

# [IAVA CEO: “Army, Air Force Should Follow Navy’s Lead on Invisible Wounds”](#)

## **New policy is giant step forward for service members with Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)**

**NEW YORK, NY (June 1, 2016)** – Iraq and Afghanistan Veterans of America (IAVA), the largest nonprofit, nonpartisan organization representing post-9/11 veterans and their families, welcomed the announcement from Secretary of the Navy Ray Mabus outlining a new policy standardizing administrative separations within the Department of the Navy when the service member has Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) or any other medical condition. Such a move has long been recommended by IAVA in its [Policy Agenda](#) and supported through its 425,000 members.

IAVA Founder and CEO Paul Rieckhoff met with Secretary Mabus, following the announcement at New York University Langone Medical Center, to offer his appreciation for this important step forward in recognizing and supporting service members with invisible injuries.

“Secretary Mabus and the Navy displayed outstanding leadership today with their expanded recognition of the invisible wounds of war,” said Rieckhoff. “The Department of the Navy is setting the pace for other service branches. We encourage the Army and Air Force to follow the Navy’s lead by honoring the service of the men and women in uniform whose separation is a result of PTSD/TBI. Our service members stepped up to defend our country and it’s our responsibility to make sure they receive the full veterans benefits owed them.”

Effective immediately, sailors and marines being processed for any type of involuntary administrative separation who have a medical condition will be referred the Disability Evaluation System (DES), while those being processed under a characterization of “other-than-honorable” conditions will be referred to the first General/Flag Officer for final determination. This is in contrast to the previous process wherein if a service member had a ratable medical condition but had committed misconduct, the misconduct would take precedence over the medical condition and the service member would be separated without DES benefits.

The new policy makes two critical changes. First, it standardizes the level by which separation decisions are made. Second, it ensures standardization concerning administrative separations when the service member has a ratable medical condition that may have been a contributing factor in conduct forming one or more of the bases supporting separation. Reviewing and overturning erroneous discharges after separation has proven to be tedious and complicated. IAVA applauds the Navy for proactively addressing the need to

recognize the mental health care needs of service members during the separation process. IAVA also continues to encourage the Services to collaborate to standardize policies across branches and further encourages the Navy to continue to identify additional policy change to support this population. \_

[IAVA's 7th annual member survey](#) found that 49 percent of respondents know an Iraq or Afghanistan veteran who needs care for a mental health injury and is not getting it, 31 percent stating this is because the stigma of seeking help is too great, highlighting potential reasoning behind increased mental health related separations, and supporting the need for the standardization of administrative separations. The survey is one of the largest and most comprehensive non-governmental surveys of post-9/11 veterans providing insight into a number of critical issues, including suicide, health care, burn pit and toxic exposure, VA benefits, and IAVA's current fight to protect [Post-9/11 GI Bill benefits](#).