SECRETARY OF THE ARMY
WASHINGTON
NOV 30 2015

The Honorable Sherrod Brown
United States Senate
Washington, DC 20510

Dear Senator Brown:

Thank you for your November 4, 2015 letter regarding Soldiers separated for misconduct who were also diagnosed with Post-Traumatic Stress Disorder (PTSD) or Traumatic Brain Injury (TBI).

We strive to have a process that is fair, objective and deliberate, and that ensures due process and the maintenance of good order and discipline within the ranks. The decision to separate a Soldier from the Army for any reason is not an easy one, which is why we require a thorough review of the facts in each and every case. Nevertheless, I appreciate the concerns you raised in your letter and take them very seriously.

Accordingly, I directed the Assistant Secretary of the Army (Manpower & Reserve Affairs) to conduct a thorough, multidisciplinary review of the issues you raised. I have directed her to lead a team of senior Army leaders, including The Inspector General of the Army and The Auditor General of the Army, and to provide a final report of their findings and recommendations. We will follow up with you upon conclusion of this review. Additionally, we will continue to work closely with the Government Accountability Office, and we look forward to receiving its findings and recommendations.

The Army already has a process in place for reviewing the discharges of Soldiers who were separated for misconduct, but who were also diagnosed with PTSD or TBI. In accordance with 10 USC § 1553(d) (1)-(2), the Army Discharge Review Board expedites the review of applicants who request a change in the characterization of their discharge due to a diagnosis of PTSD or TBI. In these cases, a physician participates as a board member, as required by the law.

Finally, know that the entire Senior Army Leadership, our commanders in the field, and every Army leader are committed to ensuring Soldiers get the care they need. We are working diligently to provide Soldiers the best medical treatment available while on active duty, and to transition them seamlessly to the Department of Veterans Affairs for treatment as they reenter civilian life. To this end, over the last five years, we have taken

comprehensive actions to review and improve our behavioral health programs and administrative procedures. For example:

1) We established a task force to conduct an extensive review of the Integrated Disability Evaluation System as it affects the diagnosis and evaluation of behavioral health conditions, implementing some 46 recommendations for systemic improvements;

2) We established an immediate appeal process whereby a Soldier in the administrative separation process who does not agree with his or her diagnosis can receive, upon request, a second opinion;

3) We established 58 new behavioral health clinics embedded at the brigade level, resulting in better access to care, reducing stigma, and an engendering an increase in consultations from 900,000 in 2007 to over 2,000,000 in 2014; and

4) We have published extensive policies to guide the diagnosis and treatment of Soldiers with PTSD and established numerous avenues for care, including 11 intensive outpatient programs at those installations with the largest concentrations of deploying combat units.

The Army is committed to the health and well-being of our Soldiers and to providing appropriate due process should misconduct allegations occur. Thank you for bringing these concerns to our attention, and for continuing to support our Soldiers and their Families.

Sincerely,

Eric K. Fanning

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