

# VETERANS AND BAD PAPER: THE FACTS

- VETERANS WHO RECEIVE A LESS THAN HONORABLE DISCHARGE FROM THE MILITARY ARE COMMONLY REFERRED TO AS VETERANS WITH “BAD PAPER.”
- WHILE SOME ARE JUSTIFIED, IN TOO MANY INSTANCES THE FAILURE TO PERFORM OR ‘BAD’ BEHAVIOR IS SYMPTOMATIC OF IN-SERVICE INJURY AND TRAUMA WHICH REQUIRES TREATMENT, NOT DISMISSAL WITH BAD PAPER.

- THE MAJORITY OF SERVICE MEMBERS DO RECEIVE AN HONORABLE DISCHARGE.
- BUT MORE THAN 600,000 RECEIVED A LESSER RATING BETWEEN 2000 AND 2013.<sup>1</sup>
- APPROXIMATELY 260,000 OF THE 8.7 MILLION VIETNAM-ERA VETERANS WERE DISCHARGED WITH BAD PAPER.



Honorable (77%)    Less than Honorable (23%)

**1 in 4** veterans receive **BAD PAPER**

## WHY BAD PAPER?

MINOR DISCIPLINARY INFRACTIONS	A PATTERN OF MISCONDUCT	COMMISSION OF A SERIOUS OFFENSE	CIVILIAN CONVICTION
Example: For being late to formation a couple times, or having an argument with a superior.	A minimum of two incidents occurring within one enlistment is required. May be minor or more serious. Incidents do not have to be of the same nature.	Typically include willful disobedience of an order. Can be as minor as refusing to report to a barbershop or as serious as refusing to transport ammunition to a combat unit. May also include drug use.	Military code of justice dictates consequences for what we may not see as serious behavior outside of the military.

## BAD PAPER AND THE MENTAL HEALTH/TRAUMATIC BRAIN INJURY LINK



- 1 in 5** Iraq + Afghanistan veterans <sup>2</sup> (although lifetime prevalence estimated up to **30%**)
- 1 in 10** Gulf War veterans <sup>3</sup>
- 1 in 3** men and **1 in 4** women Vietnam veterans <sup>4</sup>



- 313,816** deployed in support of Iraq and Afghanistan have been diagnosed with a traumatic brain injury (TBI). <sup>5</sup>
- 1 in 3** veterans with TBI demonstrate significant aggressive behavior during the first six months after their injury. <sup>6</sup>



### SUBSTANCE ABUSE COMORBIDITIES

- Post-traumatic stress disorder <sup>9</sup>
- Military sexual trauma
- Depression
- Combat exposure <sup>10</sup>

**PTSD AND TBI** produce behavioral dysfunction through an exaggerated startle response, inability to control reflexive behavior, irritability, or attraction to high-risk behavior. <sup>7</sup>

**INTERFERENCE** with social and occupational functioning is a primary measure of the severity of PTSD and TBI. <sup>8</sup>

**SOME MEDICINES** used to treat mental health conditions may induce fatigue or lethargy, and also interfere with basic functioning.



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<sup>1</sup> Department of Defense, 2014.

<sup>2</sup> Ralevski et al. "Quality of life with veterans with alcohol dependence and co-occurring mental illness." *Journal of Addictive Behaviors*. Volume 39, Issue 2, February 2014, Pages 386–391.

<sup>3</sup> Kang HK, Bullman TA. Mortality among US veterans of the Persian Gulf War. *JAMA*. 1997;277:215-222.

<sup>4</sup> National Vietnam Veterans Readjustment Study, 1988.

<sup>5</sup> Defense Center of Excellence website: <http://dvbic.dcoe.mil/dod-worldwide-numbers-tbi>. Accessed April 2015.

<sup>6</sup> <http://neuro.psychiatryonline.org/doi/10.1176/jnp.15.2.155>

<sup>7</sup> Swick, 2012; James et al, 2014.

<sup>8</sup> "General Ratings Formula for Mental Disorders" 38 CFR 4.150 (2009).

<sup>9</sup> Petrakis, Ismene, et al. "Substance Use Co-Morbidity Among Veterans with Posttraumatic Stress Disorder and other Psychiatric Illness." *American Journal of Addictions*. March 17, 2011.

<sup>10</sup> Arias, A. J., Jane, J. S., Fuehrlein, B., Petrakis, I. L., O'Brien, E. & Ralevski, E. Characteristics and Drinking Patterns of Veterans with Alcohol Dependence with and without Post-Traumatic Stress Disorder. *Addictive Behaviors*, 39(2), 374-378. 10.1016/j.addbeh.2013.08.026. 2014.

<sup>11</sup> Highfill-McRoy RM, Larson GE, Booth-Kewley S, Garland CF. Psychiatric diagnoses and punishment for misconduct: the effects of PTSD in combat-deployed Marines. *BMC Psychiatry*. 2010 Oct 25;10:88. doi: 10.1186/1471-244X-10-88. PubMed PMID: 20974004; PubMed Central PMCID: PMC3020681.

<sup>12</sup> Adams et al, 2015.

<sup>13</sup> See No. 11.

<sup>14</sup> Mumola, 2004.

<sup>15</sup> Reger MA, Smolenski DJ, Skopp NA, et al. Risk of Suicide Among US Military Service Members Following Operation Enduring Freedom or Operation Iraqi Freedom Deployment and Separation From the US Military. *JAMA Psychiatry*. April 2015. doi:10.1001/jamapsychiatry.2014.3195.

<sup>16</sup> "Suicide Rates in VHA Patients through 2011 with Comparisons with Other Americans and other Veterans through 2010", Veteran's Health Administration, January 2014.

# COMBAT AND BAD PAPER

MARINES WITH PTSD IN COMBAT:

**11x**  
more likely

to receive misconduct discharges than those without PTSD.

**8x**

more likely

to have substance abuse discharges.<sup>11</sup>

**WOMEN WITH COMBAT EXPOSURE** have ↑ odds of behavioral problems related to PTSD, depression, substance abuse.<sup>12</sup>

As combat exposure ↑ the odds of each ↑ most striking for PTSD.



## HOW DOES THIS HAPPEN?

- 1. BEHAVIORAL ISSUES FROM IN - SERVICE TRAUMA** may result in infractions of unit discipline.
- 2. THE SERVICE MEMBER** may have early onset symptoms/may not yet be diagnosed.
- 3. THE MILITARY OFTEN DOES NOT TREAT** these disciplinary infractions as symptoms of mental health injuries.
- 4. COMMAND MAY NOT BELIEVE** that the conduct is due to in-service trauma.

**EVEN IF THE MILITARY HAS ACKNOWLEDGED A DISABILITY** and is processing a medical discharge, the military may suspend the medical separation process and give an immediate misconduct discharge if any misconduct occurs.

**BECAUSE THE MILITARY REGARDS DRUG USE** as behavior for which the service member is culpable, it generally processes these cases as misconduct discharges.<sup>13</sup>

## THE FALLOUT OF BAD PAPER



1. Service members with bad paper **might** be eligible for VA benefits. The VA decides.
2. The veteran has to request that the VA make a decision on this. Until the VA makes its decision, the veteran is ineligible.



**BAD PAPER VETERANS ARE OVERREPRESENTED** in state and federal prisons.

In 2004, 40% of incarcerated veterans had less than honorable discharges.<sup>14</sup>

### BAD PAPER AND ACCESS TO VA CARE + BENEFITS:

<b>MEDICAL CARE</b>	<ul style="list-style-type: none"> <li>■ Treatment related to MST.</li> <li>■ Treatment for service-connected disabilities (after it is service-connected).</li> </ul>
<b>COUNSELING</b>	<ul style="list-style-type: none"> <li>■ Counseling at Vet Centers for combat veterans and survivors of MST.</li> </ul>
<b>HOUSING</b>	<ul style="list-style-type: none"> <li>■ GPD – Unless dishonorable discharge.</li> <li>■ Must have minimum time in service.</li> <li>■ SSVF – Unless dishonorable discharge.</li> </ul>
<b>G.I. BILL</b>	<ul style="list-style-type: none"> <li>■ No educational assistance unless fully honorable discharge.</li> </ul>



**VETERANS WITH BAD PAPER COMMIT SUICIDE** at twice the rate of those with honorable or general discharges.<sup>15</sup>

**THE RATE OF SUICIDE** for veterans outside of VA care is increasing.<sup>16</sup>

In 2010, veterans outside of VA care were committing suicide 30% more frequently than those enrolled in VA care.<sup>16</sup>