

**Remarks on Veterans Health Care and an Exchange With Reporters**  
*May 21, 2014*

*The President.* Good morning, everybody. I just met with Secretary Shinseki and Rob Nabors, who I've temporarily assigned to work with Secretary Shinseki and the VA. And we focused on two issues: the allegations of misconduct at Veterans Affairs facilities, and our broader mission of caring for our veterans and their families.

As Commander in Chief, I have the honor of standing with our men and women in uniform at every step of their service: from the moment they take their oath to when our troops prepare to deploy, to Afghanistan, where they put their lives on the line for our security, to their bedside, as our wounded warriors fight to recover from terrible injuries. The most searing moments of my Presidency have been going to Walter Reed or Bethesda or Bagram and meeting troops who have left a part of themselves on the battlefield. And their spirit and their determination to recover and often to serve again is always an inspiration.

So these men and women and their families are the best that our country has to offer. They've done their duty, and they ask nothing more than that this country does ours, that we uphold our sacred trust to all who have served.

So when I hear allegations of misconduct—any misconduct, whether it's allegations of VA staff covering up long wait times or cooking the books—I will not stand for it. Not as Commander in Chief, but also not as an American. None of us should. So if these allegations prove to be true, it is dishonorable, it is disgraceful, and I will not tolerate it, period.

Here's what I discussed with Secretary Shinseki this morning. First, anybody found to have manipulated or falsified records at VA facilities has to be held accountable. The Inspector General at the VA has launched investigations into the Phoenix VA and other facilities. And some individuals have already been put on administrative leave. I know that people are angry and want swift reckoning. I sympathize with that. But we have to let the investigators do their job and get to the bottom of what happened. Our veterans deserve to know the facts. Their families deserve to know the facts. Once we know the facts, I assure you, if there is misconduct, it will be punished.

Second, I want to know the full scope of this problem. And that's why I ordered Secretary Shinseki to investigate. Today he updated me on his review, which is looking not just at the Phoenix facility, but also VA facilities across the Nation. And I expect preliminary results from that review next week.

Third, I've directed Rob Nabors to conduct a broader review of the Veterans Health Administration, the part of the VA that delivers health care to our veterans. And Rob is going to Phoenix today. Keep in mind, though, even if we had not heard reports out of this Phoenix facility or other facilities, we all know that it often takes too long for veterans to get the care that they need. That's not a new development. It's been a problem for decades, and it's been compounded by more than a decade of war.

That's why, when I came into office, I said we would systematically work to fix these problems, and we have been working really hard to address them. My attitude is, for folks who have been fighting on the battlefield, they should not have to fight a bureaucracy at home to get the care that they've earned.

So the presumption has always been, we've got to do better. And Rob's review will be a comprehensive look at the Veterans Health Administration's approach currently to access to care. I want to know what's working. I want to know what is not working. And I want specific recommendations on how VA can up their game. And I expect that full report from Rob next month.

Number four, I said that I expect everyone involved to work with Congress, which has an important oversight role to play. And I welcome Congress as a partner in our efforts not just to address the current controversies, but to make sure we're doing right by our veterans across the board. I served on the Veterans Affairs Committee when I was in the Senate, and it was one of the proudest pieces of business that I did in the legislature. And I know the folks over there care deeply about our veterans.

It is important that our veterans don't become another political football, especially when so many of them are receiving care right now. This is an area where Democrats and Republicans should always be working together.

Which brings me to my final point. Even as we get to the bottom of what happened at Phoenix and other facilities, all of us, whether here in Washington or all across the country, have to stay focused on the larger mission, which is upholding our sacred trust to all of our veterans, bringing the VA system into the 21st century, which is not an easy task.

We have made progress over the last 5 years. We've made historic investments in our veterans. We've boosted VA funding to record levels. And we created consistency through advanced appropriations so that veterans organizations knew their money would be there regardless of political wrangling in Washington.

We made VA benefits available to more than 2 million veterans who did not have it before, delivering disability pay to more Vietnam vets exposed to agent orange, making it easier for veterans with posttraumatic stress and mental health issues and traumatic brain injury to get treatment, and improving care for women veterans.

Because of these steps and the influx of new veterans requiring services, added in many cases to wait times, we launched an all-out war on the disability claims backlog. And in just the past year alone, we've slashed that backlog by half.

Of course, we're not going to let up, because it's still too high. We're going to keep at it until we eliminate the backlog once and for all. Meanwhile, we're also reducing homelessness among our veterans. We're helping veterans and their families—more than a million so far—pursue their education under the post-9/11 GI bill. We're stepping up our efforts to help our newest veterans get the skills and training to find jobs when they come home. And along with Michelle and Jill Biden and Joining Forces, we've helped hundreds of thousands of veterans find a job. More veterans are finding work, and veterans unemployment, although still way too high, is coming down.

The point is, caring for our veterans is not an issue that popped up in recent weeks. Some of the problems with respect to how veterans are able to access the benefits that they've earned, that's not a new issue. That's an issue that I was working on when I was running for the United States Senate. Taking care of our veterans and their families has been one of the causes of my Presidency, and it is something that all of us have to be involved with and have to be paying attention to.

We ended the war in Iraq. And as our war in Afghanistan ends, and as our newest veterans are coming home, the demands on the VA are going to grow. So we're going to have to redouble our efforts to get it right as a nation. And we have to be honest that there are and will continue to be areas where we've got to do a lot better.

So today I want every veteran to know we are going to fix whatever is wrong. And so long as I have the privilege of serving as Commander in Chief, I'm going to keep on fighting to deliver the care and the benefits and the opportunities that your families deserve, now and for decades to come. That is a commitment to which I feel a sacred duty to maintain.

So with that, I'm going to take two questions. I'm going to take Jim Kuhnhenn at AP, first of all.

*Veterans Health Administration System/Secretary of Veterans Affairs Eric K. Shinseki*

Q. Thank you, Mr. President. As you said, this is a cause of your Presidency. You ran on this issue, you mentioned it. Why was it allowed to get to this stage where you actually had potentially 40 veterans who died while waiting for treatment? That's an extreme circumstance. Why could it let—why could it get to that point?

*The President.* Well, we have to find out, first of all, what exactly happened. And I don't want to get ahead of the IG report or the other investigations that are being done. And I think it is important to recognize that the wait times generally—what the IG indicated so far at least—is the wait times were for folks who may have had chronic conditions, were seeking their next appointment, but may have already received service. It was not necessarily a situation where they were calling for emergency services. And the IG indicated that he did not see a link between the wait and them actually dying.

That does not excuse the fact that the wait times in general are too long in some facilities. And so what we have to do is find out what exactly happened. We have to find out how can we realistically cut some of these wait times. There has been a large influx of new veterans coming in. We've got a population of veterans that is also aging as part of the baby boom population. And we've got to make sure that the scheduling system, the access to the system, that all those things are in sync. There are parts of the VA health care system that have performed well.

And what we've seen is, for example, satisfaction rates in many facilities and with respect to many providers has been high. But what you—what we're seeing is that, in terms of how folks get scheduled, how they get in the system, there are still too many problems. I'm going to get a complete report from it. It is not as a consequence of people not caring about the problem, but there are 85 million appointments scheduled among veterans during the course of a year. That's a lot of appointments. And that means that we've got to have a system that is built in order to be able to take those folks in in a smooth fashion, that they know what to expect, that they—it's reliable, and it means that the VA has got to set standards that it can meet. And if it can't meet them right now, then it's going to have to set realistic goals about how they improve the system overall.

Q. Does the responsibility ultimately rest with General Shinseki?

*The President.* You know, the responsibility for things always rests ultimately with me, as the President and Commander in Chief. Ric Shinseki has been a great soldier. He himself is a disabled veteran. And nobody cares more about our veterans than Ric Shinseki. So if you ask me, how do I think Ric Shinseki has performed overall, I would say that on homelessness, on

the 9/11 GI bill, on working with us to reduce the backlog, across the board he has put his heart and soul into this thing, and he has taken it very seriously.

But I have said to Ric—and I said it to him today—I want to see what the results of these reports are, and there is going to be accountability. And I'm going to expect even before the reports are done that we are seeing significant improvement in terms of how the admissions process takes place in all of our VA health care facilities. So I know he cares about it deeply, and he has been a great public servant and a great warrior on behalf of the United States of America. We're going to work with him to solve the problem, but I am going to make sure that there is accountability throughout the system after I get the full report.

Steve Holland from Reuters.

*Secretary of Veterans Affairs Eric K. Shinseki/Veterans Health Administration System*

Q. Thank you, sir. Has Secretary Shinseki offered to resign? And if he's not to blame, then who is? And were you caught by surprise by these allegations?

*The President.* Ric Shinseki, I think, serves this country because he cares deeply about veterans and he cares deeply about the mission. And I know that Ric's attitude is if he does not think he can do a good job on this and if he thinks he has let our veterans down, then I'm sure that he is not going to be interested in continuing to serve. At this stage, Ric is committed to solving the problem and working with us to do it. And I am going to do everything in my power, using the resources of the White House, to help that process of getting to the bottom of what happened and fixing it.

But I'm also going to be waiting to see what the results of all this review process yields. I don't yet know how systemic this is. I don't yet know, are there a lot of other facilities that have been cooking the books? Or is this just an episodic problem? We know that, essentially, the wait times have been a problem for decades in all kinds of circumstances with respect to the VA: getting benefits, getting health care, et cetera. Some facilities do better than others. A couple of years ago, the Veterans Affairs set a goal of 14 days for wait times. What's not yet clear to me is whether enough tools were given to make sure that those goals were actually met.

And I won't know until the full report is put forward as to whether there was enough management follow-up to ensure that those folks on the front lines who were doing scheduling had the capacity to meet those goals; if they were being evaluated for meeting goals that were unrealistic and they couldn't meet, because either there weren't enough doctors or the systems weren't in place or what have you. We need to find out who was responsible for setting up those guidelines. So there are going to be a lot of questions that we have to answer.

In the meantime, what I'd said to Ric today is let's not wait for the report retrospectively to reach out immediately to veterans who are currently waiting for appointments, to make sure that they are getting better service. That's something that we can initiate right now. We don't have to wait to find out if there was misconduct to dig in and make sure that we're upping our game in all of our various facilities.

I do think it is important not just with respect to Ric Shinseki, but with respect to the VA generally, to say that every single day, there are people working in the VA who do outstanding work and put everything they've got into making sure that our veterans get the care, benefits, and services that they need. And so I do want to close by sending a message out there that there are millions of veterans who are getting really good service from the VA, who are getting

really good treatment from the VA. I know because I get letters from veterans sometimes asking me to write letters of commendation or praise to a doctor or a nurse or a facility that couldn't have given them better treatment.

And so this is a big system with a lot of really good people in it who care about our veterans deeply. We have seen the improvements on a whole range of issues like homelessness, like starting to clear the backlog up, like making sure that folks who previously weren't even eligible for disability because it was a mental health issue or because it was an agent orange issue are finally able to get those services. I don't want us to lose sight of the fact that there are a lot of folks in the VA who are doing a really good job and working really hard at it. That does not, on the other hand, excuse the possibility that, number one, we weren't just—we were not doing a good enough job in terms of providing access to folks who need an appointment for chronic conditions. Number two, it never excuses the possibility that somebody was trying to manipulate the data in order to look better or make their facility look better.

It is critical to make sure that we have good information in order to make good decisions. I want people on the frontlines, if there's a problem, to tell me or tell Ric Shinseki or tell whoever is their superior that this is a problem. Don't cover up a problem. Do not pretend the problem doesn't exist. If you can't get wait times down to 14 days right now, I want you to let folks up the chain know so that we can solve the problem. Do we need more doctors? Do we need a new system in order to make sure that the scheduling and coordination is more effective and more smooth? Is there more follow-up?

And that's the thing that right now most disturbs me about the report: the possibility that folks intentionally withheld information that would have helped us fix a problem, because there's not a problem out there that's not fixable. It can't always be fixed as quickly as everybody would like, but typically, we can chip away at these problems. We've seen this with the backlog. We've seen it with veterans homelessness. We've seen it with 9/11—the post-9/11 GI bill. Initially, there were problems with it. They got fixed and now it's operating fairly smoothly. So problems can be fixed, but folks have to let the people that they're reporting to know that there is a problem in order for us to fix it.

#### *Veterans Health Administration System Leadership*

*Q.* What about bonuses for those implicated in mismanagement, Mr. President?

*The President.* We're going to find out. My attitude is——

*Q.* Does that upset you?

*The President.* Listen, if somebody has mismanaged or engaged in misconduct, not only do I not want them getting bonuses, I want them punished. So that's what we're going to, hopefully, find out from the IG report, as well as the audits that are taking place.

All right? Thank you very much, everybody.

NOTE: The President spoke at 10:58 a.m. in the James S. Brady Press Briefing Room at the White House. In his remarks, he referred to Acting Inspector General Richard J. Griffin of the Department of Veterans Affairs; Sharon Helman, Director, and Lance Robinson, Associate Director, Veterans Health Administration facility in Phoenix, AZ; and Jill T. Biden, wife of Vice President Joe Biden.

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