

# Policy is a Step in the Right Direction for Veterans with TBI, but More Action and Support is Needed

One of the most heartbreaking facets of brain injury is how it often manifests in subtle ways that are “invisible” to everyone but those closest to the head injury survivor. Changes in cognition, impaired judgement, a lack of inhibition or awareness of social norms, none of these hallmark traits of traumatic brain injury, or TBI, manifest physically.

Possibly as a result of brain injury’s invisible symptoms, as many as 9,000 veterans who had post-traumatic stress disorder or traumatic brain injury may have been wrongfully discharged from the military for misconduct, according to a Government Accountability Office report released earlier this year.

The report found that veterans were not consistently screened for TBI or PTSD before being discharged and there was no consistent oversight to ensure proper screening took place, despite institution of screening regulations put in place several years ago. According to the GAO report, in many instances the screenings were not only not conducted but there was no oversight by any of the individual military branches to ensure they were.

Even more unsettling, the report found 13,000 veterans –some of whom were possibly impacted by the lack of TBI screening— received an other-than-honorable discharge military. That form of discharge disqualifies veterans from receiving disability pensions, health care or education benefits. We know brain injury impacts many cognitive functions, ranging from executive function to emotional stability due to hormonal changes that often accompany physical changes in the brain.

We also know due to shame or a fear of stigma, many brain injury survivors attempt to self-medicate with alcohol or drugs when they realize their cognitive impairments. Think of how frightening it must be to



know you can no longer remember a short list of items, or tasks that used to come easily to you no longer do. Now imagine the pressure one would feel if they believe these changes must be hidden at all costs, primarily to keep your job.

It would not be surprising if at least some of the veterans discharged for misconduct were consistently late for duty, or tested positive for drug use or attempted suicide, all reasons for misconduct discharge.

But the underlying cause of that behavior – particularly if it stems from an external factor such as a TBI – matters. There is a difference between being derelict in duty and not having the executive function to respond to an alarm clock. Not planning for the successful completion of a task is not the same as being unable to plan for the successful completion of a task. Knowing your brain no longer works the way it used to does not make one empowered or able to seek help.

In July of 2017, a TBI amendment was added to the National Defense Authorization Act (NDAA) that requires the Secretary of Defense to report to Congress within about six months of implementing the GAO report’s recommendations. These recommendations include training officers to recognize the symptoms of mild TBI, instituting regular screening and monitoring to ensure the screenings take place.

Policies and oversight are the cogs and wheels of any large organization, and the military is no exception. But more is needed. Veterans who may have been wrongfully discharged should have an accessible and reasonable way to appeal their discharge (the already-existing process is cost-prohibitive and rarely successful). Benefits wrongfully taken away should be retroactively instituted. There are valid reasons to be discharged from the military. Having an undiagnosed TBI should not be one of them.

*Carrie Collins-Fadell is a board member for the U.S. Brain Injury Alliance.*