



UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

AUG 8 2007

The Honorable Barack Obama
United States Senate
Washington, D.C. 20510

Dear Senator Obama,

This responds to your June 21, 2007, letter to Secretary Gates in regard to the separation of those who have personality disorders. Since Department policy on this issue falls within my purview, I have been asked to respond.

I am sensitive to the concerns you raised, and I can assure you that there is no evidence that Service members are routinely misdiagnosed by military mental health providers. A personality disorder is a condition that is a deeply ingrained maladaptive pattern of behavior of long duration that interferes with the Service member's ability to perform duty. Combat exhaustion, Post Traumatic Stress Syndrome, and other acute situational maladjustments do not meet these criteria.

The Department is confident in the effectiveness of the current process and recognizes that some of the behavioral manifestations of personality disorders overlap with the signs and symptoms of other disorders associated with combat service such as major depression and post-traumatic stress disorder. While the behaviors associated with a personality disorder can be serious, the manifestation of those behaviors tend to emerge only during periods of stress and most individuals with personality disorders live productive lives in the community. Department mental health providers are familiar with and are expected to accurately distinguish between symptoms related to exposure to traumatic stress and those that are longstanding and related to a personality disorder. It is certainly true that personality disorders occur within the population from which we recruit. Yet, unless the behaviors associated with the personality disorder are flagrant or have significantly compromised an individual's ability to function in important areas of his or her life, it is difficult at best to screen for in advance.

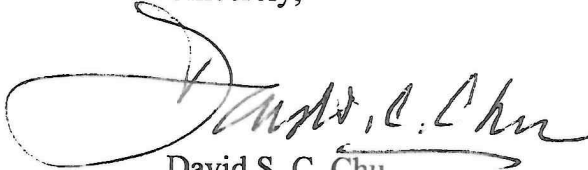
The diagnosis of a personality disorder must be established by a psychiatrist or doctoral-level clinical psychologist with necessary and appropriate professional credentials privileged to conduct DoD evaluations and is not in and of itself a cause for separation. It is only if the behavioral manifestations of a personality disorder significantly interfere with the ability of a Service member to function effectively in their job that such a separation is at issue. Service members are not administratively separated for personality disorder if there is the existence of mental illness or other medical impairment that amount to disability, or if their behavior is a result of combat exhaustion and other acute situational maladjustments.

Furthermore, DoD and VA mental health providers screen OIF/OEF veterans for PTSD, as well as for other mental health challenges associated with participation in combat operations. Should these conditions be present as a result of service in the Armed Forces, a discharged Service member—even one discharged for behavioral disorders—could be entitled to a lifetime of VA-provided care for those conditions.

The Department's separation policy pertaining to physical and mental disability, as well as all other separations, is intended to promote readiness of the Military Services by providing an orderly means to evaluate the suitability of persons to serve. In the case of personality disorders, the readiness of the force would suffer degradation if Service members determined to be unsuitable remained on active duty despite psychologically or emotionally validated existence of diagnosis that impairs an individual's performance and impacts good order and discipline within a military unit.

Thank you for your continued support to the dedicated women and men of the Armed Forces who serve our great Nation.

Sincerely,



David S. C. Chu