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Report to the Ranking Democratic Member, Committee on Veterans' Affairs, House of Representatives

September 2004

VA AND DEFENSE HEALTH CARE

More Information Needed to Determine If VA Can Meet an Increase in Demand for Post-Traumatic Stress Disorder Services

GAO-04-1069

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GAO Accountability·Integrity·Reliability

Highlights

Highlights of GAO-04-1069, a report to the Ranking Democratic Member, Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Post-traumatic stress disorder (PTSD) is caused by an extremely stressful event and can develop after the threat of death or serious injury as in military combat. Experts predict that about 15 percent of servicemembers serving in Iraq and Afghanistan will develop PTSD. Efforts by VA to inform new veterans, including Reserve and National Guard members, about the expanded availability of VA health care services could result in an increased demand for VA PTSD services. GAO identified the approaches DOD uses to identify servicemembers at risk for PTSD and examined if VA has the information it needs to determine whether it can meet an increase in demand for PTSD services. GAO visited military bases and VA facilities, reviewed relevant documents, and interviewed DOD and VA officials to determine how DOD identifies servicemembers at risk for PTSD, and what information VA has to estimate demand for VA PTSD services.

What We Recommend

GAO recommends that VA determine the total number of veterans receiving VA PTSD services and provide facility-specific information to VA medical facilities and Vet Centers. VA concurred with GAO's recommendation and plans to aggregate data on the total number of veterans it treats for PTSD at VA facilities. DOD concurred with GAO's findings and conclusions.

www.gao.gov/cgi-bin/getrpt?GAO-04-1069.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cynthia A. Bascetta at (202) 512-7101.

What GAO Found

DOD uses two approaches to identify servicemembers at risk for PTSD: the combat stress control program and the post-deployment health assessment questionnaire. The combat stress control program trains servicemembers to recognize the early onset of combat stress, which can lead to PTSD. Symptoms of combat stress and PTSD include insomnia, nightmares, and difficulties coping with relationships. To assist servicemembers in the combat theater, teams of DOD mental health professionals travel to units to reinforce the servicemembers' knowledge of combat stress symptoms and to help identify those who may be at risk for combat stress and PTSD. DOD also uses the post-deployment health assessment questionnaire to identify physical ailments and mental health issues commonly associated with deployments, including PTSD. The questionnaire includes the following four screening questions that VA and DOD mental health experts developed to identify servicemembers at risk for PTSD:

> Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you
>
> - have had any nightmares about it or thought about it when you did not want to?
> - tried hard not to think about it or went out of your way to avoid situations that remind you of it?
> - were constantly on guard, watchful, or easily startled?
> - felt numb or detached from others, activities, or your surroundings?

VA lacks the information it needs to determine whether it can meet an increase in demand for VA PTSD services. VA does not have a count of the total number of veterans currently receiving PTSD services at its medical facilities and Vet Centers—community-based VA facilities that offer trauma and readjustment counseling. Without this information, VA cannot estimate the number of new veterans its medical facilities and Vet Centers could treat for PTSD. VA has two reports on the number of veterans it currently treats, with each report counting different subsets of veterans receiving PTSD services. Veterans who are receiving VA PTSD services may be counted in both reports, one of the reports, or not included in either report. VA does receive demographic information from DOD, which includes home addresses of servicemembers that could help VA predict which medical facilities or Vet Centers servicemembers may access for health care. By assuming that 15 percent or more of servicemembers who have left active duty status will develop PTSD, VA could use the home zip codes of servicemembers to broadly estimate the number of servicemembers who may need VA PTSD services and identify the VA facilities located closest to their homes. However, predicting which veterans will seek VA care and at which facilities is inherently uncertain, particularly given that the symptoms of PTSD may not appear for years.

Contents

Abbreviations

DOD	Department of Defense
NEPEC	Northeast Program Evaluation Center
OIG	Office of Inspector General
PTSD	post-traumatic stress disorder
VA	Department of Veterans Affairs

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Accountability * Integrity * Reliability

United States Government Accountability Office
Washington, D.C. 20548

September 20, 2004

The Honorable Lane Evans
Ranking Democratic Member
Committee on Veterans' Affairs
House of Representatives

Dear Mr. Evans:

Mental health experts predict that because of the intensity of warfare in Iraq and Afghanistan 15 percent or more of the servicemembers returning from these conflicts will develop post-traumatic stress disorder (PTSD).[1, 2] This rate approximates the PTSD rate for Vietnam War veterans.[3] PTSD, which is caused by an extremely stressful event, can develop after military combat and exposure to the threat of death or serious injury. Symptoms of PTSD, which may appear within months or be delayed for years after the stressful event, include insomnia, intense anxiety, nightmares about the event, and difficulties coping with work, family, and social relationships. Although there is no cure for PTSD, experts believe that early identification and treatment of PTSD symptoms may lessen the severity of the condition and improve the overall quality of life for servicemembers and veterans. If left untreated, PTSD can lead to substance abuse, severe depression, and suicide.

The Department of Veterans Affairs (VA) has intensified its efforts to inform new veterans from the Iraq and Afghanistan conflicts about the health care services—including treatment for PTSD—it offers to eligible veterans. These efforts, along with expanded availability of VA health care services for Reserve and National Guard members, could result in an increased percentage of veterans from Iraq and Afghanistan seeking PTSD services through VA. Concerns have been raised about whether VA can provide PTSD services for a new influx of veterans, while at the same time continuing these services for veterans that VA currently treats for PTSD.

[1]Servicemembers include active duty members of the Army, Marines, Air Force, and Navy and members of the Reserves and National Guard.

[2]Hoge, Charles W., MD et. al. "Combat Duty in Iraq and Afghanistan, Mental Health Problems, and Barriers to Care", *The New England Journal of Medicine*, 351 (2004): 13-22.

[3]Kulka, R., et.al. *Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study.* (New York: 1990).

You asked that we review the Department of Defense's (DOD) efforts to identify servicemembers who have served in Iraq and Afghanistan and are at risk for PTSD, and VA's efforts to ensure that PTSD services are available for all veterans. Specifically, we identified the approaches DOD uses to identify servicemembers who are at risk for PTSD. We also examined if VA has the information it needs to determine whether it can meet an increase in demand for VA PTSD services.

To determine the approaches DOD uses to identify servicemembers who are at risk for PTSD, we reviewed documents, interviewed DOD officials, and visited a military installation for each of DOD's uniform services, some of which had large numbers of servicemembers returning from Iraq and Afghanistan. We have reviewed how well DOD's uniform services implemented these approaches in previous work and did not address that issue in this review.[4] To determine whether VA has the information it needs to estimate the future demand for VA PTSD services, we interviewed VA headquarters and facility officials to discuss the number of veterans receiving treatment for PTSD and future demand for these services in areas of the country where large numbers of servicemembers were returning from Iraq and Afghanistan. To obtain additional information on identifying and treating veterans with PTSD, we interviewed VA's PTSD experts at the National Center for PTSD.[5] We reviewed VA's annual capacity reports, which include information on the number of seriously mentally ill veterans receiving PTSD services. We also reviewed the findings of the VA Office of Inspector General (OIG) who is responsible for reporting to Congress on the accuracy of VA's capacity reports. We did not include data from VA's annual capacity reports because the OIG found that the data were not sufficiently reliable. We also interviewed VA headquarters and facility officials and DOD officials to determine what information they share about returning servicemembers. For a complete description of our scope and

[4]Previous GAO reports have addressed DOD's compliance with screening requirements for returning servicemembers deployed outside of the U.S.: GAO, *Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance*, GAO-03-1041 (Washington, D.C.: Sept. 19, 2003) and *Defense Health Care: DOD Needs to Improve Force Health Protection and Surveillance Processes*, GAO-04-158T (Washington, D.C.: Oct. 16, 2003).

[5]The Veterans' Health Care Act of 1984 required the establishment of the National Center on PTSD (now known as National Center for PTSD) as a research and education organization within VA. See Pub. L. No. 98-528, § 110(c), 98 Stat. 2686, 2692 (codified at 38 U.S.C. § 1712A note). The Center advances the clinical care and social welfare of veterans through research, education, and training clinicians in the causes, diagnosis, and treatment of PTSD, but does not provide clinical care for veterans.

methodology, see appendix I. Our work was conducted from May through September 2004 in accordance with generally accepted government auditing standards.

Results In Brief

DOD uses two approaches to identify servicemembers at risk for PTSD: the combat stress control program and the post-deployment health assessment questionnaire. The combat stress control program trains servicemembers to recognize the early symptoms of combat stress, which can be a precursor to PTSD. To assist servicemembers in the combat theater, teams of DOD mental health professionals travel to units to reinforce the servicemembers' knowledge of combat stress symptoms and to help identify those who may be at risk for combat stress or PTSD. DOD uses the post-deployment health assessment questionnaire to identify physical ailments and mental health issues commonly associated with deployments, including PTSD. The questionnaire includes four screening questions that VA and DOD mental health experts developed to identify servicemembers who may be at risk of developing PTSD. DOD generally requires servicemembers deployed outside of the United States to complete this questionnaire within 30 days before leaving a deployment location or within 5 days after returning to the United States. Completed questionnaires must be reviewed by a DOD clinical provider, who interviews servicemembers to determine if further medical evaluation is necessary.

VA lacks the information it needs to determine whether it can meet an increase in demand for VA PTSD services. VA does not have a count of the total number of veterans currently receiving PTSD services at its medical facilities and Vet Centers—community-based VA facilities that offer trauma and readjustment counseling. Without this information, VA cannot estimate the number of additional veterans its medical facilities and Vet Centers could treat for PTSD. A VA official told us that a count of the total number of veterans with a diagnosis of PTSD who receive VA services at medical facilities could be obtained from VA's existing database. However, this database does not include Vet Centers' information because this information is kept separate from the medical facilities' data. VA has two reports on the number of veterans it currently treats, with each report counting different subsets of veterans receiving PTSD services. Veterans who are receiving VA PTSD services may be counted in both reports, one of the reports, or not included in either report. For example, veterans receiving PTSD services exclusively in Vet Centers may not be counted in either report. On the other hand, VA does have information it can use to

broadly estimate the number of servicemembers who may access VA health care, including PTSD services. In September 2003, DOD provided VA with demographic information on servicemembers from the Iraq and Afghanistan conflicts who have left active duty status and are eligible for VA health care. The demographic information includes the names and home addresses of servicemembers. In July 2004, VA provided this information to its facilities for planning future services for additional veterans. By assuming that 15 percent or more of returning servicemembers will develop PTSD, based on the predictions of mental health experts, VA and its facilities could use DOD's demographic information to broadly estimate demand for PTSD services. However, predicting which veterans will seek VA care and at which facilities is inherently uncertain, particularly given that the symptoms of PTSD may not appear for years. Based on DOD's demographic information, some VA medical facility officials expressed concern about their ability to meet an increase in demand for VA PTSD services from servicemembers returning from Iraq and Afghanistan.

To help VA better estimate the number of additional veterans it could treat for PTSD and to plan for the future demand for VA PTSD services, we recommend that VA determine the total number of veterans receiving VA PTSD services and provide facility-specific information to VA medical facilities and Vet Centers. VA and DOD commented on a draft of this report. In its comments VA concurred with our recommendation and acknowledged that more coordinated efforts are needed to improve its existing PTSD data. VA stated that it plans to aggregate at the national level the number of veterans receiving PTSD services at VA medical facilities and Vet Centers. DOD concurred with the findings and conclusions in this report and provided technical comments on the report, which we incorporated as appropriate.

Background

PTSD can develop following exposure to life-threatening events, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. PTSD is the most prevalent mental disorder arising from combat. People who experience stressful events often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms may occur within the first 4 days after exposure to the stressful event or be delayed for months or years. Symptoms that appear within the first 4 days after exposure to a stressful event are generally diagnosed as acute stress reaction or combat stress. If

the symptoms of acute stress reaction or combat stress continue for more than 1 month, PTSD is diagnosed.

PTSD services are provided in VA medical facilities and VA community settings. VA medical facilities offer PTSD services as well as other services, which range from complex specialty care, such as cardiac or spinal cord injury, to primary care. VA's community settings include more than 800 community-based outpatient clinics and 206 Vet Centers. Community-based outpatient clinics are an extension of VA's medical facilities and mainly provide primary care services.[6] Vet Centers offer PTSD and family counseling, employment services, and a range of social services to assist veterans in readjusting from wartime military service to civilian life. Vet Centers also function as community points of access for many returning veterans, providing them with information and referrals to VA medical facilities. Vet Centers were established as entities separate from VA medical facilities to serve Vietnam veterans, who were reluctant to access health care provided in a federal building. As a result, Vet Centers are not located on the campuses of VA medical facilities.

VA has specialized PTSD programs that are staffed by clinicians who have concentrated their clinical work in the area of PTSD treatment. VA specialized PTSD programs are located in 97 VA medical facilities and provide services on an inpatient and outpatient basis. VA PTSD services include individual counseling, support groups, and drug therapy and can be provided in non-specialized clinics, such as general mental health clinics.

Veterans who served in any conflict after November 11, 1998 are eligible for VA health care services for any illness, including PTSD services, for 2 years from the date of separation from military service, even if the condition is not determined to be attributable to military service.[7] This 2-year eligibility includes those Reserve and National Guard members who have left active

[6]Veterans treated at community-based outpatient clinics are included in the medical facility's count of veterans treated for PTSD.

[7]See 38 U.S.C. § 1710(e)(1)(D); VHA Directive 2004-017, *Establishing Combat Veteran Eligibility.* Conflicts are situations in which the servicemembers are subjected to danger comparable to the danger encountered in combat with enemy armed forces during a period of war, as determined by the Secretary of VA. Veterans who served on active duty in combat operations during a period of war after the Persian Gulf War will also be eligible for care under section 1710(e)(1)(D). Eligibility under 38 U.S.C. § 1710(e)(1)(D) does not extend, however, to veterans whose disabilities are found to have resulted from a cause other than the service described in the statute.

duty and returned to their units. After 2 years, these veterans will be subject to the same eligibility rules as other veterans, who generally have to prove that a medical problem is connected to their military service or have relatively low incomes. In July 2004, VA reported that so far 32,684 or 15 percent of veterans who have returned from service in Iraq or Afghanistan, including Reserve and National Guard members, have accessed VA for various health care needs.

DOD and VA have formed a Seamless Transition Task Force with the goal of meeting the needs of servicemembers returning from Iraq and Afghanistan who will eventually become veterans and may seek health care from VA. To achieve this goal, DOD and VA plan to improve the sharing of information, including individual health information, between the two departments in order to enhance VA's outreach efforts to identify and serve returning servicemembers, including Reserve and National Guard members, in need of VA health care services. Since April 2003, VA requires that every returning servicemember from the Iraq and Afghanistan conflicts who needs health care services receive priority consideration for VA health care appointments.[8]

DOD Uses Two Approaches to Identify Servicemembers At Risk for PTSD

DOD uses two approaches to identify servicemembers who may be at risk of developing PTSD: the combat stress control program and the post-deployment health assessment questionnaire. DOD's combat stress control program identifies servicemembers at risk for PTSD by training all servicemembers to identify the early onset of combat stress, which if left untreated, could lead to PTSD. DOD uses the post-deployment health assessment questionnaire to screen servicemembers for physical ailments and mental health issues commonly associated with deployments, including PTSD. The questionnaire contains four screening questions that were developed jointly by DOD and VA mental health experts to identify servicemembers at risk for PTSD.

[8]Servicemembers who served in the Iraq and Afghanistan conflicts do not have priority over veterans with service-connected disabilities.

DOD Trains Servicemembers to Identify Symptoms That Could Lead to PTSD

DOD's combat stress control program identifies servicemembers at risk for PTSD by training all servicemembers to identify the early onset of combat stress symptoms, which if left untreated, could lead to PTSD. The program is based on the principle of promptly identifying servicemembers with symptoms of combat stress in a combat theater, with the goal of treating and returning them to duty.[9] This principle is consistent with the views of PTSD experts, who believe that early identification and treatment of combat stress symptoms may reduce the risk of PTSD. To assist servicemembers in the combat theater, teams of DOD mental health professionals travel to units to reinforce the servicemembers' knowledge of combat stress symptoms and to help identify those who may be at risk for combat stress or PTSD. The teams may include psychiatrists, psychologists, social workers, nurses, mental health technicians, and chaplains. DOD requires that the effectiveness of the combat stress control program be monitored on an annual basis.

DOD Uses the Post-Deployment Questionnaire to Identify Servicemembers At Risk for PTSD

DOD generally uses the post-deployment health assessment questionnaire, DD 2796, to identify servicemembers at risk for PTSD following deployment outside of the United States.[10] (See app. II for a copy of the DD 2796.) DOD requires certain servicemembers deployed to locations outside of the United States to complete a DD 2796 within 30 days before leaving a deployment location or within 5 days after returning to the United States.[11] This applies to all servicemembers returning from a combat theater, including Reserve and National Guard members.

The DD 2796 is a questionnaire used to determine the presence of any physical ailments and mental health issues commonly associated with deployments, any special medications taken during deployment, and

[9]If a servicemember's symptoms persist, the servicemember is transferred to a medical facility where specialty care is available.

[10]The questionnaire is used to satisfy the requirement for post-deployment mental health assessments established by the National Defense Authorization Act for Fiscal Year 1998. See Pub. L. No. 105-85, § 765(a)(1), 111 Stat. 1629, 1826 (adding new section 1074f(b) to title 10, United States Code).

[11]Servicemembers who are deployed for 30 or more continuous days to locations without permanent treatment facilities are required to complete DD 2796. Servicemembers who are deployed to locations with permanent treatment facilities are not required to complete the questionnaire because these locations are not high risk for environmental or occupational exposures.

possible environmental or occupational exposures. The DD 2796 includes the following four screening questions that VA and DOD mental health experts developed to identify servicemembers at risk for PTSD:

Have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you

- have had any nightmares about it or thought about it when you did not want to?
- tried hard not to think about it or went out of your way to avoid situations that remind you of it?
- were constantly on guard, watchful, or easily startled?
- felt numb or detached from others, activities, or your surroundings?

Once completed, the DD 2796 must be initially reviewed by a DOD health care provider, which could range from a physician to a medic or corpsman.[12] Figure 1 illustrates DOD's process for completion and review of the DD 2796. The form is then reviewed, completed, and signed by a health care provider, who can be a physician, physician assistant, nurse practitioner, or an independent duty medical technician or corpsman. This health care provider reviews the completed DD 2796 to identify any "yes" responses to the screening questions—including questions related to PTSD—that may indicate a need for further medical evaluation. The review is to take place in a face-to-face interview with the servicemember and be conducted either on an individual basis, as we observed at the Army's Fort Lewis in Washington, or in a group setting, as we found at the Marine Corps' Camp Lejeune in North Carolina. If a servicemember answers "yes" to a PTSD question, the health care provider is instructed to gather additional information from the servicemember and use clinical judgment to determine if the servicemember should be referred for further medical evaluation to a physician, physician's assistant, nurse, or an independent

[12]Medics and corpsmen are enlisted personnel who have been trained to give first aid and basic medical treatment, especially in combat situations.

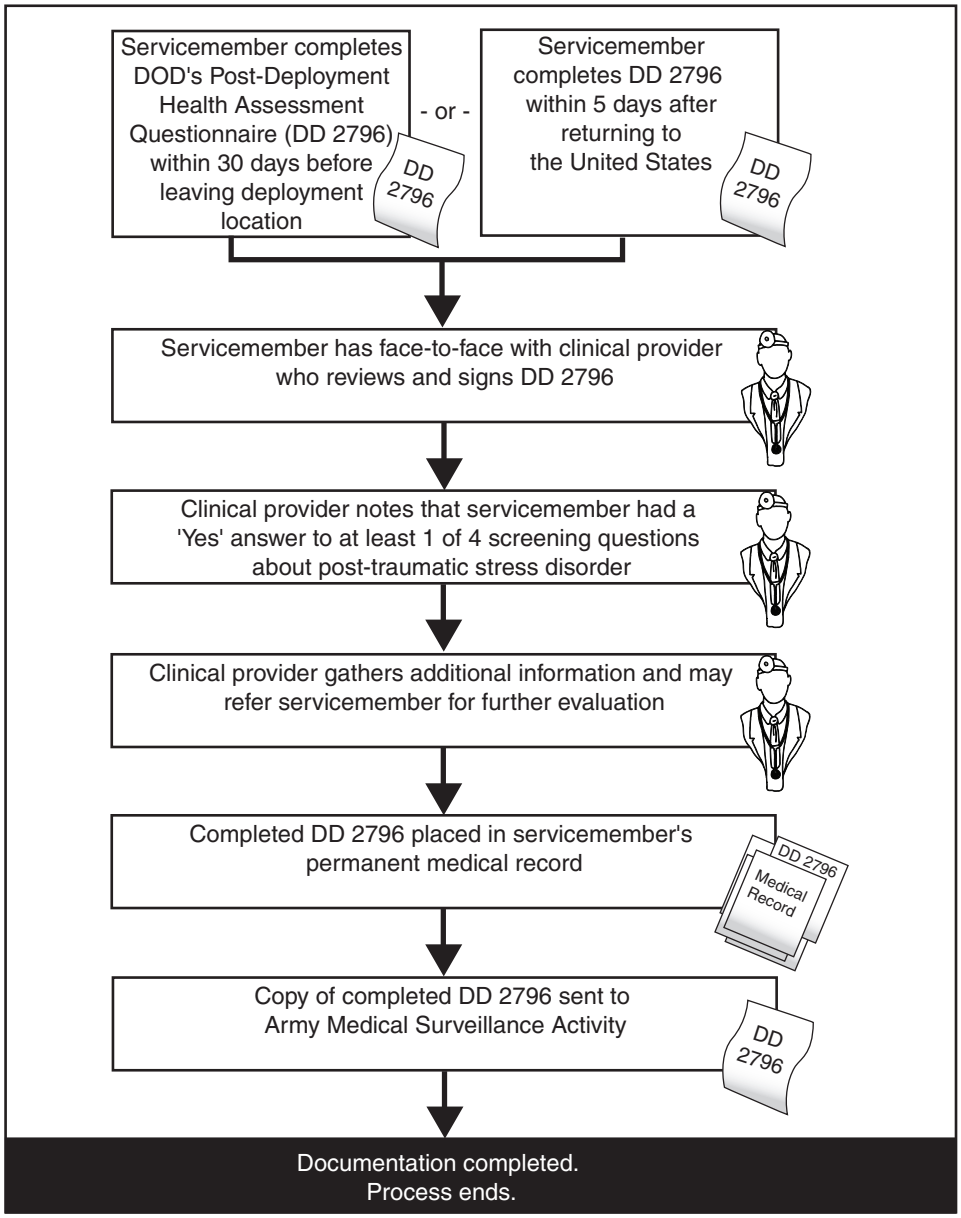
duty medical technician.[13,14] To document completion of the DD 2796, DOD requires that the questionnaire be placed in the servicemember's permanent medical record and a copy sent to the Army Medical Surveillance Activity, which maintains a database of all servicemembers' completed health assessment questionnaires.[15]

[13]Independent duty medical technicians are enlisted personnel who receive advanced training and are certified to provide treatment and prescribe medications within defined parameters.

[14]Reserve and National Guard members who are referred for further medical evaluation may remain on active duty status until the medical problem is treated and resolved or the condition becomes stable.

[15]The Army has lead responsibility for DOD's medical surveillance and operates a centralized data repository.

Figure 1: DOD's Process for "Yes" Responses to PTSD Questions on DD 2796



Source: GAO analysis based on the Department of Defense, *Enhanced Post-Deployment Health Assessments*, *April 2003*, and interviews with DOD officials.

The National Defense Authorization Act for Fiscal Year 1998 required DOD to establish a quality assurance program to ensure, among other things, that post-deployment mental health assessments are completed[16] for servicemembers who are deployed outside of the United States. Completion of the DD 2796 is tracked as part of this quality assurance program.[17] DOD delegated responsibility for developing procedures for the required quality assurance program to each of its uniform services. The uniform services have given unit commanders the responsibility to ensure completion of the DD 2796 by all servicemembers under their command. To ensure the DD 2796 is completed, one DOD official we interviewed told us that servicemembers would not be granted leave to go home until the DD 2796 was completed. Another official told us that Reserve and National Guard members would not be given their active duty discharge paperwork until the DD 2796 was completed.

VA Lacks Information Needed to Determine Whether It Can Meet an Increase in Demand for PTSD Services

VA does not have all the information it needs to determine whether it can meet an increase in demand for VA PTSD services. VA does not have a count of the total number of veterans currently receiving PTSD services at its medical facilities and Vet Centers. Without this information, VA cannot estimate the number of veterans its medical facilities and Vet Centers could treat for PTSD. VA could use demographic information it receives from DOD to broadly estimate the number of servicemembers who may access VA health care, including PTSD services. By assuming that 15 percent or more of returning servicemembers will develop PTSD, VA could use the demographic information to broadly estimate demand for PTSD services. However, predicting which veterans will seek VA care and at which facilities is inherently uncertain, particularly given that the symptoms of PTSD may not appear for years.

[16]See Section 765(a)(1), 111 Stat. at 1826 (codified at 10 U.S.C. § 1074f(d)).

[17]In September 2003, we found that DOD had not established an effective quality assurance program and recommended that this be done. See GAO-03-1041.

VA Does Not Have Information on the Total Number of Veterans Currently Receiving PTSD Services

VA does not have a count of the total number of veterans currently receiving PTSD services at its medical facilities and Vet Centers. Without this information, VA cannot estimate the number of additional veterans its facilities could treat for PTSD. On August 27, 2004, a Northeast Program Evaluation Center (NEPEC) official told us that a count of the total number of veterans with a diagnosis of PTSD who receive VA services at medical facilities could be obtained from VA's existing database. However, this database does not include Vet Centers' information because this information is kept separate from the medical facilities' data.

VA publishes two reports that contain information on some of the veterans receiving PTSD services at its medical facilities. Neither report includes all veterans receiving PTSD services at VA medical facilities and Vet Centers. VA's annual capacity report, which is required by law,[18] provides data on VA's most vulnerable populations, such as veterans with spinal cord injuries, blind veterans, and seriously mentally ill veterans with PTSD.[19] The NEPEC annual report mainly provides data on veterans with a primary diagnosis of PTSD.[20] VA has not developed a methodology that would allow it to count the number of veterans receiving PTSD services at its medical facilities and Vet Centers.

The PTSD data used in VA's annual capacity report and the data used in NEPEC's annual report are drawn from different—though not mutually exclusive—subgroups of veterans receiving PTSD services at VA's medical facilities. VA developed criteria that allow it to determine which veterans should be included in each subgroup. VA's criteria, which differ in each report, are based on the type and frequency of mental health services provided to veterans with PTSD at its medical facilities. (See Figure 2 for the veterans included in each of VA's annual reports.)

[18]See 38 U.S. C. § 1706(b)(5).

[19]Seriously mentally ill veterans are those diagnosed with a mental, behavioral or emotional disorder of sufficient duration to substantially interfere with one or more life activities, including basic daily living skills such as eating, bathing, or dressing.

[20]Department of Veterans Affairs, *The Long Journey Home XII Treatment of Posttraumatic Stress Disorder in the Department of Veterans Affairs: Fiscal Year 2003 Service Delivery and Performance*, Northeast Program Evaluation Center, VA Connecticut Healthcare System (Connecticut: April 2004). The Northeast Program Evaluation Center, a division of the National Center for PTSD, monitors and evaluates the implementation and performance of VA's specialized PTSD programs.

Figure 2: Veterans Included in VA's Annual Reports

<table>
<tr><td>Capacity report</td><td colspan="5">Veterans who are seriously mentally ill with PTSD, which is equivalent to:</td></tr>
<tr><td></td><td>6 or more outpatient visits to VA specialized mental health services

or

hospitalized psychiatric service for a mental health disorder

or
inpatient in a VA residential care program for a mental health disorder</td><td>and</td><td>primary diagnosis of PTSD

or

2 visits to a VA PTSD outpatient clinic</td><td>and</td><td>received care in a PTSD outpatient clinic

or

received care in a PTSD inpatient service</td></tr>
<tr><td>NEPEC report[a]</td><td colspan="5">Veterans who have a primary diagnosis of PTSD in an outpatient setting</td></tr>
</table>

Source: GAO analysis

Note: Analysis of VA's Fiscal Year 2002 "Maintaining Capacity to Provide for the Specialized Treatment and Rehabilitative Needs of Disabled Veterans" and NEPEC's "Long Journey Home XII Treatment of Posttraumatic Stress Disorder in the Department of Veterans Affairs: Fiscal Year 2003 Service Delivery and Performance." Examples of VA specialized mental health services include PTSD and substance abuse.

[a]This refers to Table E1 in Appendix E of *The Long Journey Home XII Treatment of Posttraumatic Stress Disorder in the Department of Veterans Affairs: Fiscal Year 2003 Service Delivery and Performance* Northeast Program Evaluation Center, VA Connecticut Healthcare System (Connecticut: April 2004).

Veterans who are receiving VA PTSD services may be counted in both reports, only counted in the NEPEC report, or not included in either report. For example, a veteran who is seriously mentally ill and has a primary diagnosis of PTSD is counted in both reports. On the other hand, a veteran who has a primary diagnosis of PTSD but is not defined as seriously mentally ill is counted in the NEPEC report but not in the capacity report. Finally, a veteran who is receiving PTSD services only at a Vet Center is not counted in either report.

Furthermore, both the VA OIG and VA's Committee on Care of Veterans with Serious Mental Illness have found inaccuracies in the data used in VA's annual capacity report.[21] For example, OIG found inconsistencies in the PTSD program data reported by some VA medical facilities. OIG found that some medical facilities reported having active PTSD programs, although the facilities reported having no staff assigned to these programs. Additionally, the Committee on Care of Veterans with Serious Mental Illness, commenting on VA's fiscal year 2002 capacity report, stated the data VA continues to use for reporting information on specialized programs are inaccurate and recommended changes in future reporting.[22, 23] VA agreed with OIG that the data were inaccurate and is continuing to make changes to improve the accuracy of the data in its annual capacity report. VA's fiscal year 2003 capacity report to Congress is currently undergoing review by OIG, which informed us that VA has not incorporated all of the changes necessary for OIG to certify that the report is accurate. OIG further stated that it will continue to oversee this process.

VA Has Information to Broadly Estimate Future Demand for PTSD Services

VA has information it can use to broadly estimate what the increase in demand for VA PTSD services may be from returning servicemembers. In September 2003, DOD began providing VA with demographic information on servicemembers returning from the Iraq and Afghanistan conflicts who have left active duty status and are eligible for VA health care.[24] The information includes name, home address including zip code, branch of service, and gender.[25] Using servicemembers' home zip codes could help VA

[21]The VA OIG is required to examine each of VA's annual reports on its specialized services, including PTSD, and submit to Congress a certification as to its accuracy. See 38 U.S.C. § 1706(b)(5)(C).

[22]The Committee on Care of Severely Chronically Mentally Ill Veterans assesses VA's capability to meet the rehabilitation and treatment needs of such veterans. See 38 U.S.C. § 7321. The Committee, established within VA, is generally referred to as the Committee on Care of Veterans with Serious Mental Illness.

[23]Department of Veterans Affairs, *Capacity Report Fiscal Year 2002* (Washington, D.C.: May 2003).

[24]Not all such servicemembers are eligible for VA health care. For example, a servicemember who has been dishonorably discharged would not be eligible for VA services.

[25]VA has used this information to send letters to servicemembers who have left active duty status, informing them of their eligibility for VA's health care services.

predict the facilities or Vet Centers that could experience an increase in demand for care. By assuming that 15 percent or more of returning servicemembers will eventually develop PTSD, based on the predictions of mental health experts, VA could use the demographic information to broadly estimate the number of returning servicemembers who may need VA PTSD services and the VA facilities located closest to servicemembers' homes. However, predicting which veterans will seek VA care and at which facilities is inherently uncertain, particularly given that the symptoms of PTSD may not appear for years.

VA headquarters received demographic information from DOD in September 2003; however, during our review we found that VA had not shared this information with its facilities. On July 21, 2004, VA provided this information to its medical facilities for planning future services for veterans returning from the Iraq and Afghanistan conflicts. However, VA did not provide the demographic information to Vet Centers. Officials at seven VA medical facilities told us that while the demographic information VA receives from DOD has limitations, it is the best national data currently available and would help them plan for new veterans seeking VA PTSD services.

Officials at six of the seven VA medical facilities we visited explained that while they are now able to keep up with the current number of veterans seeking PTSD services, they may not be able to meet an increase in demand for these services.[26] In addition, some of the officials expressed concern about their ability to meet an increase in demand for VA PTSD services from servicemembers returning from Iraq and Afghanistan based on DOD's demographic information. Officials are concerned because facilities have been directed by VA to give veterans of the Iraq and Afghanistan conflicts priority appointments for health care services, including PTSD service. As a result, VA medical facility officials estimate that follow-up appointments for veterans currently receiving care for PTSD may be delayed. VA officials estimate the delay may be up to 90 days. Veterans of the Iraq and Afghanistan conflicts will not be given priority appointments over veterans who have a service-connected disability and are currently receiving services.[27]

[26]One medical facility believed it could accommodate, with the facility's current staffing levels, a one to two percent increase in additional veterans seeking PTSD services. However, it would have to restructure its PTSD services provided to current veterans.

Conclusions

While the VA OIG continues to oversee VA's efforts to improve the accuracy of data in the capacity reports, VA does not have a report that counts all veterans receiving VA PTSD services. Although VA can use DOD's demographic information to broadly estimate demand for VA PTSD services, VA does not know the number of veterans it now treats for PTSD at its medical facilities and Vet Centers. As a result, VA will be unable to estimate its capacity for treating additional veterans who choose to seek VA's PTSD services, and therefore, unable to plan for an increase in demand for these services.

Recommendation for Executive Action

To help VA estimate the number of additional veterans it could treat for PTSD and to plan for the future demand for VA PTSD services from additional veterans seeking these services, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to determine the total number of veterans receiving VA PTSD services and provide facility-specific information to VA medical facilities and Vet Centers.

Agency Comments

In commenting on a draft of this report, VA concurred with our recommendation and acknowledged that more coordinated efforts are needed to improve its existing PTSD data. VA stated that it plans to aggregate, at the national level, the number of veterans receiving PTSD services at VA medical facilities and Vet Centers. We believe VA should provide these data to both its medical facilities and Vet Centers so they have the information needed to plan for future demand for PTSD services. In addition, VA provided two points of clarification. First, VA stated that it is in the process of developing a mental health strategic plan that will project demand by major diagnoses and identify where projected demand may exceed resource availability. VA stated that future revisions to the mental health strategic plan would include Vet Center data. Second, VA stated that it would seek additional information from DOD on servicemembers who have served in Iraq and Afghanistan to improve its provision of health care services to these new veterans. VA's written comments are reprinted in appendix III. DOD concurred with the findings

[27]A service-connected disability is an injury or disease that was incurred or aggravated while on active military duty.

and conclusions in this report and provided technical comments, which we incorporated as appropriate. DOD's written comments are reprinted in appendix IV.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days after its date. We will then send copies of this report to the Secretary of Veterans Affairs and other interested parties. We also will make copies available to others upon request. In addition, the report will be available at no charge at the GAO Web site at http://www.gao.gov.

If you or your staff have any questions about this report, please call me at (202) 512-7101. Another contact and key contributors are listed in appendix V.

Sincerely yours,

Cynthia A. Bascetta
Director, Health Care—Veterans'
Health and Benefits Issues

Scope and Methodology

To determine the approaches DOD uses to identify servicemembers who are at risk for PTSD, we reviewed directives on screening servicemembers deployed to locations outside of the United States, interviewed DOD officials, and visited a military installation for each of DOD's uniformed services. At each of the military installations, we discussed with officials the steps taken by each of the uniformed services to implement DOD's approaches, particularly the steps involved in completing the post-deployment health assessment questionnaire, DD 2796, as it relates to PTSD. How well the uniformed services implemented DOD's approaches were reported in other GAO reports. The uniformed services included in our review were Army, Marines, Air Force, and Navy. We did not include the Coast Guard in this review because few Coast Guard servicemembers are involved in the Iraq and Afghanistan conflicts. The military installations visited were: Fort Lewis Army Base and Madigan Army Medical Center in Washington, Seymour Johnson Air Force Base in North Carolina, Camp Lejeune Marine Base and the Naval Hospital Camp Lejeune in North Carolina, and the Naval Medical Center San Diego in California. We also asked DOD officials whether they provide information to VA that could help VA plan how to meet the demand for VA PTSD services from servicemembers returning from the Iraq and Afghanistan conflicts.

To determine whether VA has the information it needs to determine whether it can meet an increase in demand for PTSD services, we interviewed PTSD experts from the National Center for PTSD established within VA and members of the Under Secretary for Health's Special Committee on PTSD.[1] We also visited three divisions of the National Center for PTSD: the Executive Division in White River Junction, Vermont; the Education Division in Palo Alto, California; and NEPEC in West Haven, Connecticut to review the Center's reports on specialized PTSD programs.

We also reviewed VA's fiscal year 2001 and 2002 annual reports on VA's capacity to provide services to special populations, including veterans with PTSD, and NEPEC's annual reports on specialized PTSD programs to determine the criteria VA uses to count the number of veterans receiving VA PTSD services. We reviewed the findings of VA's Committee on Care of Veterans with Serious Mental Illness and the VA OIG, who have reported on

[1]VA was required to establish a Special Committee on PTSD by the Veterans' Health Care Act of 1984. See Section 110(b), 98 Stat. at 2691 (codified at 38 U.S.C. § 1712A note). Among other things, the committee assesses VA's care of veterans who require specialized treatment for PTSD.

the accuracy of VA's annual capacity report to Congress on the number of veterans receiving specialized services, including PTSD services. We interviewed officials from each of these groups to clarify their findings. We did not include data from the annual capacity reports because the OIG reported that the data were not sufficiently reliable. We also interviewed the director of NEPEC to discuss the information included in NEPEC's annual reports.

To determine whether VA facilities have the information needed to determine whether they can meet an increase in demand for PTSD services, we interviewed officials at 7 VA medical facilities, and 15 Vet Centers located near the medical facilities to discuss the number of veterans currently receiving VA PTSD services and the impact that an increase in demand would have on these services. We also discussed DOD's demographic information with four of the seven medical facilities we visited. We contacted VA medical facilities located in Palo Alto and San Diego in California; Durham and Fayetteville in North Carolina; White River Junction, Vermont; West Haven, Connecticut; and Seattle, Washington. We also contacted Vet Centers located in Vista, San Diego, and San Jose in California; Raleigh, Charlotte, Greenville, Greensboro, and Fayetteville in North Carolina; South Burlington and White River Junction in Vermont; Hartford, Norwich, and New Haven in Connecticut; and Seattle and Tacoma in Washington.

Our work was conducted from May through September 2004 in accordance with generally accepted government auditing standards.

Department of Defense Post-Deployment Health Assessment Questionnaire DD-2796

33348

POST-DEPLOYMENT **Health Assessment**

Authority: 10 U.S.C. 136 Chapter 55. 1074f, 3013, 5013, 8013 and E.O. 9397

Principal Purpose: To assess your state of health after deployment outside the United States in support of military operations and to assist military healthcare providers in identifying and providing present and future medical care to you.

Routine Use: To other Federal and State agencies and civilian healthcare providers, as necessary, in order to provide necessary medical care and treatment.

Disclosure: (Military personnal and DoD civilian Employees Only) Voluntary. If not provided, healthcare WILL BE furnished, but comprehensive care may not be possible.

INSTRUCTIONS: Please read each question completely and carefully before marking your selections. Provide a response for each question. If you do not understand a question, ask the administrator.

Demographics

Last Name

First Name **MI**

Name of Your Unit or Ship during this Deployment

Today's Date (dd/mm/yyyy) / /

Social Security Number — —

DOB (dd/mm/yyyy) / /

Date of arrival in theater (dd/mm/yyyy) / /

Date of departure from theater (dd/mm/yyyy) / /

Gender
- ○ Male
- ○ Female

Service Branch
- ○ Air Force
- ○ Army
- ○ Coast Guard
- ○ Marine Corps
- ○ Navy
- ○ Other

Component
- ○ Active Duty
- ○ National Guard
- ○ Reserves
- ○ Civilian Government Employee

Pay Grade

○ E1	○ O01	○ W1
○ E2	○ O02	○ W2
○ E3	○ O03	○ W3
○ E4	○ O04	○ W4
○ E5	○ O05	○ W5
○ E6	○ O06	
○ E7	○ O07	○ Other
○ E8	○ O08	
○ E9	○ O09	
	○ O10	

Location of Operation
- ○ Europe
- ○ SW Asia
- ○ SE Asia
- ○ Asia (Other)
- ○ Australia
- ○ Africa
- ○ Central America
- ○ Unknown
- ○ South America
- ○ North America
- ○ Other _____

To what areas were you mainly deployed: (mark all that apply - list where/date arrived)
- ○ Kuwait _____
- ○ Qatar _____
- ○ Afghanistan _____
- ○ Bosnia _____
- ○ On a ship _____
- ○ Iraq _____
- ○ Turkey _____
- ○ Uzbekistan _____
- ○ Kosovo _____
- ○ CONUS _____
- ○ Other _____

Name of Operation:

Occupational specialty during this deployment (MOS, NEC or AFSC)

Combat specialty: _____

Administrator Use Only

Indicate the status of each of the following:

Yes	No	N/A	
○	○	○	Medical threat debriefing completed
○	○	○	Medical information sheet distributed
○	○	○	Post Deployment serum specimen collected

33348

DD FORM 2796, APR 2003 PREVIOUS EDITION IS OBSOLETE. ASD(HA) APPROVED

Appendix II
Department of Defense Post-Deployment
Health Assessment Questionnaire DD-2796

Please answer all questions in relation to THIS deployment

1. Did your health change during this deployment?

- ○ Health stayed about the same or got better
- ○ Health got worse

2. How many times were you seen in sick call during this deployment?

[ ][ ] No. of times

3. Did you have to spend one or more nights in a hospital as a patient during this deployment?

- ○ No
- ○ Yes, reason/dates: _____

_____

_____

4. Did you receive any vaccinations just before or during this deployment?

- ○ Smallpox (leaves a scar on the arm)
- ○ Anthrax
- ○ Botulism
- ○ Typhoid
- ○ Meningococcal
- ○ Other, list: _____
- ○ Don't know
- ○ None

5. Did you take any of the following medications during this deployment?
(mark all that apply)

- ○ PB (pyridostigmine bromide) nerve agent pill
- ○ Mark-1 antidote kit
- ○ Anti-malaria pills
- ○ Pills to stay awake, such as dexedrine
- ○ Other, please list _____
- ○ Don't know

6. Do you have any of these symptoms now or did you develop them anytime during this deployment?

No	Yes During	Yes Now		No	Yes During	Yes Now	
○	○	○	Chronic cough	○	○	○	Chest pain or pressure
○	○	○	Runny nose	○	○	○	Dizziness, fainting, light headedness
○	○	○	Fever	○	○	○	Difficulty breathing
○	○	○	Weakness	○	○	○	Still feeling tired after sleeping
○	○	○	Headaches	○	○	○	Difficulty remembering
○	○	○	Swollen, stiff or painful joints	○	○	○	Diarrhea
○	○	○	Back pain	○	○	○	Frequent indigestion
○	○	○	Muscle aches	○	○	○	Vomiting
○	○	○	Numbness or tingling in hands or feet	○	○	○	Ringing of the ears
○	○	○	Skin diseases or rashes				
○	○	○	Redness of eyes with tearing				
○	○	○	Dimming of vision, like the lights were going out				

7. Did you see anyone wounded, killed or dead during this deployment?
(mark all that apply)

○ No ○ Yes - coalition ○ Yes - enemy ○ Yes - civilian

8. Were you engaged in direct combat where you discharged your weapon?

○ No ○ Yes (○ land ○ sea ○ air)

9. During this deployment, did you ever feel that you were in great danger of being killed?

○ No ○ Yes

10. Are you currently interested in receiving help for a stress, emotional, alcohol or family problem?

○ No ○ Yes

11. Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems?

None	Some	A Lot	
○	○	○	Little interest or pleasure in doing things
○	○	○	Feeling down, depressed, or hopeless
○	○	○	Thoughts that you would be better off dead or hurting yourself in some way

33348

DD FORM 2796, APR 2003

12. Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you ....

No	Yes	
○	○	Have had any nightmares about it or thought about it when you did not want to?
○	○	Tried hard not to think about it or went out of your way to avoid situations that remind you of it?
○	○	Were constantly on guard, watchful, or easily startled?
○	○	Felt numb or detached from others, activities, or your surroundings?

13. Are you having thoughts or concerns that ...

No	Yes	Unsure	
○	○	○	You may have serious conflicts with your spouse, family members, or close friends?
○	○	○	You might hurt or lose control with someone?

14. While you were deployed, were you exposed to:
(mark all that apply)

No	Sometimes	Often	
○	○	○	DEET insect repellent applied to skin
○	○	○	Pesticide-treated uniforms
○	○	○	Environmental pesticides (like area fogging)
○	○	○	Flea or tick collars
○	○	○	Pesticide strips
○	○	○	Smoke from oil fire
○	○	○	Smoke from burning trash or feces
○	○	○	Vehicle or truck exhaust fumes
○	○	○	Tent heater smoke
○	○	○	JP8 or other fuels
○	○	○	Fog oils (smoke screen)
○	○	○	Solvents
○	○	○	Paints
○	○	○	Ionizing radiation
○	○	○	Radar/microwaves
○	○	○	Lasers
○	○	○	Loud noises
○	○	○	Excessive vibration
○	○	○	Industrial pollution
○	○	○	Sand/dust
○	○	○	Depleted Uranium (If yes, explain) _____
○	○	○	Other exposures _____

15. On how many days did you wear your MOPP over garments? ☐☐ No. of days

16. How many times did you put on your gas mask because of alerts and NOT because of exercises? ☐☐ No. of times

17. Were you in or did you enter or closely inspect any destroyed military vehicles?

○ No ○ Yes

18. Do you think you were exposed to any chemical, biological, or radiological warfare agents during this deployment?

○ No ○ Don't know
○ Yes, explain with date and location

_____
_____
_____

33348

DD FORM 2796, APR 2003

Appendix II
Department of Defense Post-Deployment
Health Assessment Questionnaire DD-2796

Health Care Provider Only

SERVICE MEMBER'S SOCIAL SECURITY # ___ — ___ — ____

Post-Deployment Health Care Provider Review, Interview, and Assessment

Interview

1. Would you say your health in general is: ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor
2. Do you have any medical or dental problems that developed during this deployment? ○ Yes ○ No
3. Are you currently on a profile or light duty? ○ Yes ○ No
4. During this deployment have you sought, or do you now intend to seek, counseling or care for your mental health? ○ Yes ○ No
5. Do you have concerns about possible exposures or events during this deployment that you feel may affect your health? ○ Yes ○ No
   Please list concerns: _____
6. Do you currently have any questions or concerns about your health? ○ Yes ○ No
   Please list concerns: _____

Health Assessment

After my interview/exam of the service member and review of this form, there is a need for further evaluation as indicated below. (More than one may be noted for patients with multiple problems. Further documentation of the problem evaluation to be placed in the service member's medical record.)

REFERRAL INDICATED FOR:

○ None	○ GI
○ Cardiac	○ GU
○ Combat/Operational Stress Reaction	○ GYN
○ Dental	○ Mental Health
○ Dermatologic	○ Neurologic
○ ENT	○ Orthopedic
○ Eye	○ Pregnancy
○ Family Problems	○ Pulmonary
○ Fatigue, Malaise, Multisystem complaint	○ Other _____
○ Audiology	

EXPOSURE CONCERNS (During deployment):

○ Environmental
○ Occupational
○ Combat or mission related
○ None

Comments: _____

I certify that this review process has been completed.
Provider's signature and stamp:

This visit is coded by V70.5 _ _ 6

Date (dd/mm/yyyy) ___ / ___ / ____

End of Health Review

33348

DD FORM 2796, APR 2003 ASD(HA) APPROVED

Comments from the Department of Veterans Affairs

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

September 14, 2004

Ms. Cynthia A. Bascetta
Director
Health Care Team
U. S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Bascetta:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office's (GAO) draft report, ***VA AND DEFENSE HEALTH CARE: More Information Needed to Determine If VA Can Meet an Increase in Demand for Post-Traumatic Stress Disorder Services,*** (GAO-04-1069). While we concur with GAO's recommendation, several points of clarification are indicated and are discussed in the enclosure.

The Department will continue efforts to refine workload estimates and improve coordination of PTSD-related program elements. VA appreciates the opportunity to comment on your draft report.

Sincerely yours,

Anthony J. Principi

Enclosure

Enclosure

THE DEPARTMENT OF VETERANS AFFAIRS (VA) COMMENTS
TO GOVERNMENT ACCOUNTABILITY OFFICE (GAO)
DRAFT REPORT

VA AND DEFENSE HEALTH CARE: More Information Needed To Determine if VA Can Meet an Increase in Demand for Post-Traumatic Stress Disorder Services
(GAO-04-1069)

To help VA estimate the number of additional veterans it could treat for PTSD and to plan for the future demand for VA PTSD services from additional veterans seeking these services, we recommend that the Secretary of Veterans Affairs direct the Under Secretary for Health to determine the total number of veterans receiving VA PTSD services and provide facility-specific information to VA medical facilities and Vet Centers.

Concur – GAO reports that VA lacks the information needed to determine whether it can meet an increase in demand for Post-Traumatic Stress Disorder (PTSD) services by post-deployment veterans. Facility-specific and Vet Center-specific data currently exist. Medical care utilization, including mental health care and PTSD care, is already analyzed at a national level. The Veterans Health Administration (VHA) plans to aggregate this information with Vet Center utilization data to provide a national report of network, medical center and Vet Center utilization. VHA will provide this information to GAO. Although the ability of this workload data to project future demand is limited, it will provide some assistance in estimating workload demand and resource readiness. Additionally, VA has developed a mental health strategic plan that will project demand by major diagnoses and provide capability for gap analysis. VHA will consider PTSD-specific workload information from Vet Center workload in future revisions of this demand model. Existing data from medical center utilization will be used on an interim basis until the new model completes reliability testing and refinement. The mental health strategic plan is under final review. Estimated completion date is October 31, 2004.

While VA concurs with GAO's overall conclusions and recommendation, VA offers the following points of clarification as an adjunct:

- The narrowly defined scope of analysis in GAO's review does not account for the multiple health concerns that are also associated with veterans who are returning from combat. PTSD treatment cannot be effectively addressed in isolation, and VHA's approach to treating post-deployment

1

Enclosure

THE DEPARTMENT OF VETERANS AFFAIRS (VA) COMMENTS
TO GOVERNMENT ACCOUNTABILITY OFFICE (GAO)
DRAFT REPORT

VA AND DEFENSE HEALTH CARE: More Information Needed To Determine if VA Can Meet an Increase in Demand for Post-Traumatic Stress Disorder Services
(GAO-04-1069)

veterans focuses on all associated health concerns, not just PTSD. VHA acknowledges that more coordinated efforts are needed to consolidate and trend existing PTSD workload information. The complexity of problems associated with veterans' military experiences and post-deployment adjustment requires VA to maintain a comprehensive mental health and health care system.

- Fundamental to VA's efforts is DoD's timely provision of demographic, health and exposure information to VA. DoD has supplied demographic data for returning veterans. VHA analyzes and trends these data quarterly. These data are provided to the network offices for follow-up outreach efforts. As GAO suggests, VHA will identify related demographic data requirements that might assist in determining expanded workload demands prior to implementing the mental health strategic plan. Provision of basic post-deployment health data would assist VA in providing health care to individual veterans and in supporting improved rating decisions on disability compensation claims by returning veterans. These data would also assist VA in better understanding and planning for the health problems for all returning Operations Enduring Freedom and Iraqi Freedom veterans. Although DoD officials have provided VA with useful demographics on separated veterans, DoD has not provided the collective electronic records from the post-deployment health screening, including PTSD and other mental health information. VA continues to seek access to these records and to strengthen the Department's cooperative ties with DoD mental health officials and is hopeful that information sharing will be expedited. Recent deliberations of the VA/DoD Health Executive Council to highlight mental health issues as a primary focus are encouraging.

2

Comments from the Department of Defense

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

TRICARE
MANAGEMENT
ACTIVITY

SEP 10 2004

Ms. Cynthia A. Bascetta
Director, Health Care-Veterans'
Health and Benefits Issues
U.S. Government Accountability Office
441 G Street, N.W.
Washington, DC 20548

Dear Ms. Bascetta:

This is the Department of Defense (DoD) response to the Government Accountability Office (GAO) draft report, "VA AND DEFENSE HEALTH CARE: More Information Needed to Determine If VA Can Meet an Increase in Demand for Post-Traumatic Stress Disorder Services," dated September 2, 2004 (GAO Code 290387/GAO-04-1069).

The Department appreciates the opportunity to comment on the draft report and concurs with the GAO findings and conclusions.

Please direct any questions to my points of contact on this matter, Mr. Kenneth Cox (functional) at (703) 681-0039, ext. 3602 and Mr. Gunther J. Zimmerman (Audit Liaison) at (703) 681-3492, ext. 4065.

Sincerely,

Richard A. Mayo, RADM, MC, USN
Deputy Director

Enclosures:
1. Overall Comments
2. Technical Comments

GAO Contact and Staff Acknowledgments

GAO Contact

Marcia A. Mann, 202-512-9526

Acknowledgments

In addition to the contact named above Mary Ann Curran, Linda Diggs, Martha Fisher, Krister Friday, and Marion Slachta made key contributions to this report.

Related GAO Products

Defense Health Care: DOD Needs to Improve Force Health Protection and Surveillance Processes. GAO-04-158T, Washington, D.C.: October 16, 2003.

Defense Health Care: Quality Assurance Process Needed to Improve Force Health Protection and Surveillance. GAO-03-1041, Washington, D.C.: September 19, 2003.

Disabled Veterans' Care: Better Data and More Accountability Needed to Adequately Assess Care. GAO/HEHS-00-57, Washington, D.C.: April 21, 2000.

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