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VA AND DOD HEALTH CARE

VA Has Policies and Outreach Efforts to Smooth Transition from DOD Health Care, but Sharing of Health Information Remains Limited

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Highlights of [GAO-05-1052T](#), a testimony before the Committee on Veterans' Affairs, House of Representatives

Why GAO Did This Study

Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) servicemembers and those who are discharged from military service may receive health care from the Department of Veterans Affairs (VA). Since the onset of OIF and OEF, the Department of Defense (DOD) has reported that more than 15,000 servicemembers have been wounded in combat. Those who are seriously injured require comprehensive health care services and may be treated at either DOD or VA medical facilities. Because VA is expected to provide health care to many of the injured OIF and OEF servicemembers, concerns have been raised about the ease with which these individuals and their health care information transition from DOD's to VA's health care system.

This statement is based on GAO's preliminary work on "seamless transition" and focuses on (1) the policies and outreach efforts that VA has instituted to provide timely access to health care to OIF and OEF servicemembers and (2) the extent to which individually identifiable health information is shared systematically between DOD and VA. Since GAO's work is still in the early stages of review, the statement is limited to information gathered to date.

www.gao.gov/cgi-bin/getrpt?GAO-05-1052T.

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 or bascetta@gao.gov.

VA AND DOD HEALTH CARE

VA Has Policies and Outreach Efforts to Smooth Transition from DOD Health Care, but Sharing of Health Information Remains Limited

What GAO Found

Since 2002, VA has developed policies and procedures that direct its medical facilities to provide OIF and OEF servicemembers timely access to care.

Most notably, VA

- assigned VA social workers to selected military treatment facilities in August 2003,
- directed VA facilities to designate combat case managers in October 2003, and
- directed the establishment of four VA polytrauma centers for OIF and OEF servicemembers in June 2005.

In January 2005, VA established the Seamless Transition Office to further improve coordination within the Veterans Benefits Administration and the Veterans Health Administration as well as between DOD and VA. In addition, VA has increased outreach efforts by providing OIF and OEF servicemembers who have been discharged with personal letters and newsletters, a Web site for health information tailored to OIF and OEF servicemembers, counseling services, and briefings on available VA health care services. GAO is in the beginning stages of reviewing VA's efforts to provide a smooth transition from DOD health care and has not yet evaluated the effectiveness of VA's related policies, procedures, and outreach initiatives.

An important issue associated with transitioning servicemembers to VA health care is the sharing of health care information between DOD and VA. The two departments have signed a memorandum of understanding for sharing individually identifiable health information, but the memorandum does not specify the particular types of individually identifiable health information that will be exchanged and when the information will be shared. The absence of specific procedures continues to hinder VA's efforts to obtain needed health information from DOD. Recently, DOD has begun to share certain health assessment information with VA on individuals who have been discharged from the military, and the transmitting of this information to VA on a routine basis is expected to occur in October 2005. However, according to VA officials, DOD is not providing health assessment information to VA for Reserve and National Guard members, who comprise 35 percent of the OIF and OEF forces.

Mr. Chairman and Members of the Committee:

Thank you for inviting me to share our work to date on the Department of Veterans Affairs' (VA) collaboration with the Department of Defense (DOD) to ensure that servicemembers are able to make a "seamless transition" from DOD health care to VA health care services. Servicemembers, under certain conditions,¹ and those who are discharged from service may receive health care from VA. On September 20, 2005, DOD reported that more than 15,000 servicemembers had been wounded during Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).² Many return to active duty after they are treated, but those who are seriously injured require comprehensive health care services and may undergo a medical evaluation to determine their ability to stay in the military. Because VA is expected to provide health care for injured OIF and OEF servicemembers, including those who have been discharged, concerns have been raised about the ease with which these individuals transition from DOD's to VA's health care system.

My remarks today are based on preliminary work done on this issue and focus on (1) the policies and outreach efforts that VA has instituted to provide timely access to care to OIF and OEF servicemembers and (2) the extent to which individually identifiable health information is shared systematically between DOD and VA.

In conducting our review, we interviewed DOD, National Guard, Reserve, and VA officials and obtained documents on relevant policies, procedures, and VA outreach materials. Among these documents, we reviewed the June 29, 2005, memorandum of understanding (MOU) for the sharing of data between DOD and VA and the applicable law and regulations that govern the sharing of individually identifiable health information. In addition, we examined issues related to eligibility and medical staff roles and responsibilities. We also visited the two DOD medical facilities that receive and treat most of the seriously injured OIF and OEF

¹Generally, VA supplements care that is not available from DOD or when the demand for such care cannot be met by DOD.

²OIF, which began in March 2003, supports combat operations in Iraq and other locations. OEF, which began in October 2001, supports combat operations in Afghanistan and other locations.

servicemembers and two VA medical centers that also treat them.³ We did our work from May 2005 through September 2005 in accordance with generally accepted government auditing standards.

In summary, VA has developed policies and procedures that direct its medical facilities to provide OIF and OEF servicemembers timely access to care. VA has also increased outreach efforts by providing OIF and OEF servicemembers who have been discharged with personal letters and newsletters, a Web site for health information tailored to OIF and OEF servicemembers, counseling services, and briefings on available VA health care services. We are in the beginning stages of our review of VA's efforts to provide a smooth transition from DOD health care and have not yet evaluated the effectiveness of VA's related policies, procedures, and outreach initiatives. We are reviewing the implementation of these efforts in our ongoing work for this committee.

An important issue associated with transitioning servicemembers to VA health care is the sharing of health care information between DOD and VA. Currently, DOD does not have specific procedures for routinely transmitting to VA health information on servicemembers who are likely to be discharged from the military due to their medical condition. Recently, DOD has begun to share certain health assessment information with VA on individuals who have separated from the military, and the transmitting of this information to VA on a routine basis is expected to occur in October 2005. However, according to VA officials, DOD is not providing health assessment information to VA for Reserve and National Guard members, who comprise 35 percent of the OIF and OEF forces.

Background

Since the onset of OIF and OEF, over 1 million servicemembers have been deployed. As of the end of June 2005, more than 393,000 active duty, Reserve, and National Guard servicemembers from OIF and OEF have separated from active duty. Of these, over 100,000 have sought health care services from VA, including over 2,400 who received inpatient care at VA medical centers. The Reserves and National Guard account for about 54,000 of those servicemembers who sought health care services from VA. The three most common health problems have been musculoskeletal

³The DOD facilities were Walter Reed Army Medical Center and the National Naval Medical Center; the VA facilities were the Augusta VA Medical Center and the Richmond VA Medical Center.

ailments (primarily joint and back disorders), dental problems, and mental health disorders.

Servicemembers injured during OIF and OEF are surviving injuries that would have been fatal in past conflicts. In World War II, 30 percent of Americans injured in combat died; this proportion dropped to 24 percent for those injured in the Vietnam War and further dropped to about 10 percent for those injured in OIF and OEF. Many of the injured OIF and OEF servicemembers are returning with severe disabilities, including traumatic brain injuries and missing limbs.

About 65 percent of OIF and OEF combat injuries are from improvised explosive devices, blasts, landmines, and fragments. Of those injured personnel, about 60 percent have some degree of traumatic brain injury and may require comprehensive inpatient rehabilitation services to address complex cognitive, physical, and mental health issues resulting from trauma. Traumatic brain injuries may cause problems with cognition (concentration, memory, judgment, and mood), movement (strength, coordination, and balance), sensation (tactile sensation and vision), and emotion (instability and impulsivity). The Department of Health and Human Services' Centers for Disease Control and Prevention reports that an estimated 15 percent of persons who sustain a mild brain injury continue to experience symptoms 1 year after injury.

Initially, most severely injured servicemembers, including Reserve and National Guard members, are brought to Landstuhl Regional Medical Center in Germany for treatment. From there, they are transported to appropriate U.S. military medical facilities, with most of the seriously injured admitted to Walter Reed Army Medical Center or the National Naval Medical Center, both located in the Washington, D.C., area. Once these servicemembers are medically stabilized, many are relocated closer to their homes or military commands and continue recovering either on an inpatient or outpatient basis at a VA medical facility, a DOD military treatment facility (MTF), or DOD civilian provider.⁴

Those who have served, or are now serving, in OIF and OEF may receive care from VA for conditions that are or may be related to their combat

⁴DOD provides health care to beneficiaries through its TRICARE program. TRICARE beneficiaries can obtain health care through DOD's direct care system of military hospitals and clinics, commonly referred to as MTFs, and through DOD's purchased care system of civilian providers.

services for a 2-year period following the date of their separation from active duty without copayment requirements. Following this 2-year period, they may continue to receive VA care but may be subject to a copayment for their health care.

To ensure that servicemembers engaged in conflicts receive the health care services they need, Congress passed legislation in May 1982 that authorized VA to provide medical services to members of the armed forces during and immediately following wartime or national emergencies involving the armed forces in armed conflict.⁵ The law authorized the Secretary of VA to give servicemembers responding to or involved in a war or national emergency a higher priority for medical services than all veterans, except those with a service-connected disability.⁶ VA has established an enrollment system to manage veterans' access to care. This system includes eight priority categories for enrollment, with higher priority given to veterans with service-connected disabilities, lower incomes, or other recognized statuses such as former prisoners of war.

Separation from the military and return to civilian life may entail the exchange of individually identifiable health information between DOD and VA. The exchange of this information must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)⁷ and the HIPAA Privacy Rule, which became effective April 14, 2001.⁸ The HIPAA Privacy Rule permits DOD and VA to share servicemembers' health information under certain circumstances, such as for continuity of health care treatment or if the individual signs a proper authorization.

⁵The Veterans' Administration and Department of Defense Health Resources Sharing and Emergency Operations Act, Pub. L. No. 97-174, §4(a), 96 Stat. 70, 74-75.

⁶A service-connected disability is an injury or disease that was incurred or aggravated while on active military duty.

⁷Pub. L. No. 104-191, 110 Stat. 1936 (1996).

⁸The HIPAA Privacy Rule applies to covered entities and specifies how individually identifiable health data may be used and disclosed by covered entities. See 45 C.F.R. § 164.500(a), 164.502 (2004). Covered entities are defined in the HIPAA Privacy Rule as health plans, clearinghouses, and certain health care providers. Both DOD's health care system and VA's health care system are covered entities. See 45 C.F.R. § 160.103 (2004). All covered entities had to comply with the HIPAA Privacy Rule by April 14, 2003, with the exception of small health plans.

VA Has Established Policies and Outreach Efforts Intended to Smooth the Transition from DOD Health Care

VA has taken several steps to provide OIF and OEF servicemembers with timely access to health care and information on health care services. These steps include setting policies and developing outreach efforts targeting OIF and OEF servicemembers.

Recent VA Policies Designed to Facilitate Transition to VA Health Care

Since 2002, VA has issued a memorandum and four directives addressing eligibility criteria and the health care needs of recently discharged servicemembers.⁹

- A September 2002 directive established policies and procedures for offering hospital care, medical services, and nursing home care to recently discharged servicemembers for a 2-year period, beginning on their discharge date, for any illness, without requiring proof of its link to military service.¹⁰ Under this directive, these veterans are enrolled in the lowest priority category for service-connected veterans.
- In April 2003, when the President declared a national emergency with respect to the conflict in Iraq, the Secretary of VA issued a memorandum authorizing VA to give priority health care to servicemembers who sustained an injury, over veterans and others eligible for VA care, except those with service-connected disabilities.
- An October 2003 directive (1) provided instructions to VA employees for determining the eligibility of recent combat veterans to be enrolled for VA health care; (2) required each VA medical facility to designate a clinically trained combat case manager, usually a social worker or nurse, to coordinate all of the medical care and services provided to recent combat veterans by VA and non-VA agencies until the veterans no longer need care; and (3) required VA medical facilities to designate a point of contact—administrative staff, social worker, or nurse—to receive and expedite transfers of servicemembers from MTFs to VA medical facilities and coordinate with VA’s combat case managers.¹¹

⁹VA sometimes refers to individuals who served in combat after the Gulf War or during a period of hostilities after November 11, 1998, as “recent combat veterans”. Our reference to discharged servicemembers includes deactivated Reserve and National Guard members.

¹⁰VHA Directive 2002-049, *Combat Veterans are Eligible for Medical Services for 2-Years After Separation from Military Service Notwithstanding Lack of Evidence for Service Connection*, September 11, 2002.

¹¹VHA Directive 2003-061, *Combat Veteran Intake Processing and Software Implementation*, October 23, 2003.

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- A June 2005 directive specified the dates of service and combat locations to determine whether recent combat veterans are eligible for health care services.¹²
 - Another June 2005 directive expanded the scope of care at VA's four regional traumatic brain injury rehabilitation centers and redefined these facilities as polytrauma rehabilitation centers.¹³ These centers' inclusion of psychological treatment for family members and rehabilitation services using high-technology prosthetics reflect VA's intention to provide more coordinated care for patients, including the growing number of OIF and OEF servicemembers with severe and disabling trauma.¹⁴ The directive states that coordination of care, including intensive clinical and social work case management services,¹⁵ is essential in these severe trauma cases, as patients transition from acute hospitalization through acute rehabilitation and ultimately to their home communities.

In addition to VA's directives, a joint DOD and VA program was established in August 2003 to assign VA social workers to selected MTFs to coordinate patient transfers between MTFs and VA medical facilities.¹⁶ The social workers make appointments for care, ensure continuity of therapy and medications, and followup with patients to verify success of

¹²VHA Directive 2005-020, *Determining Combat Veteran Eligibility*, June 2, 2005. Both this and the October 2003 directive allow VA to provide health care services to a veteran without proof of combat service. If VA later determines that the veteran is not a recent combat veteran, VA will reevaluate the veteran's eligibility.

¹³VHA Directive 2005-024, *Polytrauma Rehabilitation Centers*, June 8, 2005. The four centers are located in Minneapolis, Minnesota; Palo Alto, California; Richmond, Virginia; and Tampa, Florida.

¹⁴Because of the high percentage of veterans from OIF and OEF who are surviving multiple massive injuries, Congress mandated that VA establish polytrauma rehabilitation centers for research, education, and clinical activities for servicemembers with complex combat injuries. See the Veterans Health Programs Improvement Act of 2004, Pub. L. No. 108-422, § 302, 118 Stat. 2379, 2383-86.

¹⁵Case management includes assessment of the individual's health care needs, care planning and implementation, referral coordination, monitoring, and periodic reassessment of the individual's care needs.

¹⁶Five MTFs were originally selected because they received most of the OIF and OEF casualties. The MTFs were Walter Reed Army Medical Center (Washington, D.C.), Brooke Army Medical Center (San Antonio, Texas), Dwight David Eisenhower Army Medical Center (Augusta, Georgia), Madigan Army Medical Center (Tacoma, Washington), and the National Naval Medical Center (Bethesda, Maryland). In 2004 and 2005, three additional MTFs—Darnall Army Community Hospital (Fort Hood, Texas), Evans Army Community Hospital (Fort Carson, Colorado), and the Naval Hospital Camp Pendleton (Camp Pendleton, California)—were added to care for returning OIF and OEF servicemembers.

the discharge. By mid-July 2005, the social workers had received 3,907 requests for transfer of care—almost two-thirds of them had been transferred to VA facilities; the rest were pending. Further, VA benefits counselors work with the social workers to inform servicemembers about VA benefits and to initiate paperwork for disability compensation claims, vocational rehabilitation and employment assistance, and other VA benefits.

Also in August 2003, VA created the Taskforce for the Seamless Transition of Returning Service Members. The taskforce, composed of senior VA leadership, focused on developing and implementing VA policies to improve the transition of injured servicemembers to civilian life. In January 2005, VA established the Seamless Transition Office to further improve coordination within the Veterans Benefits Administration and the Veterans Health Administration as well as between DOD and VA.¹⁷ The goals of the Seamless Transition Office include improving communication, coordination, and collaboration within VA and with DOD with respect to health care; educating VA staff about veteran's health care and other needs; and ensuring that policies and procedures are in place to enhance the transition from servicemember to veteran. The Seamless Transition Office uses the taskforce in an advisory capacity.

To help ensure that VA staff assisting OIF and OEF servicemembers can be responsive to their health care needs, the agency created an internal Web site to provide a single source of access to VA policies, procedures, and directives for wounded, ill, and seriously injured servicemembers and veterans. According to VA, the internal Web site also includes a list of the points of contact at medical facilities and articles about transition-related activities.

VA Outreach Efforts to OIF and OEF Servicemembers

VA has instituted several outreach strategies to provide information about the health care services available to OIF and OEF servicemembers who have been discharged. These include the use of newsletters, personal letters, an external Web site, counseling services, and briefings on VA benefits and services.

¹⁷The Veterans Benefits Administration provides benefits and services, such as disability compensation, to veterans. The Veterans Health Administration's primary responsibility is the delivery of health care to veterans.

Using DOD rosters of OIF and OEF servicemembers who have separated from active duty, VA sends newsletters and personal letters with pertinent information to these new veterans. VA has sent three newsletters since December 2003, with information on benefits and health issues specific to OIF and OEF veterans. In addition, the Secretary of VA sends these new veterans a letter thanking them for their service to the country and informing them about VA health care services and assistance to aid in their transition to civilian life. The letter includes a toll-free number for obtaining information on VA health care and two brochures on VA health care as well as benefit information, including disability compensation, education and training, vocational rehabilitation and employment, home loans, and life insurance. In addition, the Secretary of VA has sent letters to all the Adjutants General and Chiefs of the Reserves to inform them of VA services and benefits.¹⁸

VA has also sought to improve access to health care information. It created a Web site that provides information specific to those who served in OIF and OEF, such as information on VA health and medical services; dependents' benefits and services; transition assistance; and benefits for active duty military, Reserve, and National Guard personnel.¹⁹ In addition, VA developed a wallet-sized card with relevant toll-free telephone numbers and Web site addresses. VA officials reported that the agency has distributed 1 million copies of this wallet card.

VA has enhanced outreach to those who served in OIF and OEF and their families through its Vet Center Readjustment Counseling Service, consisting of 207 centers. Vet Centers function as community points of access by providing information and referrals to VA medical facilities. Additionally, they offer counseling, employment services, and a range of social services to assist individuals in readjusting from wartime military service to civilian life. VA reported that during 2004, it hired 50 peer counselors and placed them at Vet Centers where significant numbers of servicemembers were returning from OIF and OEF. According to a VA official, VA is in the process of hiring an additional 50 peer counselors.

Briefings are another form of outreach used by VA to inform OIF and OEF servicemembers about health care services.

¹⁸Each state has an Adjutant General overseeing all Army and Air Force National Guard units in the state.

¹⁹The Web site can be accessed through VA's home page at www.va.gov.

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- From fiscal year 2001 through the third quarter of fiscal year 2005, VA held more than 30,800 briefings on VA benefits for more than 1.1 million servicemembers.²⁰ These briefings include about 3,700 predeployment and postdeployment briefings for about 230,000 activated Reserve and National Guard servicemembers.²⁰ VA held some of these briefings aboard the USS Constellation, the USS Enterprise, and the USS George Washington during the return of these vessels from the Persian Gulf to the United States.
 - VA's staff from the Seamless Transition Office have given educational briefings on VA services and benefits to senior leadership in the National Guard and the Army Reserve. Under a May 2005 memorandum of agreement between VA and the National Guard, VA is in the process of making staff available to provide briefings to Guard units in each state.

Sharing of Health Information between DOD and VA Is Limited

An important issue in providing a smooth transition from DOD's to VA's health care system is the sharing of individually identifiable health information. In its May 2003 report, the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans stated that "a seamless transition from military service to veteran status is especially critical in the context of health care, where readily available, accurate, and current medical information must be accessible to health care providers." The task force further stated that increased collaboration is needed between the departments for the transfer of personnel and health information. DOD and VA officials have told us that health information is being shared when injured servicemembers are transferred from DOD to VA medical facilities.²¹ For OIF and OEF servicemembers who may potentially use VA services, DOD and VA share some types of administrative data, such as individuals' names and addresses; however, the sharing of health information between the two departments remains limited.

As we reported at a hearing in May 2005, DOD and VA did not have an agreement—after 2 years of discussion—that specifies what types of individually identifiable health information can be exchanged and when they may be shared.²² Shortly after the hearing, DOD and VA signed an

²⁰VA could not report how many of these were OIF and OEF servicemembers.

²¹The HIPAA Privacy Rule permits the sharing of health information for continuity of health care treatment purposes.

²²GAO, *DOD and VA: Systematic Data Sharing Would Help Expedite Servicemembers' Transition to VA Services*, [GAO-05-722T](#) (Washington, D.C.: May 19, 2005).

MOU for the sharing of individually identifiable health information.²³ The MOU constitutes an agreement on the circumstances under which DOD and VA will exchange individually identifiable health information and includes references to provisions of the HIPAA Privacy Rule and applicable laws that permit sharing. The MOU does not specify particular types of individually identifiable health information that will be exchanged and when the information will be shared. The absence of specific data sharing procedures continues to hinder VA's efforts to obtain needed health information from DOD.

For example, DOD does not have specific procedures to routinely provide VA with health information on servicemembers who have injuries or illnesses that preclude them from continuing on active duty and, as a result, are being evaluated by a DOD physical evaluation board (PEB) for separation from the military.²⁴ According to VA officials, if a list of these individuals were transmitted routinely to VA, it would enable VA to contact the individuals to make the appropriate transfer of health care to a VA medical facility before the individuals are discharged from the military. Such information could reduce the potential for interruption to these individuals' health care treatment plans. DOD officials told us that they are in the process of developing a policy directive that would establish procedures for sharing information with VA on servicemembers who are entering the PEB process, but they could not determine when this policy directive would become effective.

Recent progress in VA and DOD data sharing involves a health assessment questionnaire that DOD requires servicemembers to complete following deployment.²⁵ This document contains, among other things, self-reported information about a servicemember's potential exposure to toxic substances and includes four questions that can be used to identify individuals at risk of developing post-traumatic stress disorder. In July 2005, DOD transmitted to VA postdeployment health assessment data for

²³VA signed the MOU in May 2005 and DOD signed it in June 2005.

²⁴Military PEBs recommend whether servicemembers are physically unfit to perform their military duties and should be placed on disability retirement or discharged from military service.

²⁵All servicemembers who are deployed outside of the United States for 30 or more days to locations without treatment facilities must complete a postdeployment health assessment questionnaire, DD 2796. DOD uses this questionnaire to determine the presence of any physical ailments or mental health issues commonly associated with deployments.

those individuals who have been discharged from the military. According to VA officials, DOD is expected to transmit these data monthly beginning in October 2005. For these individuals, VA clinicians will be able to access the data through VA's computerized medical record system when the individuals seek VA health care services. However, according to VA officials, DOD is not providing health assessment information to VA for Reserve and National Guard members, who comprise 35 percent of the OIF and OEF forces.

In addition to individual health information from the postdeployment questionnaire, VA officials state that the agency could use aggregate data from the questionnaire to plan for the needs of current servicemembers who may one day be eligible for health care and benefits from VA. This is consistent with an observation made by the President's task force that comprehensive servicemember health data are essential for forecasting and preparing for changes in the demand for health care services. Currently, the data from the individual postdeployment assessments are not accessible in a format that can be aggregated and manipulated to provide the desired trend information.

Mr. Chairman, this concludes my prepared remarks. I will be pleased to answer any questions you or other members of the committee may have.

Contacts and Acknowledgments

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Related GAO Products

Military and Veterans' Benefits: Improvements Needed in Transition Assistance Services for Reserves and National Guard. [GAO-05-844T](#). Washington, D.C.: June 29, 2005.

Military and Veterans' Benefits: Enhanced Services Could Improve Transition Assistance for Reserves and National Guard. [GAO-05-544](#). Washington, D.C.: May 20, 2005.

DOD and VA: Systematic Data Sharing Would Help Expedite Servicemembers' Transition to VA Services. [GAO-05-722T](#). Washington, D.C.: May 19, 2005.

Vocational Rehabilitation: VA Has Opportunities to Improve Services, but Faces Significant Challenges. [GAO-05-572T](#). Washington, D.C.: April 20, 2005.

VA Disability Benefits and Health Care: Providing Certain Services to the Seriously Injured Poses Challenges. [GAO-05-444T](#). Washington, D.C.: March 17, 2005.

Vocational Rehabilitation: More VA and DOD Collaboration Needed to Expedite Services for Severely Injured Servicemembers. [GAO-05-167](#). Washington, D.C.: January 14, 2005.

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](#). Washington, D.C.: September 20, 2004.

Major Management Challenges and Program Risks: Department of Veterans Affairs. [GAO-03-110](#). Washington, D.C.: January 2003.

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