

Why GAO Did This Study

DOD estimates that about 24 percent of servicemembers who die in combat could have survived if improved and more timely medical care could be made available. Because multiple DOD organizations conduct research to develop medical products and processes to improve combat casualty care, it is critical that these organizations coordinate their work. It is also important that agencies monitor and assess their performance to help achieve organizational goals, which for DOD include addressing gaps in its capability to provide combat casualty care. The National Defense Authorization Act for Fiscal Year 2012 directed GAO to review DOD's combat casualty care research and development programs. This report assesses whether DOD (1) uses a coordinated approach to plan this research; and (2) monitors and assesses this research to determine the extent to which it fills capability gaps and achieves other goals. GAO reviewed DOD's policies and documentation; interviewed officials from DOD and other federal agencies; and analyzed metrics DOD used to gauge the progress of its research.

What GAO Recommends

GAO recommends that DOD (1) communicate the importance of early coordination among DOD's nonmedical organizations and (2) develop and implement a plan to determine the extent to which research fills gaps and achieves other goals. DOD concurred with these recommendations.

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DEFENSE HEALTH

Actions Needed to Help Ensure Combat Casualty Care Research Achieves Goals

What GAO Found

The biomedical research organizations of the Department of Defense (DOD) use a coordinated approach to plan combat casualty care research and development, but not all of DOD's nonmedical research organizations share information early in the research process. GAO has previously reported that federal agencies can enhance and sustain collaboration of efforts by using key practices, such as agreeing on roles and responsibilities and establishing the means to operate across organizational boundaries. In 2010, DOD established a planning committee to coordinate the efforts of organizations conducting combat casualty care research. The committee developed a draft charter in 2010 identifying members respective roles and responsibilities. DOD issued the final charter in early January 2013, while GAO was conducting its review. DOD also facilitated operation across organizational boundaries by colocating most of the organizations conducting combat casualty care research. However, DOD organizations that typically do not conduct biomedical research, such as the Army Research Laboratory, are not involved in DOD's efforts to coordinate this research. When these organizations conduct research relevant to combat casualty care they do not always share information with appropriate officials early in the research process, as they are not aware of the need to coordinate early and may not fully understand medical research requirements. As a result, some researchers have had to repeat some work to adhere to these requirements. DOD has also taken steps to coordinate with other federal agencies that are involved in this research.

The Office of the Assistant Secretary of Defense for Health Affairs (Health Affairs) and the Army Medical Research and Materiel Command (MRMC) assess the progress of combat casualty care research and development projects, but they have not assessed the extent to which this research fills gaps in DOD's capability to provide this care or achieves other DOD goals. Federal internal control standards state that agencies should assess their performance to ensure they meet the agency's objectives. Health Affairs and Army MRMC—the two organizations that fund most combat casualty care research and development—monitor research projects to determine whether to continue funding, make necessary corrections, or terminate these projects. However, in 2008 DOD identified gaps in its capability to provide combat casualty care, and although Health Affairs and Army MRMC have completed 44 research projects since then designed to address these gaps, they have not assessed whether the results of this research fill the gaps identified in 2008. In addition, Health Affairs and Army MRMC established other goals for this research portfolio to improve combat casualty care. For example, in 2010, Health Affairs set goals to improve DOD's ability to control bleeding. However, neither organization has developed an assessment that comprehensively identifies each of the goals for the portfolio and includes information about the extent to which each goal has been met. Health Affairs and Army MRMC officials stated that they intend to complete a strategic roadmap for the portfolio, but GAO was unable to determine if the roadmap will include a plan for a comprehensive assessment of this portfolio. Without such a plan for a comprehensive assessment, these organizations cannot be sure the research they are conducting is producing results that most effectively improve combat casualty care to save lives on the battlefield.