

The diagnostic term *post-traumatic stress disorder* (PTSD) was crafted in 1980 by the American Psychiatric Association (APA) in the third edition of their Diagnostic Statistical Manual (DSM 3) to commonly describe severe traumatic combat stress in Vietnam veterans. Unfortunately, the use of the word “disorder” here carries with it a stigma which can add to the consequent adversity of these wounds, discouraging some from seeking care and others from caring. Although we are a veterans organization in origin, our concern is for all who suffer from the psychological and moral injuries now grouped together under the umbrella of this term.

Beyond the harmful affect it has on cure, the dispassionate use of the word “disorder” assails the sense of honor due the brave men and women who have received these wounds in action against an enemy of the United States. Similarly it fails to acknowledge the gallantry exhibited by first-responders while putting themselves at risk on a regular basis. At the community level, its use can inadvertently disparage the character of victims of crime and abuse, as well as survivors of life-threatening accidents and natural disaster.

In 2012, the APA held an open hearing to debate the name change from post-traumatic stress disorder (PTSD) to post-traumatic stress injury (PTSI). Regrettably, the APA Committee decided not to change the name for DSM 5.

It was at this point that Honor for ALL began the campaign to publicly change the term to PTSI in the common vernacular by petitioning federal, state and local officials to declare June 27 as Post-traumatic Stress *Injury* Awareness Day. The overlying objective of our campaign is to gather enough support among governing bodies, the press, and the population in general, to solidly influence the next meeting of the American Psychiatric Association’s DSM Committee.

Our first resolution and proclamation came from our home state of Michigan. By 2015 we had participation from 7 states, in 2016, 27 states. In 2017, 34 states (to include Oregon by way of a proclamation from Governor Brown), as well as the US House of Representatives, officially proclaimed their support of Post-traumatic Stress Injury Awareness Day through bill, resolution and/or proclamation.

To be clear, we do not oppose, but at the same time do not support merely dropping the word “disorder” from the title, leaving it as Post-Traumatic Stress or PTS.

We do not want to counteract the APA’s existing distinction between common post-traumatic stress and the more debilitating form of that condition.

As specified in DSM 3 through 5, it is normal to have post-traumatic stress (PTS) after directly or indirectly experiencing a traumatic event, or Stressor, as defined under paragraph A of the PTSD Criteria. When symptoms persist, meeting all criteria A through H, and the brain does not reset itself, the components signify debilitation. A traumatized, yet uninjured, brain stays in appropriate alarm mode as needed, returning to normal within a month. An injured brain has been physically altered and needs medical attention.

It is our considered opinion that blurring the distinction between the two separate levels of impairment can only complicate any ultimately ensuing debate to arise during the DSM 6 deliberations

In the end, anything we can do to get away from the word “disorder” is intellectual growth.

Removing the "D" takes away stigma and that is good.

Adding the "I" for injury brings honor and that is better.

Thank you

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Honor for ALL