DOD and VA Have Made Progress to Jointly Develop Required Policies but Additional Challenges Remain

DOD and VA have made substantial progress in jointly developing policies required by sections 1611 through 1614 of the NDAA 2008 in the areas of (1) care and management, (2) medical and disability evaluation, (3) return to active duty, and (4) transition of care and services received from DOD to VA. Overall, GAO’s analysis showed that as of April 2009, 60 of the 76 requirements GAO identified have been completed and the remaining 16 requirements are in progress. DOD and VA have completed all of the policy development requirements for medical and disability evaluations, including issuing a report on the feasibility and advisability of consolidating the DOD and VA disability evaluation systems, although the pilot for this approach is still ongoing. DOD has also completed establishing standards for returning recovering servicemembers to active duty. More than two-thirds of the policy development requirements have been completed for the remaining two policy areas—care and management and the transition of recovering servicemembers from DOD to VA. Most of these requirements were addressed in a January 2009 DOD Directive-Type Memorandum that was developed in consultation with VA. DOD officials reported that more information will be provided in a subsequent policy instruction, which will be issued in June 2009. VA also plans to issue related policy guidance in June 2009.

DOD and VA officials told GAO that they have experienced numerous challenges as they worked to jointly develop policies to improve the care, management, and transition of recovering servicemembers. According to officials, these challenges contributed to the length of time required to issue policy guidance, and in some cases the challenges have not yet been completely resolved. For example, the SOC must still standardize key terminology relevant to policy issues affecting recovering servicemembers. DOD and VA agreement on key definitions for what constitutes “mental health,” for instance, is important for developing policies that define the scope, eligibility, and service levels for recovering servicemembers. Recent changes affecting the SOC may also pose future challenges to policy development. Some officials have expressed concern that DOD’s recent changes to staff supporting the SOC have disrupted the unity of command because SOC staff now report to three different officials within DOD and VA. However, it is too soon to determine how DOD’s staffing changes will work. Additionally, according to DOD and VA officials, the SOC’s scope of responsibilities appears to be in flux. While the SOC will remain responsible for policy matters for recovering servicemembers, a number of policy issues may now be directed to the DOD and VA Joint Executive Council. Despite this uncertainty, DOD and VA officials told GAO that the SOC’s work groups continue to carry out their responsibilities.

GAO shared the information contained in this statement with DOD and VA officials, and they agreed with the information GAO presented.