To:
Senator Moran

Info CC:
Senator Roberts
Representative Jenkins
Representative Pompeo

From:
Dr. George McDuffee

Date:
Tuesday, May 13, 2014

Subject:
VA mis-, mal-, and non-administration of operations

Ref:
Senator Moran's newsletter of 12 May 2014 calling for VA Secretary's Resignation

“It is the first time in my 18 years of service on Capitol Hill that I have called for the resignation of a sitting cabinet secretary. Amidst the systemic failure and culture of mediocrity within the VA system, I am convinced dramatic top-to-bottom change is needed at the Department in order for veterans to receive the quality care they deserve and the benefits they earned.”

While I understand your disgust and frustration with the VA, given the continuing series of media reports of mediocre and worse performance for our veterans, parading Secretary Shinseki's head on a pike through the streets of Washington will accomplish nothing. No matter who is placed in charge of the VA, the problems will remain, because it is not the result of the incompetence or dereliction of appointed management, but rather the result of an institutional culture which has developed for two generations, starting in about 1965, largely as blow-back from the war in Vietnam, or about two generations of VA employees.

As practitioners of Human Resource Development, including those in the Armed Forces, well know, change of institutional culture is almost impossible. When a military unit has developed a toxic institutional culture, such as “bad luck,” the only remedy is called unit reconstitution, where all unit cadre and long service personnel are reassigned to other units as isolated individuals or separated from the service, and are replaced, thus erasing the toxic culture and organizational memory. Unfortunately, this is not practicable for the VA.

When the VA was instituted in 1930, there was no alternative to the creation of stand alone medical facilities and other services, as no alternatives then existed. Most fortunately, alternatives now exist such that most operations can be phased out through transfer to other, more responsive governmental agencies or privatized.

The following action items are therefore suggested, with pro rata per capita funding following the clients/veterans:

1. The military services are to determine the eligibility of their own veterans, as to service connected disability, and other VA benefits, as they have both the records and knowledge required.

2. Veterans newly eligible for medical care will be assigned to the Medicare program, which will handle all medical and pharmaceutical claims through existing channels, although some programming/coding additions will be required, and special arrangements made for co-pays. This opens up the civilian doctors and hospitals, and provides pharmaceutical coverage through the large number of part D providers.

3. Veterans and/or dependents newly eligible for service connected disability pensions or death benefits will be paid through the Social Security Administration, although some additional programming/coding additions will be required.

While the above three action items should begin an immediate reduction in *NEW* VA generated problems, the existing VA clients should be *SLOWLY* shifted over to Medicare and Social Security benefit administration. The key is to prevent massive, abrupt transfers designed to disrupt the process by the existing/remaining VA bureaucrats, and allowing modification and improvement as required.

4. While not part of the immediate problem, serious consideration should be given to eliminating VA administration of the home purchase benefit through transfer to another government agency already involved and with expertise in residential housing programs.

Three important points:

* The intent is to gradually reduce the direct VA contact with/impact on our veterans, without stopping or reducing their benefits, by the incremental transfer of the administration of the programs to other existing, more functional and “user friendly” agencies.

* In order to avoid spreading the toxic VA culture, it is imperative that any inter-agency transfers be as individuals, and existing teams (other than medical) not be moved as such.

* While the above action items will result in large VA RIFs [reductions in force] the medical personnel [doctors, nurses, technicians] should have little difficulty finding comparable employment, as the demand for their services will not be reduced, but simply shifted. The VA supervision and management are largely responsible for their own redundancy because of their continual “gaming the system” rather than providing honest client services.