

Highlights of [GAO-12-154](#), a report to the Chairman and Ranking Member, Committee on Armed Services, House of Representatives

## Why GAO Did This Study

Post-traumatic stress disorder (PTSD), which falls into the broader field of psychological health (PH), and traumatic brain injury (TBI) are recognized as the signature wounds of the wars in Afghanistan and Iraq. In two reports issued in 2011 ([GAO-11-219](#) and [GAO-11-611](#)), GAO cited numerous management weaknesses at the Defense Center of Excellence for PH and TBI (DCOE). For the present report, GAO reviewed (1) funding for DOD's PH and TBI activities in fiscal years 2007 through 2010 and the accuracy of its reporting on these activities to Congress and (2) DOD's ability to coordinate its PH and TBI activities to help ensure that funds are used to support programs of the most benefit to service-members. GAO interviewed DOD officials, reviewed legislation and DOD's annual reports, and obtained relevant documentation.

## What GAO Recommends

GAO recommends that DOD direct the Assistant Secretary of Defense for Health Affairs to (1) include expenditure data in annual reports to Congress, as required; (2) establish quality control mechanisms on PH and TBI data; (3) if patient care costs are provided in future annual reports, specify what they include; and (4) revisit DCOE's role as DOD's coordinating authority for issues concerning PH and TBI, as stated in DCOE's campaign plan, and determine whether DCOE or another organization should perform this function. In written comments on a draft of this report, DOD concurred with all four recommendations.

View [GAO-12-154](#) or key components. For more information, contact Brenda S. Farrell at (202) 512-3604 or [farrellb@gao.gov](mailto:farrellb@gao.gov).

## DEFENSE HEALTH

### Coordinating Authority Needed for Psychological Health and Traumatic Brain Injury Activities

## What GAO Found

From fiscal year 2007 through fiscal year 2010, DOD activities for the treatment and research of PH and TBI received more than \$2.7 billion. In fiscal year 2007, funding for these activities totaled \$900 million; in fiscal year 2008, it was \$573.8 million; in fiscal year 2009, \$395 million; and in fiscal year 2010, \$838.6 million. GAO found, however, that the reports DOD provided to Congress on these activities did not include expenditures, as required by law, and that the obligations data they contained were unreliable. Governmentwide policies call for agencies to have effective internal controls to assure accurate reporting of obligations and expenditures. However, the Office of the Assistant Secretary of Defense for Health Affairs has not developed quality control mechanisms to help ensure that data on PH and TBI activities are complete and accurate. Further, although DOD listed patient care among reported costs, it did not specify what those costs included, making it difficult for decisionmakers and Congress to fully understand the costs.

No one organization coordinates DOD's PH and TBI activities. The National Defense Authorization Act for Fiscal Year 2008 directed the Secretary of Defense to establish a Center for PTSD and a Center for TBI to, among other things, implement DOD's comprehensive plans for these issues, disseminate best practices, provide guidance, and conduct research. Subsequently, a Senior Oversight Committee established by the Secretaries of Defense and Veterans Affairs reported in its plan to Congress that DOD had created a single Defense Center of Excellence for PH and TBI (DCOE) to lead efforts in practice standards, training, outreach, research, and direct care. The Committee tasked DCOE with acting as an information clearinghouse that would allow servicemembers and their families to navigate the system of care. In its own plan, DCOE stated that it would serve as a coordinating authority for DOD's PH and TBI issues and perform a gap analysis to identify needed programming. GAO found, however, as it had in prior reports, that DCOE's strategic plan did not reflect a clear mission focusing the organization on its statutory responsibilities. Instead, those responsibilities are dispersed among the TRICARE Management Activity, the Army Medical Research and Materiel Command, and others. While the Office of the Assistant Secretary of Defense for Health Affairs has broad oversight for all of DOD's medical missions, its global role prevents it from focusing on PH and TBI activities specifically. As a result, no single organization is devoted to ensuring that accurate and timely data are available on DOD's PH and TBI activities or coordinating these activities. GAO, in conducting this review, had to obtain information from several different sources to compile a comprehensive list of DOD's PH and TBI activities. This finding was echoed in a recent RAND report that also noted that no single source in DOD tracked its PH and TBI programs or had appropriate resources to direct servicemembers to the full array of programs available. Without an entity to coordinate these activities, DOD will remain hampered in its efforts to ensure that resources are used effectively to meet goals, and Congress will be limited in its ability to obtain reliable information to guide decisionmaking.