or military services	Number	Date	Description
DOD	DODI 1332.14 Encl. 3	December 4, 2014	DOD policy outlines the process for servicemembers to request separation in lieu of trial by court-martial. The policy includes a requirement that servicemembers be offered counsel and acknowledge that an "other than honorable" characterization is authorized, which can have negative consequences.
	Encl. 5, Sec. 8		DOD policy requires military services to provide periodic explanation of the different types of separations and provide information on how certain actions can affect a veteran's benefits, amongst other things.
Army	AR 635-200 Para. 10-2	September 6, 2011	Army policy requires that servicemembers requesting separation in lieu of trial by court-martial be offered counsel prior to making their request. If elected, the counseling should include the potential negative effects associated with an "other than honorable" separation. If the servicemember does not elect to receive counsel, he or she must acknowledge the potential negative effects his or her request might have on benefits.
	Chap. 17		Army policy requires that commanders periodically counsel servicemembers throughout their career on the negative consequences associated with an "other than honorable" discharge, including eligibility for VA benefits and services. This counseling should occur multiple times during a servicemember's career including twice within the first year of service.
Marine Corps	MCO 1900.16 Para. 6419	August 7, 2015	Marine Corps policy requires that servicemembers requesting separation in lieu of trial by court-martial be offered counsel prior to making their request. If elected, the counseling should include the potential negative effects associated with an "other than honorable" separation. If the servicemember does not elect to receive counsel, he or she must acknowledge the potential negative effects his or her request might have on benefits.
	Para. 6103		Marine Corps policy requires that commanders periodically counsel servicemembers throughout their career on the negative consequences associated with an "other than honorable" discharge, including eligibility for VA benefits and services.

**Appendix V: Military Services' Policies that
Address the Impact of PTSD and TBI on the
Separation of Servicemembers for Misconduct**

DOD or military services	Number	Date	Description
Air Force	AFI 36-3208 Para. 4.3 Para. 1.23	June 24, 2016	<p>Air Force policy requires that servicemembers requesting separation in lieu of trial by court-martial be offered counsel prior to making their request. If elected, the counseling should include the potential negative effects associated with an "other than honorable" separation. If the servicemember does not elect to receive counsel, he or she must acknowledge the potential negative effects his or her request might have on benefits.</p> <p>Air Force policy requires that commanders periodically counsel servicemembers throughout their career on the negative consequences associated with an "other than honorable" discharge, including eligibility for VA benefits and services.</p>
Navy	MILPERSMAN 1910-106 1910-010	May 31, 2005 September 20, 2011	<p>Navy policy requires that servicemembers requesting separation in lieu of trial by court-martial be offered counsel prior to making their request. If elected, the counseling should include the potential negative effects associated with an "other than honorable" separation. If the servicemember does not elect to receive counsel, he or she must acknowledge the potential negative effects his or her request might have on benefits.</p> <p>Navy policy requires that commanders periodically counsel servicemembers throughout their career on the negative consequences associated with an "other than honorable" discharge, including eligibility for VA benefits and services.</p>

Legend: DOD = Department of Defense

Source: GAO analysis of Department of Defense and military policies. | GAO-17-260

Appendix VI: Comments from the Department of Defense



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

Mr. Randy Williamson
Director, Health Care
U.S. Government Accountability Office
441 G Street, NW,
Washington, DC 20548

MAR 24 2017

Dear Mr. Williamson:

This is the Department of Defense (DoD) response to the Government Accountability Office (GAO) Draft Report, GAO-17-260, "DOD HEALTH: Actions Needed to Ensure Post-traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) Are Considered in Misconduct Separations," dated February 13, 2017 (GAO Code 100260).

Thank you for the opportunity to review and comment on the Draft Report. My comments to the recommendations are enclosed. The DoD concurs with three, partially concurs with one, and nonconcur with one of the GAO's recommendations. In addition, I have significant concerns with the accuracy and clarity of the data analysis and the findings drawn from that analysis, as follows:

1. Data regarding the number of separations in the Army and Marine Corps are inaccurate. The total separation numbers reported by the GAO for all Fiscal Years in aggregate are nearly 200,000 lower than Army and Marine Corps official data. Discrepancies of more than 30,000 separations exist for some years.
2. The number of Service members with PTSD and/or TBI is inaccurate. Individuals with both diagnoses are counted twice in GAO's analysis. Due to the prevalence of comorbidity between these two conditions, the correct number of Service members will be significantly less than the 14,816 currently cited.
3. The GAO's choice of mental health conditions to include in its audit that may be associated with misconduct serious enough to result in separation is based neither on clinical experience nor the published literature. In particular, the inclusion of adjustment disorders, which by definition may persist for no more than six months, and "depressive" disorders are particularly concerning. There is very little clinical or published research evidence to associate these conditions with the kinds of misconduct associated with administrative separations.

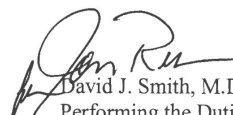
The combined effect of the large error in the separations data reported, the error in counting the number of unique Service members with PTSD and/or TBI, and the inclusion of mental health conditions in the separations cohort that are not credibly associated with misconduct is substantial. In combination, these errors greatly exaggerate the number of Service members separated for misconduct that GAO reports have been diagnosed with mental health conditions GAO proposes are associated with misconduct. As such, the inflated figures create the false

impression that the majority of Service members administratively separated for misconduct had psychological health conditions that would explain their misconduct.

4. GAO includes in its report (page 24) the non-attributed statement, "Both Army and Marine Corps officials raised concerns that providers might be pressured to clear a Service member by commanders." The identification of the individuals as "officials" is misleading. The individuals GAO interviewed were, in fact, Service members' defense counsel, and, in that capacity, represent only the interests of their Soldier or Marine clients, not their respective Services. It should be deleted from the report. If it is not removed in its entirety, it should be followed by one of these phrases: "..., although none of these officials produced any evidence that such pressure had occurred"; or, "..., although GAO found no evidence that such pressure had occurred."

We look forward to discussing how these concerns will be addressed in the body of the report. Additional technical comments and proposed changes to the report's content were submitted directly to GAO.

My point of contact for this issue is CAPT Robert DeMartino who can be reached (703) 681-3611 or at robert.e.demartino.mil@mail.mil.



David J. Smith, M.D.
Performing the Duties of the Assistant Secretary
of Defense for Health Affairs

Enclosures:
As stated

GOVERNMENT ACCOUNTABILITY OFFICE (GAO) DRAFT REPORT DATED
FEBRUARY 13, 2017 GAO -17-260 (GAO CODE 100260)
“DOD HEALTH; ACTIONS NEEDED TO ENSURE POST-TRAUMATIC STRESS
DISORDER AND TRAUMATIC BRAIN INJURY ARE CONSIDERED IN
MISCONDUCT SEPARATIONS”

DEPARTMENT OF DEFENSE (DOD) COMMENTS TO THE GAO
RECOMMENDATIONS

RECOMMENDATION 1: Direct the Air Force and Navy to address inconsistencies with DoD policy in their policies related to screening certain Service members, including Service members separating in lieu of trial by court-martial, for Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI) and reviewing the results prior to separation for misconduct.

DoD RESPONSE: Concur.

The Air Force is currently taking steps to revise AFI 36-3208 to be compliant with DoD policy and public law.

RECOMMENDATION 2: The GAO recommends that the Secretary of Defense direct the Air Force and Navy to address inconsistencies with DoD policy in their policies related to training Service members including officers on how to identify mild TBI symptoms.

DoD RESPONSE: Nonconcur.

If implemented, GAO’s recommendation would, in effect, establish new DoD policy. DoD Instruction 6490.11, *DoD Policy Guidance for Management of Mild Traumatic Brain Injury/Concussion in the Deployed Setting*, applies to the deployed setting as does the requirement to train individual Service members on how to identify mild TBI symptoms. Services, however, are not precluded from expanding upon DoD policy to provide training to all of its members, such as the Army.

The predecessor policy to 6490.11, similarly titled and published in June 2010, was developed by DoD as a response to needs of Service members in theatre. It states its purpose as, “...establishes policy, assigns responsibilities, and provides procedures on the medical management of mild traumatic brain injury, otherwise known as concussion, in the deployed setting for all leaders within the Department of Defense, Service members, and medical personnel engaged in ongoing DoD missions.”

This purpose and implementation requirements of the policy were unanimously agreed to by the 2010 originators of the policy as well as the concurring Military services. As further evidence that the intent of the policy was limited to the deployed setting, the Department of the Army decided to expand its training to Service members in the garrison setting with policy enacted in 2013 (HQDA EXORD 165-13). An online article published by the Army (https://www.army.mil/standto/archive_2015-03-02) confirmed the Army’s interpretation of 6490.11: *In June 2013, the Army published HQDA EXORD 165-13: Department of the Army Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Garrison Setting. The policy directs that any Soldier who is involved in a potentially concussive event, such as being involved in a motor vehicle crash, must undergo a medical evaluation for*

concussion....The garrison policy mirrors the Department of Defense's policy for concussion management in the deployed setting (DOD Instruction 6490.11).

RECOMMENDATION 3: Ensure that the military services routinely monitor adherence to policies related to screening certain Service members for PTSD and TBI prior to separation for misconduct.

DoD RESPONSE: Concur.

The DoD also has a process in place for reviewing the discharges of Soldiers who were separated for misconduct, but who were also diagnosed with PTSD and/or TBI. In accordance with 10 U.S.C. § 1553(d) (1)-(2), applications from former Service members who request a change in the characterization of their discharge due to a diagnosis of PTSD or TBI are reviewed. In these cases, a physician participates as a board member.

Beginning in 2017, the Army is reviewing all administrative separations for Soldiers processed for administrative separation under conditions Other Than Honorable to ensure adherence to the statutory requirements of 10 U.S.C. § 1177. Specifically, a Service member who has been deployed overseas in support of a contingency operation during the previous 24 months, and who is diagnosed or alleges he/she suffers from TBI or PTSD, will be medically evaluated and will not be administratively separated until the results of the medical examination are reviewed. These reviews will continue for the foreseeable future.

RECOMMENDATION 4: Ensure that the military services routinely monitor adherence to training service members including officers on how to identify mild TBI symptoms.

DoD RESPONSE: Partially concur.

The DoD requirement that all Service members be trained to identify mild TBI symptoms is limited to the deployed environment. The Services are adhering to DoD policy by providing training in the deployed setting.

The recommendation could be rectified and made acceptable to DoD by adding the phrase “in the deployed setting” after “members” in the current wording of the recommendation.

RECOMMENDATION 5: Ensure that the military services routinely monitor adherence to policies related to counseling about Veterans Affairs benefits and services during the process of separating certain Service members for misconduct.

DoD RESPONSE: Concur.

Appendix VII: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgments

In addition to the contact name above, Karin Wallestad, Assistant Director, Deitra H. Lee, Analyst-In-Charge, Priyanka Sethi Bansal, Carolyn Fitzgerald, Krister Friday, Q. Akbar Husain, and Jennifer Rudisill made key contributions to this report. Also contributing were Christine Davis, Cynthia Grant, Dae Park, Vikki Porter, Steven Putansu, and James Whitcomb.

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