

**Traumatic Brain Injury/Post Traumatic Stress/Blast Overpressure Treatment
(14: Veteran Health Care, VHA)
Resolution No. 24-20**

WHEREAS, since 9/11, more than one million Reserve Component members have been mobilized in support of Overseas Contingency Operations;

WHEREAS, because of the widespread use of improvised explosive devices against U.S. military personnel deployed to the conflicts in Iraq and Afghanistan, the “signature injury” for post-9/11 veterans is brain trauma; 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, the risks associated with blast overpressure on warfighter and veteran brain health prompted the Department of Defense to take mitigation measures in Aug., 2024; 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 brain trauma 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 the Reserve Officers Association, d.b.a. Reserve Organization of America, urges 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, 6 Oct 2024

Renewed by the National Convention, 24 Oct 2021 (Resolution No. 18-19)

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