

Traumatic Brain Injury/Post Traumatic Stress Treatment Resolution 18-19

WHEREAS, by August 2018, almost one million Active and Reserve Component members have served in Iraq and Afghanistan and on battlefields in other parts of the world; and

WHEREAS, the signature injury of the most recent conflicts is brain trauma resulting from blast injuries, blunt trauma, and motor vehicle accidents; and

WHEREAS, mild Traumatic Brain Injury (mTBI) and concussion is the most common combat-related injury; and

WHEREAS, even injured mTBI combat veterans may have long-term mental and physical health complications; and

WHEREAS, Post Traumatic Stress (PTS) can occur after individuals experience a dangerous or terrifying event; and

WHEREAS, overcoming the stigma associated with a mental condition or brain injury and subsequent recovery poses serious challenges to careers, veterans, their families, and their communities; and

WHEREAS, DoD and Veteran Affairs medical protocols for TBI and PTS emphasizes non-pharmacologic (i.e. physical therapy, biofeedback, tinnitus management) and pharmacologic treatment; and

WHEREAS, these affected veterans deserve the best treatment in return for their sacrifice to help assure a recovery to a normal life as quickly as possible;

NOW, THEREFORE BE IT RESOLVED that ROA, chartered by Congress, urge Congress to adequately fund medical treatment that includes screening, diagnostic services, and case management for every veteran suffering from Traumatic Brain Injury, Post Traumatic Stress, or other invisible injuries.

Renewed by the National Convention, 30 Sep 2018

Renewed by the National Convention, 29 Jul 2015 (Resolution No. 15-20)

Adopted by the National Council, 14 Jul 2012 (Resolution No. 12-22)

Source: ROA National Staff (MH), 2012