## STATEMENT FOR THE RECORD PARALYZED VETERANS OF AMERICA FOR THE SENATE COMMITTEE ON VETERANS' AFFAIRS CONCERNING

## VA'S TRANSFORMATION STRATEGY: EXAMINING THE PLAN TO MODERNIZE VA

## **JANUARY 21, 2016**

Chairman Isakson, Ranking Member Blumenthal, and Members of the Committee, Paralyzed Veterans of America (PVA) would like to thank you for the opportunity to submit our views on the Department of Veterans Affairs' (VA) plans and efforts to modernize under the MyVA initiative. We appreciate the Committee focusing on this critical issue that will affect veterans and their families for years to come.

The MyVA Integrated Plan established on July 30, 2015 is focused on restructuring VA to better serve the veteran population. After careful review, the plan demonstrates a well thought out process that if properly implemented would ultimately ease access to quality health care, reduce VA claims backlog, and make interactions between veterans and the VA more fluid. Unfortunately, the roll out of this plan appears to have fallen flat. Despite Secretary McDonald's constant reiteration and discussion of the plan with congress, countless veterans have never heard of this initiative.

As we continue to see the MyVA initiatives unfold, we cannot forget the circumstances surrounding the reasons why this plan was formulated. At the time this initiative was created, VA was under fire for the horrendous lack of care and the extended wait times seen at VA medical facilities across the nation. Despite moving in the right direction, this initiative has a long way to go before the underlying concerns are fully resolved.

Within the MyVA Integrated Plan, Secretary McDonald established a Veterans Experience Office (VEO). The focus is on supporting VA employees in the delivery of excellent health care and benefit experience. Although it appears to be geared towards ensuring that veterans and their dependents have the most pleasant interactions with the department, at its roots it is another potential level of bureaucracy that must be navigated to resolve issues. One example of this would

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be a veteran who may experience an issue at a medical facility. If the veteran was to bring the issue to the VEO, the VEO would not have the power to resolve the issue but instead would have to refer the veteran to the patient advocate office. Similarly, we have consistently heard from veterans that their patient advocates are ineffective, or they seek to protect the medical facility leadership instead of addressing their concerns. It is clear that patient advocates cannot effectively meet their obligations to veterans if their chain of command includes VA medical facility staff that is responsible for the actions and policies they are required to address. Nor can the VEO provide better experiences for our veterans without being empowered to resolve issues rather than just fielding complaints.

PVA along with the co-authors of *The Independent Budget*–Disabled American Veterans and Veterans of Foreign Wars–have previously laid out a framework which includes strengthening the Veterans Experience Office by combining its capabilities with the patient advocate program. Veterans experience officers would advocate for the needs of individual veterans who encounter problems obtaining VA benefits and services. They would also be responsible for ensuring that the following rights and laws are fully complied with by all providers who participate in Veterans-Centered Integrated Health Care Networks, both in the public and private sector:

- 1. Health care protections afforded under Title 38
- 2. The right to seek redress through clinical appeals
- 3. Claims under 38 U.S.C. § 1151
- 4. The Federal Tort Claims Act
- 5. The right to free representation by accredited veteran service organizations.

Finally, any plan to reform the culture of VA must also take into consideration the need to modernize VA's workforce and ensure VA employees serve the interest of the veterans' community. While Congress has focused on firing underperforming employees, PVA believes that the situation is more complicated and demands a holistic approach to workforce development that allows VA to recruit, train, and retain quality professionals capable of caring for our veterans, while simultaneously ensuring that VA has the authority to properly discipline employees when appropriate.

PVA applauds the MyVA taskforce for acknowledging that employee experience is also vital to its transformation efforts. The taskforce has developed a number of programs and initiatives

to engage and empower VA employees. However, federal hiring still reflects a mismatch between the skills desired and the compensation provided for many of the professionals VA recruits. If Congress is focused on bolstering VA's ability to fire poor-performing employees, Congress must also give VA the leverage to hire employees quickly and offer compensation commensurate with their skill level.

By focusing solely on disciplinary proceedings and failing to properly cultivate a motivated and compassionate workforce, we make VA an unattractive employer to potential recruits. PVA believes that we must build a framework that makes VA an attractive employment option for the best and brightest who want to care for our veterans.

Although it is understandable that all of the issues with the VA cannot be resolved over night, it is essential that this plan be implemented with more vigor and transparency. Currently the MyVA plan is not set to fully evolve until well into the 2017 fiscal year. While it is great to see VA moving forward and becoming more efficient, this plan must move faster and with more tenacity. The nation's veterans cannot wait two or more years for access to the health care benefits they so desperately need and deserve. Once again, we appreciate the opportunity to discuss PVA's views on the MyVA initiative. We would be happy to take any questions for the record you may have.