THE HILL

Appointee or career, VA's officials can take the agency to excellence

BY JEFFREY PHILLIPS, OPINION CONTRIBUTOR — 09/20/18 08:30 AM EDT
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Now led by its tenth "permanent" secretary, the U.S. Department of Veterans Affairs (VA) is in its 29th year of being nearly everyone's favorite federal punching bag.

Secretary Robert Wilkie appears right for the job, with experience as a House and Senate staffer, National Security Council official, Pentagon official, and a serving Air Force Reserve officer.

His success leading the nearly 400,000-person agency largely depends on the performance of VA's thousands of supervisory federal civil servants. The VA budget grew from about $49 billion in 2001, when I joined VA as an appointee running its public affairs and White House liaison shops, to some $200 billion today — clearly Congress has funded VA for success.

Like most federal agencies, VA is statutorily run by Senate-confirmed appointees, such as Wilkie and his most senior lieutenants, including VA's under secretary for health, who runs the country's largest health care system.

Repeating the canard that without political chiefs, an agency is hobbled, Roll Call wrote that VA ". . . still lacks permanent officials in three other leading roles — deputy secretary, undersecretary for health and chief information officer. Many believe the vacancies could hinder the department's efforts to right itself."

Certainly, leadership turnover can reduce organizational effectiveness, but we shouldn't buy the notion that to run the railroad it takes Senate-confirmed political appointees (who may or may have the requisite experience).

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The "executive in charge" of VA's health care system, essentially the acting under secretary for health, is Dr. Richard Stone. A retired major general, he was the Army's deputy surgeon general and the deputy commanding general of support for the Army's medical command. He was a Booz Allen health care specialist. And he has been VA's principal deputy under secretary for health. Dr. Stone and I served together as generals in the Pentagon; he's good.

The sluggish confirmation process at anything below cabinet level is no excuse for weak agency performance when you engage fine civil servants such as Gen. Stone, M.D.

With VA's health care quality actually pretty good, the real issues are the perception that VA care is substandard, an artifact of the days when it was poor; the recently exposed wait times for medical appointments; and the antiquated disability benefits adjudication process.

Benefits adjudication is being tackled by increased automation, but it takes time — paper medical records must be scanned into an electronic format. The Department of Defense (DOD) and VA are working on an electronic health record expected to be fielded around 2022.

Access to health care is complex. It can mean access to care for a veteran in a big western state who must travel hundreds of miles to a medical center. The MISSION Act of 2018, which authorizes private-sector care for veterans — based on distance to a VA facility, nature and frequency of care and appointment wait times — will help.

Access to care also can mean the sheer recognition by VA that maladies were associated with service or are automatically granted a presumption of "service connection." If not, the veteran either cannot get VA care or must pay fees for it.

Here is where Secretary Wilkie can act: he can decide — he has the authority — that enough evidence exists to presumptively service-connect the debilitations suffered by troops — active, reserve and National Guard — to toxic exposure such as the toxicity of widely used burn pits in Iraq and Afghanistan.

This is where VA stumbles over its bureaucratic inertial guidance system; according to a Vietnam Veterans of America member who worked decades for the Agent Orange presumptive, VA is programed to "Deny, deny, deny."

VA claims it needs more data. The Reserve Officers Association (ROA) supports H.R. 5671 and S. 3181, Burn Pits Accountability Act, that would force DOD to gather data with periodic health assessments, separation history, physical examinations and other assessments for service members exposed to battlefield toxicity.

Until then, the burden of proof is on the veteran who must prove that his or her problems can be plausibly connected to service.

Making it tougher for the Reserve and Guard, disability ratings and VA health care enrollment require a DOD Form 214 which provides service data. Unfortunately, reservists do not automatically get this form even though they complete the necessary active duty days.

ROA is tackling the problem with two fixes. Currently the DD 214 is issued at certain points, such as upon discharge or the end of an active duty period. A "snapshot in time," it's incomplete; we're working to change DD 214-type documentation to a continuously updated online record.

An interim fix is for DOD and VA to list documents that can be used in lieu of the DD 214. Official personnel or pay documents should be acceptable in proving eligibility.

The VA has come far since the wretched "Born on the Fourth of July" days; Secretary Wilkie and his lieutenants, political or career, have what they need to take it further.

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