

A photograph of a woman in a military uniform, seen from behind, hugging two young children. The children are smiling and looking towards the camera. In the background, a man in a white shirt stands in a doorway. An American flag is visible on the left side of the frame. The scene is set in front of a house with a porch.

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BUILT FOR THE VETERAN

How the Department of Veterans Affairs Built a Product Organization —and Rebuilt Institutional Trust (2015–2025)

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INTRODUCTION

State capacity, trust, and the product model

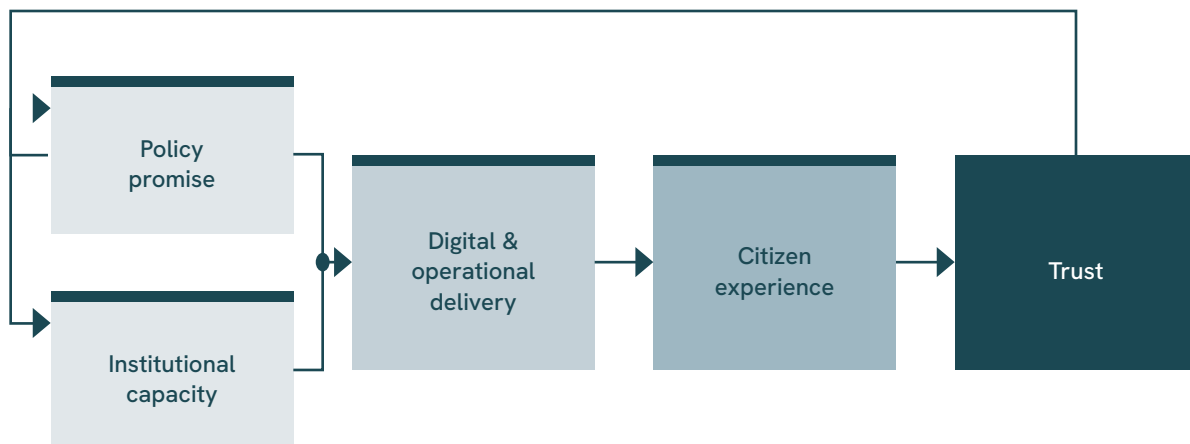
State capacity is not an abstract policy concern. It is the government’s ability to turn law, funding, staff, data, technology, and authority into services people can use. When that capacity is weak, public programs can exist on paper while failing in practice. When it is strong, institutions can absorb new mandates, respond to crises, and deliver services with enough reliability that the public can trust them. That connection between delivery and trust begins with an agency’s mission. Its mission defines who it serves, what obligations it carries, and what services it is expected to provide. But a mission statement does not fulfill itself; it only becomes real when the people the agency serves can receive the care, benefit, decision, information, or support the institution was created to deliver.

It begins and ends with trust

Trust is not separate from mission performance. Trust is the public’s judgment about whether an institution can be relied on to do what it says it will do. In government, that judgment is formed through ordinary transactions: whether a user can file a claim, whether a patient can get an appointment, whether a family can understand eligibility, whether a person can find a record, whether an appeal can be tracked, whether an agency follows through when the law creates a new right. Trust is built or lost in those moments.

Trust is not only a reputational measure; it is an operational outcome. An agency that cannot deliver reliably cannot fully carry out its mission, even if its purpose is clear and its legal authority is strong. A promise made in statute still requires an operating system capable of keeping it. A budget appropriation still must become staffing, systems, workflows, data, policy, training, and service. Public trust depends on whether all those pieces work together at the point where a person needs government to act.

Figure 1. Trust as an Operational Outcome Diagram



Delivery alone does not fulfill the policy promise or build institutional capacity — delivery that builds trust does

Digital modernization sits inside that larger chain. It is not the mission itself, but one of the principal ways modern agencies build the capacity to deliver their mission. Trust in public services now depends on data, identity and access, digital forms, service desks, analytics, cybersecurity, and cloud infrastructure in ways that have

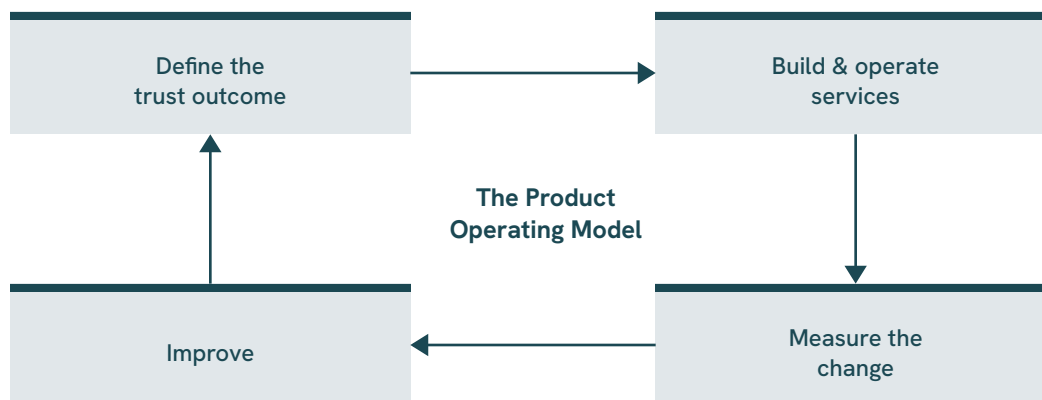
transformed how the government interacts with the general population. If those capabilities are fragmented, outdated, or poorly governed, the agency’s mission will be experienced as friction. If they are reliable, integrated, and designed around the people being served, the mission becomes more accessible.

Modernization alone is not enough

The government has repeatedly shown that new systems can reproduce old failure patterns when they are built through temporary projects, governed through compliance gates, funded in disconnected pieces, and measured by launch dates rather than service outcomes. A project can finish while the service remains confusing; a system can go live while users still cannot complete the task. To shift the paradigm of how operational success is measured and outcomes are truly achieved, a new model is required.

The [product operating model](#) organizes work around a product rather than a project. In the case of the Department of Veterans Affairs, the product is its operational capability to apply changes in law, evidence, and workflow to inform and support decisions in a way that can be continuously repeated and improved through cross-functional ownership; a focus on users’ needs; and measurable mission outcomes rather than on temporary projects or one-time technology launches. The core question changes from “Was the system delivered?” to “Does the service work for the person who needs it?” The model also dives deeper and asks: “Who owns the outcome, how is success measured, and how will the service improve as needs, laws, technologies, and demands change?”

Figure 2. The Product Operating Model



The loop never ends · each cycle either strengthens or erodes public trust

Product management is a trust mechanism: it creates trust by giving an agency a repeatable way to connect mission intent to user need, user need to service design, service design to technology delivery, technology delivery to operations, and operations back to measurable outcomes.

The model is circular: the agency defines the trust outcome it is trying to earn, builds and operates services based on that outcome, measures whether the public experience changed as a result, and then keeps improving. Trust and product reinforce each other because agencies must measure whether their operations produced the intended impact for the people they serve and keep iterating when they do not.

VA as a case study for change

The Department of Veterans Affairs (VA) is an instructive case for examining how state capacity is built, measured, and sustained through service delivery. Over the course of its transformation, VA's challenge was not only to modernize technology but to align mission, trust, digital modernization, and service delivery within a more coherent operating discipline. The department began measuring whether veterans trusted VA to fulfill the country's commitment to them, while also building the digital, operational, governance, and product capabilities needed to make that commitment more reliable in practice. In doing so, VA moved from fragmented systems and fractured trust toward an operating model increasingly organized around veteran-facing services.

Other agencies operate at an enormous scale, but VA combines many of the most difficult service delivery domains in one long-term relationship with the same population. That makes the agency a standout test of whether a product operating model can move beyond individual digital products and become a way of building government capacity. Beyond better websites and modernized systems overall, VA needed a way to connect veterans' needs, statutory obligations, field operations, data, funding, technology, governance, and accountability into services that could keep working over time.

A product operating model approach focuses on clear outcomes. Throughout its decade of transformation, VA made trust a key outcome, asking veterans whether they agreed with the statement: "I trust VA to fulfill our country's commitment to Veterans." VA also tracked three related experience measures: ease, whether it was easy to get the care or service needed; effectiveness, whether the veteran got the care or service needed; and emotion, whether the veteran felt like a valued customer. With these trust measures providing a clear feedback loop to connect service delivery to outcomes, veteran trust increased 25 percent between April 2016 and December 2024.¹

The evaluation of a delivery ecosystem over a decade

The evidence base for this study includes primary interviews with 23 senior leaders, IT practitioners, and external advisers who worked across VA's transformation ecosystem from 2015 to 2025. Interviewees represented VA's Office of Information and Technology (OIT), Veterans Health Administration (VHA), Veterans Benefits Administration (VBA), and National Cemetery Administration (NCA); the United States Digital Service (USDS); congressional staff; and external partners. They held leadership, delivery, field, product, design, oversight, and advisory roles and represented more than 200 combined years of VA and government technology experience.

The analysis also draws on veteran interviews as well as reviews of program materials, customer experience data, legislative timelines, and modernization documents. The findings reveal a decade of institutional change at VA, with uneven but measurable results. The findings track how VA repaired a fractured sense of trust among veterans by moving toward more reliable delivery of services; how it learned to measure and manage trust; how it tied digital modernization to mission outcomes; and how product thinking matured from isolated practices into a broader operating model. The same evidence also shows where the product model did not hold, and how the department used those failures to identify the operating conditions required for service delivery to become durable enough to earn trust.

VA's transformation is best examined as a comprehensive delivery ecosystem encompassing the full range of its activities. That is because no single office, law, platform, or leader could determine whether the department kept its promises to veterans.

1 U.S. Department of Veterans Affairs. [Veteran Trust in VA](#).

Congress is deeply invested in VA. Full Senate and House committees with subcommittees focus exclusively on VA, and the agency enjoys greater bipartisan support than most government agencies. But this does not put VA beyond comparison to any agency striving to build capacity. Congress shaped VA's obligations and promises to stakeholders and determined the authorities, funding, and oversight mechanisms available to support its success. VA secretaries and senior leaders set direction and created pressure for enterprise-wide change. OIT built and governed the technology, data, infrastructure, security, acquisition, and product capabilities that made delivery possible. VHA, VBA, NCA, and field organizations translated those capabilities into care, benefits, memorial services, and daily operations. External partners, including the U.S. Digital Service (USDS), vendors, VSOs, and oversight bodies, added talent, pressure, accountability, and operational support.

The transformation advanced when those individuals formed feedback loops focused on veteran outcomes. It stalled when authority, funding, data, operations, or accountability became disconnected. Across the evidence, the pattern is clear: VA's progress did not come from one reform, leader, platform, or law. It came from connected operating changes that made veterans' experiences more visible, made enterprise delivery more executable, and made improvement more durable over time.

An instructional model for product delivery

Those operating changes form the building blocks of a product operating model at an agency scale. The model begins with a delivery design built to support what veterans are trying to do in their interactions with Veterans Affairs. It then requires enterprise IT capability strong enough to function across VA's internal teams. Finally, it requires durability so that ownership, funding, strategy, and institutional knowledge remain attached to services after launch.

Together, the building blocks form a repeatable model for public sector service delivery. VA's decision to measure trust turned veterans' experiences into operational signals. Veteran-centered design helped it detect those signals more clearly. Enterprise platforms, governed data, shared language, and operational discipline expanded VA's capacity to respond. Product ownership, capability-based budgeting, and institutional knowledge gave it a way to continue responding over time. Trust functioned as an ongoing metric that forced the department to ask whether services were getting easier to use and more effective, and whether the institution was becoming more reliable in the eyes of the people it served.

The most important source of this evidence came from veterans themselves. Veterans carried the burden of navigating systems that had not yet been designed around their full lives or needs. They entered VA through hospitals, benefits offices, claims processes, call centers, websites, mobile tools, appeals, survivor services, and field offices. Their experiences revealed where the institution was fragmented, where service delivery failed, and where trust had been damaged. Through their feedback, persistence, and continued engagement with VA, veterans became the clearest measure of whether the department was fulfilling its mission. Their experiences became the evidence base for building a more responsive institution for the future.

The building blocks offer more than a retrospective explanation. They show how trust can be built operationally through a system that continuously listens, responds, measures, and improves. The building blocks also show how state capacity can be strengthened through durable teams, shared platforms, governed data, disciplined prioritization, modern technical practices, field execution, and a constant focus on whether the institution is actually working for the people it exists to serve.

For organizations pursuing a similar transformation, the accompanying [playbook](#) offers practical ways to adapt the product operating model to their own mission, constraints, and service environment.



SECTION 1

The starting point: A promise VA could not reliably deliver

“To care for him who shall have borne the battle, and for his widow, and his orphan.”

Abraham Lincoln, Second Inaugural Address, March 4, 1865²

The Department of Veterans Affairs exists to carry out one of the federal government’s oldest and clearest promises: to care for those who have served in uniform and for the families who carry the consequences of that service. The promise is simple to state. Delivering it is not.

VA is one of the largest and most complex service organizations in the federal government. VHA is the largest integrated healthcare system in the United States, providing care through 1,380 healthcare facilities, including 170 VA medical centers and 1,193 outpatient sites.³ VA’s \$488.2 billion FY 2026 budget request predicted more than 9.2 million veterans would enroll in medical services and disability compensation would be needed for more than 7 million veterans and survivors, as well as pension benefits for more than 200,000 veterans and survivors.⁴

It is also one of the federal government’s largest institutions. The Office of Personnel Management (OPM) ranks VA as the largest individual Cabinet-level agency, with nearly 483,000 employees in 2024.⁵ By budget and operating complexity, VA resembles a large private enterprise as much as a traditional government bureau. It runs a national healthcare system, administers disability compensation and pension benefits, supports education benefits, guarantees home loans, provides a variety of insurance offerings, manages records and appeals, operates national cemeteries, and serves family members, caregivers, survivors, and dependents.

That scale is matched by the length of its relationships with its stakeholders. VA serves veterans across generations, including those from the Korean War, Vietnam War, and Gulf War eras, post-9/11 veterans, and those separating from service today. Veterans who served in the past 30 years now make up the largest share of the living veteran population, while millions of Vietnam-era veterans continue to rely on VA services.⁶ For many veterans, the relationship can begin before they leave uniform, as they prepare for transition, and continue through healthcare, disability compensation, education, housing assistance, appeals of benefit denials, maintenance of records, caregiving, burial, survivor benefits, and benefits that may shape the lives of their children.

That breadth makes for a uniquely complex, multilayered service-delivery environment. But a veteran does not experience VA as separate administrations, budget lines, systems, forms, or program offices. A veteran views it as one institution. When that institution works, its promise becomes tangible. When it falters or fails, the gap between public commitment and lived experience becomes tangible.

In 2014, that gap became a national crisis.

2 The Library of Congress. 2015. “[Image 1 of Abraham Lincoln Papers: Series 3. General Correspondence. 1837-1897: Abraham Lincoln, \[March 4, 1865\] \(Second Inaugural Address; Endorsed by Lincoln, April 10, 1865\).](#)”

3 U.S. Department of Veterans Affairs. (2026). [About Us](#).

4 U.S. Department of Veterans Affairs (2025). [FY2026 Budget Submission](#).

5 OPM.gov. 2026. “[Workforce Size & Composition](#).”

6 Schaeffer, K. (2023). *The changing face of America’s veteran population*. Pew Research Center.

Figure 3. The Size and Scale of VA

483,000 EMPLOYEES	\$488.2B FY 2026 BUDGET REQUEST	9.2M VETERANS ENROLLED FOR CARE	1,380 HEALTH CARE FACILITIES
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The size of the VA is similar to



When trust collapsed

In February 2014, allegations emerged at the Phoenix VA healthcare system that veterans were waiting months for care while staff used improper scheduling practices to make official wait-time data appear better than it actually was. The problem was not simply long waits; it was that those waits were allegedly being hidden through unofficial lists and manipulated appointment dates. VA's Office of Inspector General later found that veterans in Phoenix faced access barriers that adversely affected the quality of primary and specialty care and confirmed that scheduling practices understated how long veterans had been actually waiting.⁷ Phoenix became the flash point that exposed the gap between VA's promise and its delivery, intensified congressional scrutiny, and made the department's deeper access, accountability, and operating problems impossible to ignore.

The impact of extended wait times, claims backlogs, fragmented systems, uneven access, and weak accountability had accumulated over time. The scandal made visible what many veterans and employees already knew: the department's operating machinery was not reliably translating resources, authority, and good intentions into services veterans could trust. The consequences reached the highest levels of the department. Secretary Eric Shinseki resigned in May 2014 amid the scandal.⁸ President Obama appointed Robert McDonald, a former Procter & Gamble chief executive, as VA Secretary with a mandate to restore trust and bring customer-experience orientation to VA. That new leadership created an opening. It did not solve the problem. VA still had to confront a veteran experience that was fragmented, a technology organization that lacked delivery confidence and enterprise control, and a relationship with Congress defined by scandal and statutory demands for reform.

7 U.S. Department of Veterans Affairs, VA Office of Inspector General. (August 2014). [Veterans Health Administration Review of Alleged Patient Deaths, Patient Wait Times, and Scheduling Practices at the Phoenix VA Health Care System](#) (Report No. 14-02603-267).

8 U.S. Department of Veterans Affairs. (2014). *Secretary's farewell message to VA employees*.

The veteran experience baseline: A system veterans had to navigate

By 2014, veterans were not only waiting too long for care, benefits, and decisions; they were also navigating an institution that was difficult to understand from the outside. VA's services were organized around administrations, programs, facilities, forms, eligibility rules, and legacy systems. Veterans experienced those internal boundaries as disconnected entry points, repeated instructions, inconsistent information, and uncertainty about what would happen next.

The burden of coordination often fell on the veteran, who would need to know which part of VA owned the issue just to get started. Healthcare, disability compensation, education benefits, appeals, records, debt, and memorial services — each had its own processes and channels. Tracking down information could mean moving from a phone call to a paper form, from making an in-person visit to a regional office to mailing documents and other evidence, from collecting information on a website to contacting a call center, and still not developing a clear view of the status of the case, the next steps to take, or whether VA already had the information that it needed all along.

Technology was just as fragmented. VA offices used digital tools, but those tools had not created a coherent experience across the veteran's relationship with VA. Separate portals, forms, sign-ins, and systems often mirrored VA's internal structure rather than veterans' needs. One early transformation question captured the problem plainly: should veterans have one login and password, or should they have 30? At the time, VA operated dozens of disconnected digital access points, making the experience a direct expression of institutional fragmentation.

The measurement environment reinforced that gap. VA could count activity: claims processed, calls answered, appointments scheduled, forms received, and systems maintained. Those measures were necessary for managing a large department, but they did not always show whether veterans understood the process, could complete the task, trusted the information they received, or believed VA would follow through. A process could meet an internal target while still leaving the veteran confused, delayed, or forced to start over.

This was the veteran experience baseline at the start of the transformation decade. The problem was not simply that VA needed newer technology. It needed a different way to see whether its services were working from the veteran's point of view.

The shape of IT in 2015

When LaVerne Council arrived as the first confirmed CIO of the transformation decade in June 2015, the state of the Office of Information and Technology (OIT) was bleak. The department's nearly \$4 billion annual IT budget was almost entirely consumed by the cost of sustaining legacy systems, leaving little left for modernization. The organization had not embraced the commercial cloud, operated from on-premises data centers, and relied on waterfall development methods with no mature agile capability. There was no enterprise account management function and no structured voice-of-the-customer mechanism. Technical debt was estimated at \$1 billion and growing.

One structural fact helped determine the starting point and shape its path forward: VA OIT held a centralized appropriation to support the IT needs across the department. This is unique in the federal government, and it gave the CIO financial leverage across enterprise technology planning. But it also meant that when IT failed, both the failure and the costs were visible to everyone, including Congress. At the same time, while shared platforms, common infrastructure, and interoperability standards could be funded centrally rather than negotiated across

three independent IT shops, a centralized IT organization serving three very different administrations with three very different missions was caught between enterprise standardization and mission-specific needs. The Health Administration's requirements looked nothing like those of the Benefits Administration, and the Benefits and Cemetery administrations had different operating models entirely.

In all, VA's technology ecosystem was splintered across hundreds of separate systems, many built independently without coordination with one another. There was no shared identity layer, or underlying infrastructure, which created multiple instances of an individual across systems; no way to discern that the veteran applying for disability benefits was the same person with an appointment at the local VA medical center the next Thursday. There was no enterprise data model or enterprise shared service. There was no standard way for business and IT to talk to each other about what was being built and why.

To make matters worse, the administrations that OIT served did not see OIT as a mission partner. VHA, VBA, and NCA had grown up running their own technologies, with their own budgets, vendors, and expectations for what IT should do. OIT may have been centralized in 2006, but nine years later, the administrations still acted like independent IT shops. They built independent systems, circumvented centralized IT when it was too slow, and funded capabilities outside the enterprise when the enterprise could not deliver.

The result was a widening gap between what veterans needed and what IT could deliver. There were no enterprise-wide answers to basic questions: *What is IT? Who owns delivery? How does a dollar of IT investment connect to a veteran getting a faster answer to a claim?* These were not just management questions; they were trust questions. No one had a complete picture of what IT existed, what it cost, or how it connected to veterans' outcomes. This led to disconnected systems that had been designed to serve individual offices instead of veterans.

Congressional pressure: Authority without alignment

Congress was already shaping VA's operating practices before the transformation began. The Phoenix scandal, the claims backlog, and repeated technology failures brought hearings, deadlines, appropriations scrutiny, and public accountability. For VA leaders, Congress was a constant force pressing the department to show that money, authority, and promises to reform could produce better service for veterans.

Two laws that Congress passed in 2014 defined the starting point. The first was the Veterans Access, Choice, and Accountability Act, Congress's immediate response to the Phoenix scandal. The law created the Veterans Choice Program, which allowed eligible veterans to receive care from non-VA providers if they could not get a VA appointment within 30 days or if they lived more than 40 miles from a VA facility. The intent was clear: veterans should not be trapped inside a system that could not provide timely care. But the law also created a new operating burden. Congress set an implementation timeline of three months to set up the new Community Care program. By comparison, it took the Department of Defense three years to stand up its TRICARE programs.⁹ VA had to determine eligibility, authorize non-VA care, coordinate referrals, manage payments, and connect community care back to the veteran's VA health record and ongoing care. Choice expanded access, but it also exposed how hard it was to add a new service channel when the underlying systems, workflows, and accountability structures were already strained.¹⁰

9 Senate.Gov. March 2015. [Statement of the Honorable Sloan Gibson Deputy Secretary of Veterans Affairs before the Veterans' Affairs Committee of the U.S. Senate.](#)

10 House Committee on Veterans' Affairs (2014). [The Veteran Access Choice and Accountability Act of 2014.](#)

Figure 4. Timeline of Legislation That Impacted VA IT Transformation, 2015–2025



The second piece of legislation was the Federal Information Technology Acquisition Reform Act (FITARA). FITARA was not VA-specific, but it changed the federal IT environment within which OIT had to operate. FITARA was intended to improve the management of federal IT by strengthening CIO authority over IT investments, acquisitions, budgets, and related governance. Guidance from the Office of Management and Budget in 2015 translated FITARA into management expectations for agencies, including CIO visibility into planned IT spending as well as their roles in governance, and oversight of IT investment risk. For VA, this authority mattered because technology decision-making had long been dispersed across its separate administrations and field-level workarounds. FITARA gave VA's CIOs a statutory lever to push enterprise visibility and control over IT investments.¹¹

Together, Choice and FITARA captured the tension VA carried into its transformation decade. Congress was demanding visible improvement in the services being delivered to veterans while also giving CIOs more authority to govern the technology environment so critical to those services. New statutory promises created urgency, but implementation still depended on systems, data, staffing, workflows, funding, and field guidance that were not yet coordinated across the organization. The department was being asked to deliver more at the same time as it was trying to repair the operating machinery required to deliver.

That tension became one of the defining features of the decade. Congress created pressure and gave leadership the authority to improve veteran services, but VA still had to initiate multiple shifts in strategy — namely, from acquisition to outcomes — to build sufficient capacity to deliver.

Why this matters: The opening for a product mindset

The way forward could not be limited to replacing old systems with new ones. Many of VA's problems came from the way work was organized: temporary projects, unclear ownership, disconnected service channels, delayed feedback, and measures of success that did not always reflect whether veterans could complete the task they came to VA to accomplish.

This is why the product mindset became important. “Product thinking” starts with the person being served; defines success in terms of whether the service works for that person; and keeps responsibility attached to the service after launch. It asks teams to work across functions, release improvements iteratively, learn from users, and adjust based on evidence. For VA, the product mindset addressed the problems veterans had been experiencing. If the issue was fragmented access, the response had to be organized around the veteran's journey to get services from VA. If the problem was repeated confusion, feedback had to become part of delivery. If the issue was lack of trust in VA's ability to deliver services, VA had to measure whether its services were becoming easier to access, more effective, and more reliable.

The importance of the timing of this transformation cannot be understated. In 2015, VA was not only under pressure to change; it also had leaders and practitioners who had seen different models of delivery elsewhere. McDonald brought a customer-experience orientation from the private sector and set the direction around rebuilding trust. A former VA leader's account describes the MyVA healthcare portal as a trust-recovery effort organized around metrics, experience, shared services, partnerships, and mission outcomes.^(INT-04) Council, the new CIO, brought enterprise IT experience and began resetting OIT around accountability, ownership, and execution. At the same time, the federal civic technology community of people committed to using IT to improve public services was gaining momentum after the launch of HealthCare.gov, the online marketplace for the Affordable Care Act. And the U.S. Digital Service brought agile, user-centered, product-oriented practices into VA's digital work.

11 House Committee on Oversight and Government Reforms (2014). [*The Federal Information Technology Acquisition Reform Act*](#).

By now, the pieces were all in place: a crisis severe enough to force urgency; leadership with experience in customer-centered and enterprise delivery; digital practitioners interested in testing modern methods in government; and career staff who understood the institution and were ready to work differently. The conditions were ripe for VA to begin moving away from a project mindset and toward an operating model built on persistent ownership, cross-functional work, user feedback, and measurable service outcomes.

A veteran's experience, two decades apart

The difference in VA's delivery capacity at the starting point and later is most evident at the point of service:

CONSIDER ONE VETERAN — CALL HIM MARCUS.

He left the Army in 2006 after two tours and spent nearly 10 years navigating a system that was not designed around him. In 2015, when Marcus finally tried to file a disability claim, he was transferred twice, waited two hours at a regional office, and was handed a 17-page paper form. His claim entered a backlog of more than 200,000 pending cases.

Average processing time: 128 days.

After hearing nothing, he filed a duplicate claim because he feared the first one had been lost. The duplicate caused further delay.

Marcus's younger brother, Isaiah, who separated from the service in 2024, had a different experience. He filed his claim online in under an hour. The form was prepopulated with his service records, and he tracked his status from his phone.

Average processing time: 47 days.

Same promise. Different system. Different results.



The contrast is not simply a story about better technology. It is a story about a different way of working. The next section explains how VA gradually built the capacity behind that change.



SECTION 2

Building trust at scale

The Department of Veterans Affairs did not begin its transformation with a fully formed product operating model. The transformation did not unfold in a clean sequence, but rather across multiple administrations, offices, teams, and service lines, often under pressure and in parallel. Teams worked across functions, tested new approaches, responded to feedback, adjusted under pressure, and kept measuring against the same outcome: whether VA was becoming more capable of fulfilling its commitment to veterans.

Yet when viewed as a whole, a clear pattern emerges of an organization able to make the veteran experience more visible, enterprise delivery more executable, and improvement more durable. We describe these capabilities as building blocks because each one strengthened the conditions for the next. Over time, the pieces matured into something larger than their individual parts: an agency-scale product operating model capable of meeting its commitments and promises to serve veterans.

Figure 5. The Building Blocks of Product at Scale



The building blocks represent the operational framework for executing a product mindset at scale. They show how an institution can build capacity incrementally rather than all at once. In VA's case, it built capacity step by step: seeing veteran needs more clearly, creating enterprise tools to act on those needs, strengthening accountability, and developing the durability to keep improving over time. It is best illustrated in that sequence rather than chronologically. The department first needed an actionable feedback signal from veterans. Then it needed the enterprise machinery to respond to that signal. Finally, it needed the authority, funding, routines, and institutional memory required to keep responding over time. The building blocks show how VA's transformation became a way to build state capacity through better service delivery.

Building for the veteran

The first set of building blocks expanded the department’s awareness of how veterans experienced interactions with VA’s services. The department had to understand what tasks veterans were trying to complete, where services broke down, and which parts of the experience placed the burden back on the veteran.

Veteran-centered design, a unified digital front door, and data as product infrastructure helped shift the organization from internal assumptions to observable veteran experience. Journey mapping, a step-by-step illustration of a customer’s interactions with a service provider and the outcome of each step, and point-of-service customer feedback surveys gave teams a way to see what veterans were encountering, paired with the service or system they used. The new VA.gov and shared digital platform work gave veterans a more coherent entry point. Data infrastructure gave VA the ability to connect feedback, behavior, and service performance to the work teams were doing.



Building block 1: Veteran-centered design

Before the transformation, VA could only count activity: it could report claims processed, calls answered, appointments scheduled, forms received, and systems maintained. Those measures were necessary for managing a large department, but they did not always show whether veterans understood the steps and overall handling of their matter, got the information or services they came for, or trusted VA to follow through. In short, VA needed to measure outcomes as well as process.

Human-centered design research on veteran experience was already underway when Secretary Robert McDonald arrived at VA in 2014. Coming from Procter & Gamble, McDonald understood design research and customer experience as management tools.

The Veterans Experience Office (VEO), which the department established in 2015 in response to the Phoenix crisis, gave that work an institutional home. Its journey mapping, following the veteran from “first uniform to final interment,” created a shared way across the organization to see a veteran’s life across transition, benefits, healthcare, appeals, debt, memorial services, and family support. The creation of VEO was a systemic shift for the agency, signaling that a veteran moving from military service into civilian life should experience one relationship with VA, even when the department divided that relationship across many offices, programs, and systems. Creating such a holistic relationship required a better understanding of where workflows and processes were bifurcated from either the veteran’s or employee’s point of view.

As one former VA leader put it: “We had an experience journey map, we had insights that articulated veteran experiences previously known only anecdotally — and we had a new secretary who valued qualitative research and was willing to hear unwelcome truths.” (INT-20)

Design research changed the operating conversation. VA could now look beyond how many transactions the department completed and ask what veterans encountered while trying to use the service. What was confusing? Where did people abandon the process? Which steps reflected VA’s internal structure rather than the veteran’s need? Which interactions increased confidence, and which ones created frustration?

VA moved from lagging, aggregate reporting toward journey mapping, user observation, behavioral signals, service-level feedback, and iterative improvement. One former VA leader described McDonald’s customer-experience frame as “ease, effectiveness, and emotion from the end user’s perspective,” a different perspective than how many claims were processed in a day. They added, “It’s much harder in many ways to design a system that is going to increase ease, effectiveness, and emotion for the end user. And so having that as the driving principle and measuring to ensure you’re complying with those goals is really important.” (INT-05)

VSignals, VA's point-of-service customer feedback system, gave the department a mechanism to understand veterans' experience in measures of trust, specifically regarding ease, effectiveness, and emotion at enterprise scale. Since its 2016 launch, VSignals has fielded more than 180 program-specific surveys and collected more than 16 million responses, letting VA see experience by program, channel, demographic, and issue-resolution rate. The value was not the specific survey count alone, but the way user interaction feedback correlated with the system upgrades. Product and program teams had a continuous signal from the people they were trying to serve rather than only lagging reports filtered through internal performance measures.

The department began to leverage user research as part of the design process, changing how VA approached systems development by forcing teams to test internal assumptions against the people who had to use the service. Program requirements, policy rules, contracts, and legacy system constraints still mattered, but VA recognized that a system needed to consider the desired user experience as equally important. A system could meet its formal requirements and still leave veterans confused, staff overburdened, or the service difficult to complete.

A former VA leader who helped develop the first logged-in experience on VA.gov summarized the shift as “design with the user, not for the user.”^(INT-21) That meant putting working software in front of veterans, observing where they struggled, and using that evidence to improve the design before scaling it. The measure was not only whether authentication worked or whether data appeared on a screen, but whether veterans could understand the information, trust that it was current, and know what to do next. This discipline also changed delivery. In a project model, success could mean completing scope, meeting a schedule, or launching a system. The product model required ongoing communication with users after launch because the service had to keep improving; software is never done. User feedback helped teams simplify language, remove unnecessary steps, clarify status, redesign forms around the veteran's situation, and identify where back-end systems, policy language, or workflows were creating front-end confusion.

The claims process shows how designing with the user reached beyond the screen. VA had long allowed veterans to use informal submissions to signal their intent to file a benefits claim. This was intended to preserve the earliest possible effective date for compensation and give veterans time to gather the evidence needed to complete their claim. That flexibility honored the veteran's need for time, but it meant employees had to interpret inconsistent documents, determine what benefit the veteran was seeking, record the informal claim correctly, and connect it later to a full application.

The Standard Claims and Appeals Forms Rule,¹² implemented in March 2015, protected veterans' rights while giving the process more structure. Veterans could still preserve their effective date, but the formal claim moved onto standard forms that asked for the information VA needed to begin processing. That structure made the experience clearer for veterans and more workable for employees. A former VA leader explained that cleaner intake allowed staff to use triage, conditional logic, integrated data, and more objective questions to tailor the process around the veteran's situation rather than inferring intent from incomplete or inconsistent submissions.^(INT-06)

This was user-centered design applied to the whole service, not just the digital interface. The improvement had to work for the veteran starting the claim, the employee recording and processing it, the business rules governing eligibility and effective dates, and the IT systems responsible for routing and tracking the work. Designing with the user meant translating veteran intent-to-file protection into a process that could work consistently whether the interaction began online, in person, by mail, or through another channel.^(INT-04)

12 U.S. Department of Veterans Affairs. VA News (2014). [Requirement of Standardized Claim, Appeal Forms](#).

Figure 6. VEO Veteran Journey Map (condensed)

View the full graphic online at https://news.va.gov/wp-content/uploads/sites/3/2022/11/Veteran-Journey-Map-2016-S508C_11.3.22.pdf



Not all Veterans are the same and there is no “one” veteran. There are, however, a broad set of shared moments many Veterans will encounter and live through. Different Veteran personas will experience and navigate these moments in varied and disparate ways.

Life events impact individual goals and change priorities. Events like marriage, divorce, widowhood, birth of a child, obtaining a new degree, loss of housing, empty nesting, major illness and so on have profound effects on people’s priorities and how they approach their lives — as well as how they interact and perceive services. These events are unpredictable and may happen at any point across this journey.

Source: Journeys of Veterans Map, developed by the VA Veterans Experience Team.

Veteran-centered design increased VA's delivery capacity by giving it a repeatable way to see services from the outside in and redesign them from the inside out. Journey mapping, VSignals, user research, and co-design helped identify where internal boundaries, unclear processes, or system constraints were creating friction for veterans and employees. The claims example shows the value of that approach: VA preserved the veteran's intent-to-file protection while creating a clearer, more structured process that worked across business rules, employee workflows, and digital systems. When services became easier to understand, complete, and rely on, veterans had more reason to trust VA to follow through.



Building block 2: Unified platform

Veteran-centered design changed what VA was aiming to deliver: a unified experience organized around the veteran's journey. That experience required a unified platform. The department needed one digital front door, simpler identity and access, reusable application programming interfaces (APIs) for data sharing, and cloud-smart infrastructure strong enough to host services at scale.

In 2015, VA's digital presence reflected the way the department had grown: many websites, many portals, many forms, and multiple sign-in experiences organized around internal ownership. Veterans often had to know which part of the organization owned their needs before they could get help. As part of the MyVA initiative, VA decided that a veteran should not have to understand VA's internal map before beginning the task, which in turn leads to the goal of providing a digital front door. Multiple logins reflected fragmented systems, fragmented ownership, and fragmented identity. Simplifying sign-in was therefore more than a usability improvement. It was part of helping VA recognize the veteran as the same person across interactions. For many in OIT, who were veterans or family members themselves, identity was a personal driver. A former VA leader traced his interest in VA identity to his experience helping his father use VA services. "Why do you have eight logins to do just what is one continuous thing?" (INT-12) he asked.

The consolidation onto VA.gov changed the organizing principle. The department described the new VA.gov, launched in November 2018, as a "visible shift from a process-focused organization to a user-focused one." The site was built with input from more than 5,000 veterans, service members, caregivers, and family members, and created one public digital front door for tasks such as checking claim status, applying for education benefits, applying for healthcare, and managing profile information. The decision was organizational as much as it was technical: VA.gov gave VA a place to own the veteran's digital experience across program boundaries.¹³

Internal teams also needed streamlined access to accurate data feeds for their software to better meet the needs of veterans and their families. VA launched Lighthouse, its enterprise-wide open-source API platform, in 2018 for teams across VA to access the data they needed through OIT's standards and technology. This meant fewer custom paths, a reduced need to reenter data that could cause errors or duplicates, and more reusable connections that could support multiple services at once.¹⁴

Cloud-smart infrastructure gave those services a stronger operating base. The department needed hosting that could support modern digital services, but the goal was not migration for its own sake. OIT cloud leadership rejected an approach that would have simply moved old problems into a new environment: "It wasn't about just lifting and shifting and throwing things over the fence and now you have the same thing running in the cloud that you had running in

13 U.S. Department of Veterans Affairs. Digital VA. (November 2018). [The New VA.gov - Built with veterans, for Veterans](#)

14 U.S. Department of Veterans Affairs. Digital VA. (April 2019). [Lighthouse: A Veteran-centered API Program at VA.](#)

your data centers,” said a former VA leader.^(INT-12) The stronger approach combined cloud and legacy hosting strategy, used shared scaffolding where appropriate, and treated infrastructure as a platform many services could build on.

Early user feedback showed that veterans would shift from the existing multiple digital entry points to a clearer digital front door when it helped them complete real tasks. After the November 2018 launch, VA.gov supported nearly 1.7 million logins each month; veterans checked claim status 1.6 million times, submitted more than 50,000 education-benefit applications, and applied for healthcare more than 9,000 times. Those numbers showed that a unified platform could absorb high-volume service interactions that previously required users to navigate disconnected entry points.¹⁵

The result was a digital environment that could support trust at scale. Veterans had a clearer place to start, fewer sign-in barriers, and more consistent pathways across services. Product teams had reusable platform capabilities instead of having to rebuild the same foundations for every service. VA had a stronger technical base for services that could be owned, measured, improved, and scaled across benefits, healthcare, records, and memorial services.



Building block 3: Data as product infrastructure to reduce the burden on veterans

Designing for the veteran also required VA to confront one of the most persistent burdens in the service experience: veterans were repeatedly asked to provide information the government already had, had previously requested, or could retrieve through another trusted source. That burden showed up most clearly in benefits. Veterans were often asked to produce military records, health records, income information, or proof of service before the department could determine eligibility or move a claim forward. The same problems arose for employees: incomplete evidence, manual searches, duplicate requests, and delays. For IT, it appeared as a set of fragmented systems that could not reliably share information. The design problem was not only about how to create a better digital experience, but also about how to change the way evidence moved through the institution.

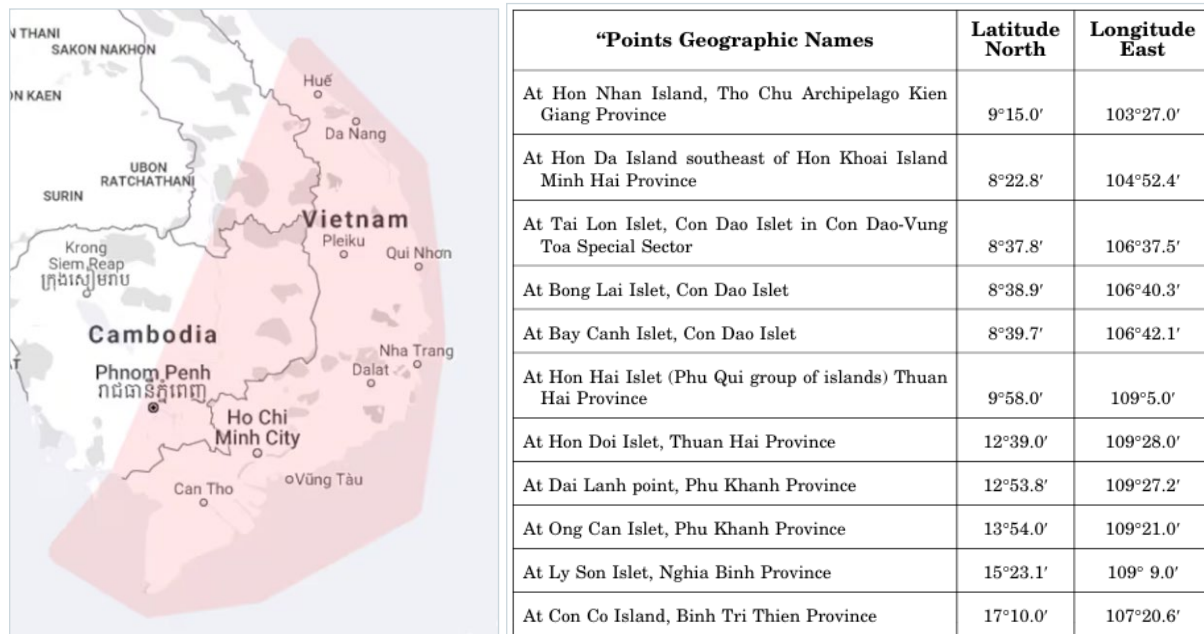
The first area related to data about the veteran that VA already knew. The repeated request for a veteran’s DD-214 is a common example. The DD-214 is the official discharge or separation document that records key eligibility-relevant information about an individual’s military service, including dates of service, branch, and discharge status. Veterans often need it to access disability compensation, education benefits, home loans, burial benefits, and other services. Yet VA’s systems often asked them to provide it repeatedly, even when the information could be retrieved through interagency data sharing. The operating principle that emerged was straightforward: when VA already had access to the evidence, the veteran should not have to carry it from one part of the institution to another. Lighthouse and related integration work helped create the technical layer needed to use VA and federal data more consistently across services.

The second area involved profile data: the basic facts VA needed to know about a veteran across services. Address changes, contact information, identity data, status changes, and other profile information could not remain scattered across disconnected systems if VA expected veterans to have a seamless experience with the department. Establishing a single data source for veteran identity, called VA Profile, and enterprise data platforms addressed that problem by moving toward a more authoritative record of the veteran. The goal was practical: an individual should not have to update the same information in multiple systems or discover that one VA office had current

15 U.S. Digital Service. [Simplifying Veteran-facing services through VA.gov.](#)

information while another did not. Enterprise services, including profile, data exchange, identity-related assets, master data components, and shared integration capabilities, became part of the connective tissue of a more coherent service experience.

Figure 7. Blue Water Navy Map and Ship’s Manifest Data



The third area related to data that VA did not own but that could be used through trusted exchange with external partners. VA’s implementation of the Blue Water Navy Vietnam Veterans Act of 2019 ([PL 116-23](#)) showed how this could change claims delivery. The legislation extended the presumption of exposure to herbicides such as Agent Orange to veterans who served in the waters off the coast of the Republic of Vietnam between January 9, 1962, and May 7, 1975. To implement the law, VBA had to determine whether a veteran had served within a defined offshore zone near Vietnam. That required digitizing historical naval deck logs, extracting coordinates, working with the National Geospatial-Intelligence Agency, and turning those records into a geospatial dataset usable in claims adjudication. The result was that legal eligibility, historical records, geospatial analysis, claims workflow, and technology became one delivery capability. A former leader described VA’s follow-through on the act as one of the clearest examples of a multidisciplinary, data-driven approach to creating an operational capability, one that VA later used to shape its implementation of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 – the PACT Act that expanded healthcare and benefits for veterans exposed to burn pits and other toxins. ^(INT-06)

A smaller but revealing example came from a dataset of more than 1 million significant-activity events from Iraq and Afghanistan. The dataset included information such as date, time, event type, and GPS coordinates for incidents including IED blasts, small-arms fire, and rocket or mortar attacks. For veterans filing mental health claims, the data could help validate whether a claimed stressor could have occurred in the place and time described. Before that capability, claims processors often relied on manual searches, public websites, military records requests, or other time-consuming methods. With the dataset, VBA could validate certain stressor events more quickly and move the claim toward an exam and decision. As one former VA leader put it, the goal was “trying to get veterans the benefits they earned without creating a higher evidentiary burden.” ^(INT-06)

These examples show data functioning as product infrastructure because the data reduced the work that veterans had to do to prove facts the government could already know, retrieve, or verify. The data also reduced the burden on employees by replacing manual searches, repeated requests, and fragmented records with more usable evidence. The service improved when data could qualify for an event, confirm a record, update a profile, or move a claim forward without requiring the veteran to restart the process.

The PACT Act later required the same capability at a much greater scale. Implementation depended on knowing where veterans served, which exposures were presumed, what evidence already existed, how claims were moving, where bottlenecks appeared, and how progress could be reported publicly. VA Profile created a technical foundation for seeing a veteran across service lines and supporting more proactive outreach before the veteran had to ask.

Data became product infrastructure when it helped VA know the veteran, verify eligibility, reduce duplicate asks, and turn evidence into action. For veterans, the experience improved when VA stopped asking them to carry information the government could responsibly retrieve or maintain. For employees, better data reduced rework and helped claims move forward. For the institution, it created delivery capacity: the ability to use evidence across systems, services, and partners in ways that made VA easier to use and more reliable over time.

Together, these veteran-facing building blocks gave VA a better way to hear from veterans, understand their journeys, and build to the services they were trying to use. That was the starting point for rebuilding trust. The next step was to ensure that the institution had the authority, governance, language, and operations to act on it across the enterprise.

Building shared delivery capacity

The second set of building blocks allowed OIT to become a delivery partner that could act across seams. That required stronger authority, shared planning language, and operations that could support the field. Governance with teeth gave OIT a way to make enterprise decisions hold. A common language and cross-functional teams helped the other administrations and IT see the same work in the same frame. An operational backbone — that is, ensuring the product becomes a reliable service — made delivery visible in the places veterans encountered VA: hospitals, regional offices, call centers, claims operations, and digital services.

These blocks built delivery capacity by making VA less dependent on local workarounds and isolated teams. They helped the department connect what veterans needed to what the enterprise could fund, build, govern, and support.



Building block 4: Governance with teeth

Before VA could operate like a product organization able to deliver cohesive services, it had to answer a few basic questions: Who had the authority to decide what counted as IT? How would it be governed? And how would technology spending be controlled across the enterprise?

The first accountability problem was definitional. VA needed a clear enterprise answer to what counted as IT and what did not. That distinction determined whether technology work came under the CIO's authority, whether the correct appropriation was being used, whether systems met security and accessibility requirements, and whether new investments created reusable enterprise capability or another isolated workaround. Without that baseline, centralized IT could not function as a delivery partner. It could only react after decisions had already been made elsewhere. Directive 6008 created that stronger baseline. Issued in 2016, the policy established department-wide

rules for acquiring and managing IT-related resources, affirmed the CIO's oversight authority over all VA IT assets regardless of funding source, and defined IT broadly enough to reflect the modern operating environment: any VA asset, resource, or service to store, transmit, manipulate, or display VA information had to comply with CIO policies on capital planning, acquisition, security, privacy, enterprise architecture, standards, and operational controls.¹⁶

Medical devices show why this was such a significant shift. Directive 6008 recognized that the boundaries of IT had become blurred by network-attached devices, mobile devices, medical devices, industrial control systems, and other technologies that interacted with VA's information environment. The new policy clarified that devices and capabilities connected to VA networks or handling VA information were IT-related assets subject to CIO policy and oversight, even when they were funded outside the IT Systems appropriation. At the same time, the policy drew an appropriations line: some medical devices and biomedical or clinical software could be funded outside the IT Systems account but still had to comply with OIT operational and security requirements.¹⁷ A connected clinical device was no longer outside the enterprise technology conversation simply because it was used in a hospital or was funded by a clinical program. For a department running one of the largest healthcare systems in the country, this was a practical answer to how centralized IT could support clinical operations.

The way 6008 was created also reveals why "governance with teeth" mattered. According to a former VA leader, "OIT was operating against memos that had been in effect for 10 years versus policy and operating against a memo that was signed by either a former CIO or deputy secretary is not the way to run an organization." (INT-09) The administrations had little incentive to surrender the flexibility those memos allowed. Council and her team therefore drafted the policy using the CIO's legal authorities and moved it forward as an enterprise policy. The administrations objected, but the deputy secretary let the policy stand as an initial baseline and directed all parties to use the next six months to negotiate revisions, turning resistance into a structured process for finalizing enterprise rules. But once VA had a signed baseline, it had something concrete to govern from, negotiate from, and hold people accountable to.

FITARA — the federal IT acquisition measure — added statutory leverage by strengthening CIO authority over IT acquisitions, budgets, and contracts. It became more useful as leaders transformed it from a compliance exercise into an enterprise management tool. One former VA leader described FITARA as the "front gate" for the CIO's fiduciary responsibilities: reviewing security implications, checking for redundancy, surfacing accessibility requirements, and seeing procurement activity before money was committed. (INT-11) A key differentiator between the product and project delivery is the integration of development and sustaining support elements throughout the product lifecycle. If security, accessibility, integration, or data-sharing requirements are discovered only after procurement, teams inherit expensive constraints. If every office can buy IT services without coordination or oversight, duplication grows. If the CIO is accountable for technology outcomes but can't see what's being bought, governance becomes symbolic. FITARA made technology demand more visible before it hardened into contracts, systems, and obligations.

Strategic sourcing reform strengthened the same FITARA governance layer. OIT had inherited an acquisition environment that was scattered, spreadsheet-driven, and difficult to manage as an enterprise. VA's Office of Strategic Sourcing, established in 2017, created better visibility into contracts, vendor relationships, market intelligence,

16 U.S. Department of Veterans Affairs. (August 2016). [*Acquisition and Management of VA Information Technology Resources \(VA Directive 6008\)*](#).

17 U.S. Department of Veterans Affairs. (August 2016). [*Acquisition and Management of VA Information Technology Resources \(VA Directive 6008\)*](#).

and buying behavior. Contracts, sourcing strategies, and vendor management now needed to support ongoing product capabilities, clear ownership, reuse before building custom solutions, and measurable results for veterans and VA staff. This was a change from the old waterfall model, where contracts focused on specific requirements, fixed project phases, and delivering a system instead of improving a service over time. The new approach matched OIT's larger goal to make strategic sourcing more professional, strengthen vendor management, and turn product management into a real discipline, not just a job title.

Governance with teeth built internal trust between OIT and the rest of the department before it could build external trust. Directive 6008, FITARA, and strategic sourcing created the authority structure that made better IT services across the enterprise possible. They helped move VA from an environment where technology decisions could splinter and vary across the enterprise to one in which a central technology office had a stronger basis to plan, govern, fund, and deliver products and services that veterans could rely on.



Building block 5: Common language and cross-functional teaming

Product work depends on shared understandings. A team cannot build toward an outcome if the people defining the need, designing the service, funding the work, governing the technology, and using the system are working from different definitions of the problem.

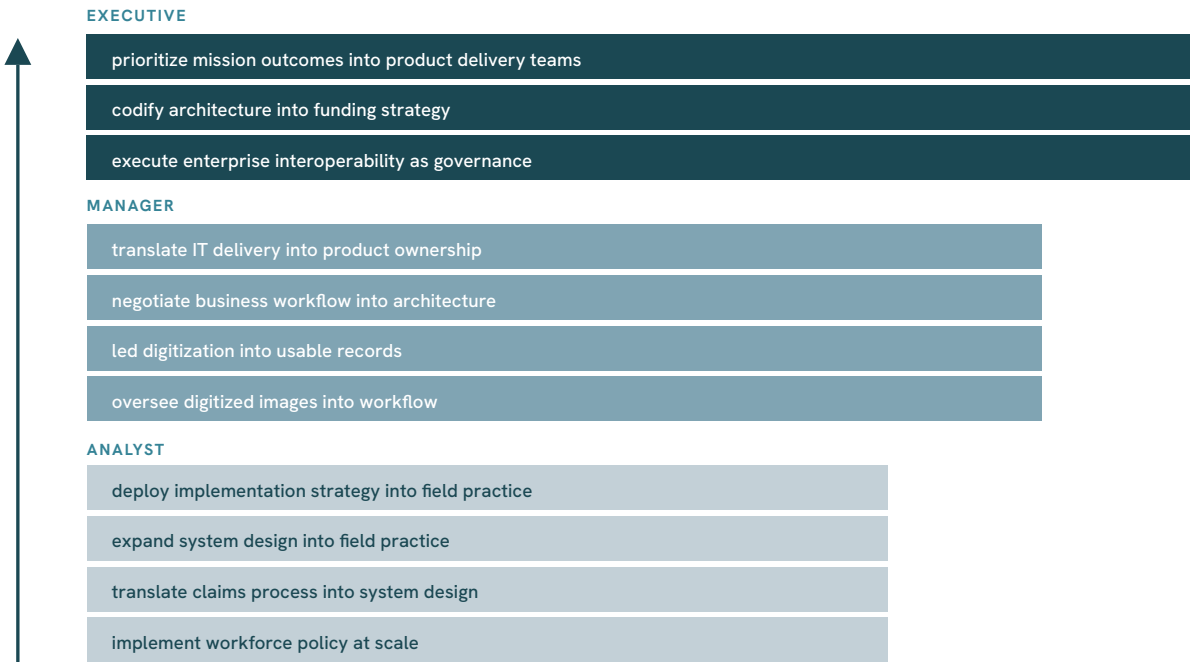
That principle is common in user-centered design. Good design depends on understanding what users are trying to accomplish and building systems that guide them intuitively toward that outcome. The same principle applied inside VA. As important as it was for product teams to understand veterans and employees, it was equally important for business and IT teams to understand one another. OIT had to bring together the needs of VHA, VBA, NCA, staff offices, field employees, veterans, oversight bodies, and Congress through layers of requirements, funding constraints, security rules, legacy systems, and operational realities. The individual VA administrations described their needs in terms of claims, appeals, eligibility, enrollment, care access, burial, education, debt, and transition. OIT described work in systems language: applications, interfaces, infrastructure, controls, releases, contracts, platforms, and dependencies. Both vocabularies were valid, but neither was sufficient on its own.

Just as the development product teams looked different from the legacy project teams, “product at scale” within VA required different people in the rooms where decisions were made. Business leaders, technologists, architects, budget staff, policy owners, acquisition specialists, security officials, field operators, trainers, and customer experience practitioners had to look at the same service and describe it together. They had to agree on the outcome, workflow, users, systems, dependencies, funding path, and rollout burden before work moved into execution. A former VA leader described how new team roles emerged as part of cross-functional projects: the role of a translator who connected policy, workflow, field practice, architecture, and technical capability into one operational logic. ^(INT-15)

Translators did more than facilitate meetings; they were leaders whose judgment came from years spent across different projects, offices, roles, and difficult implementation problems. VA needed these people because enterprise change moved across more than one channel or system at a time. A benefits policy could change a form; the form could change intake; intake could change evidence handling; and evidence handling could change employee training, data flows, system dependencies, contracts, security reviews, and field operations. Leaders with varied experience recognized those connections early and made the change understandable to everyone in the room. On the business side, translators understood policy, workflow, field pressure, training, and adoption well enough to explain what employees and veterans needed the system to do. They also understood enough about how IT built

systems to avoid turning a business need into an overly narrow technical instruction. On the IT side, translators understood architecture, dependencies, release risk, and sustainment well enough to explain what a technical choice would mean for service delivery. A former VA leader described the question as, “What can I use as a tool to communicate business to IT and tech to the business?”^(INT-15) Another former VA leader described the same posture from the technology side: “My first thing wasn’t jumping into the technology. I jumped into the business and worked with them to understand what their processes were... what their workforce was... how they did their work under the old way.” He called it “engaging as a business person who understood technology versus a technology person coming in and presuming to understand the business.”^(INT-07) At VA’s scale, these leaders made common language operational. They helped teams see large-scale change as a repeatable way to solve connected service problems across policy, workflow, architecture, field use, and veteran experience.

Figure 8. Translator Career Progression



VBA’s business system architecture roadmap showed how this could function in practice. The model connected business workflow, system capability, end-user roles, channels, data integration, and platforms in a shared visual frame. One former VA leader described it as “one of the first times you see this mixing of a veteran experience map with a technical map.”^(INT-15) The value was in the conversation the diagram made possible: which capability supports which outcome, which systems are duplicative, which users depend on the workflow, which modernization steps must happen first, and which investments should be shared rather than rebuilt separately. That shared view changed planning and prioritization. VBA later pulled IT capability needs across nine primary program offices into one investment view, helping the organization avoid redundant asks, and make clearer tradeoffs. Work could be prioritized because people at the table understood not only what was being requested, but why it mattered to the benefits experience as a whole and what had to happen first.

OTT used similar methods at the enterprise level. The Enterprise Program Management Office (EPMO) created visibility into more than 300 active development efforts, centralized development oversight, coordinated delivery schedules, standardized engineering practices, and introduced more consistent agile delivery models. That gave

OIT a stronger way to see enterprise dependencies rather than allowing development teams to operate as isolated units. Later cloud and software-as-a-service (SaaS) work used the same cross-functional pattern. A former VA leader described a multi-day collaboration session that brought together the Digital Transformation Center, the Office of Information Security, contracting officers, representatives from VHA and VBA, account management teams, and other stakeholders to design a FedRAMP process that the entire operating chain could support. ^(INT-16) The point was not just to secure one cloud product. It was to create a repeatable process for bringing cloud services into VA without forcing every team to start from scratch.

An example is VHA's Digital Health Office (DHO), which addressed similar challenges from its own perspective. While VHA excelled in local innovation, it lacked effective ways to scale successful technologies enterprise-wide. Established in 2024, DHO was created to consolidate digital health capabilities and clarify enterprise digital priorities. Integrated project teams, including VHA program offices, OIT, the Office of the Chief Technology Officer, Veterans Experience Office, and other stakeholders, defined the DHO's structure and mission. The objective was to transition from isolated pilots and disparate digital health efforts to a unified roadmap that identifies what to scale, retire, or invest in next. Rather than simply adopting OIT's product terminology, the DHO embedded this mindset into its organizational design by unifying digital health programs, forming an integrated product delivery team, and applying human-centered design, agile delivery, and product management practices to achieve a coordinated enterprise strategy.

These examples demonstrate that common language was practical, not abstract. It enabled VA's business leaders, administrations, and OIT to view work through a shared perspective. VBA used shared architecture to connect benefits workflows, systems, users, data, and investments. OIT leveraged the EPMO to provide visibility into enterprise development across hundreds of initiatives. Cross-functional SaaS and FedRAMP efforts gave security, contracting, business, and technology teams a repeatable process for introducing cloud tools to VA. The Digital Health Office applied the same approach to move VHA from fragmented digital health efforts to a coordinated enterprise roadmap.

The key lesson is that common language built trust before a product reached the veteran. It helped VA teams understand requests, their importance, dependencies, required participants, and success measures. While it did not eliminate tension between business and IT, it made that tension productive. Competing requirements became shared plans, priorities, and clearer accountability for service effectiveness.



Building block 6: Operational backbone

The operational backbone is the part of the product operating model that determines whether good ideas become dependable services. In a large enterprise, product work cannot stop at discovery, design, software delivery, or launch. Users rarely experience technology in isolation, so when the operational layer fails, the product fails as well, even if the software has been delivered. For VA, the operational backbone transformed product delivery into a trust-building capability. It made services more consistent across locations, provided employees with reliable tools, and narrowed the gap between headquarters' intentions and veterans' actual experiences. Without this backbone, a product operating model would only produce pilots, releases, and dashboards. With it, VA is more likely to deliver services that work at the point of use.

A former VA leader described the starting point as uneven and locally dependent. Some facilities had strong technology support because local leaders invested in it. Others struggled with equipment, refresh cycles, and help desk support. The result was a system of "haves and have-nots," where service quality varied by location. ^(INT-08) Centralization of technical support helped raise the floor across the enterprise. Smaller facilities no longer had to

choose between clinical equipment and basic IT resources such as PCs, printers, and laptops. That shift moved OIT from local improvisation toward enterprise service management. OIT standardized position descriptions, staffing models, performance expectations, device images, application baselines, and network configurations so support could move faster and work more consistently across the department. VA was too large, distributed, and complex for every facility to solve the same technology problems differently. When each site had its own configurations, support practices, and equipment patterns, even routine issues required local expertise. Standardization turned recurring problems—broken laptops, failed credentials, delayed provisioning—into repeatable work.

The impact was practical. Common position descriptions and performance expectations gave field support staff a clearer standard for quality service. Staffing models helped leaders estimate support needs rather than relying on local guesswork. Standard device images and application baselines made equipment easier to provision, replace, and troubleshoot. Shared network configurations helped teams diagnose problems across locations. As one former VA leader noted, standardization allowed support teams to move between sites, deploy swing teams for large regional initiatives, and respond more quickly when customer requests came late. ^(INT-08) Standardization also made enterprise support more equitable. Smaller facilities became less dependent on local IT capacity or local leadership's ability to fund and manage technology. More consistent equipment, staffing, and support practices raised the baseline across the system and reduced the divide between facilities with strong local IT resources and those without.

The National Service Desk became part of that same operating model. In the past, hospitals, Veterans Integrated Service Networks, and regional offices used separate help desk tools and local processes. OIT consolidated that work into a national service-management model, drawing on Information Technology Infrastructure Library, or ITIL practices, a widely recognized approach for aligning IT services with an organization's needs, shared ticketing, operational metrics, and real-time inventory visibility. That changed what OIT could see. Leaders could identify patterns in demand, distinguish isolated failures from recurring service problems, and manage work across the enterprise instead of chasing one local issue after another.

Visibility created accountability. Ticket data showed where employees were getting stuck. Inventory data showed what equipment existed and where it was needed. Customer satisfaction and Net Promoter Scores showed whether support was improving from the user's point of view. For an organization trying to improve veteran trust through better delivery, these signals mattered. They showed where service was working, where it was breaking, and where teams needed to intervene.

One claims-processing example shows why operational details mattered to veteran-facing delivery. For some VBA employees, a computer failure could stop work entirely because the employee's tools and work context were tied to the local machine. OIT initially treated the device like a generic endpoint, but the field reality was different. "For VBA, if a claims person's computer goes down, they can't just switch machines because so much of their toolset was on the local machine," one former VA leader explained. "We had to adjust, train the staff, and implement a process to swap machines within 10 minutes and pull their data back down from the cloud." ^(INT-08) A broken laptop in that environment was not just an IT problem. It was a break in the benefits delivery chain.

COVID tested the operational backbone at national scale. Before the pandemic, VA had strengthened commodity contracts, inventory tracking, service management, and remote access capacity. When remote-work demand surged, OIT could see what equipment was available, use contract vehicles to buy more, ship devices, expand access, and scale capacity while mission operations continued. Emergency funding translated into usable support because the operational machinery already existed. The same lesson applied during PACT Act planning. A VA "red team" modeled the expected claims surge and concluded that most near-term production lift would come from people: existing staff,

new hires, overtime, training, and Veteran Service Organization support. ^(INT-05) Technology still shaped how effectively that workforce could absorb demand through digital intake, routing, dashboards, equipment, service desks, and stable systems. The operational backbone made people, processes, and technology work together under pressure.

By the end of this second set of building blocks, VA had more of the machinery needed to turn veteran needs into enterprise action. Governance made decisions more enforceable. Shared language helped business and IT work toward the same goals. Operations made delivery more reliable in the field. The next question was whether that capacity could keep producing results after a launch, a leadership change, a new law, or a surge in demand.

Building for durability

The third set of building blocks addressed the hardest part of trust at scale: keeping delivery capacity alive over time. The key to building trust is to ensure that someone owns it after it's launched, funds it beyond the first project, measures whether it still works, and improves it as laws, technologies, and needs change.

For VA, durability required product ownership, capability-based budgeting, and institutional knowledge that could survive transitions. Product ownership kept responsibility attached to veteran-facing services. Capability-based budgeting connected funding to enduring services rather than isolated projects. Durable strategy and institutional memory helped the work carry across CIOs, administrations, and congressional priorities. These blocks built trust by making progress less dependent on a single leader or moment of urgency. Veterans experience durability when services keep working, keep improving, and do not collapse every time the institution changes around them.



Building block 7: Product operating model (POM)

Product at agency scale and the product operating model work together, but they do different things. Product at agency scale organizes the agency's technology, governance, funding, acquisition, security, data, and mission-support systems around the services veterans actually use. It helps the institution move at the speed of technology instead of forcing modern digital services through legacy planning and approval processes.

The product operating model turns that agency-wide shift into durable delivery. It assigns resources, responsibility, and accountability to persistent teams that own services over time. Those teams use constant feedback from users to adjust priorities, improve quality, and measure whether the service is getting better. Product at agency scale creates the conditions for modernization to spread; the product operating model keeps each service improving after it launches.

FURTHER READING

For readers seeking a contemporary explanation of product operating models in government digital services, Ann Lewis and Jennifer Pahlka's 2025 Niskanen Center essay, "The Product Operating Model: How Government Should Deliver Digital Services," offers a useful framing. Link to article: www.niskanencenter.org/the-product-operating-model-how-government-should-deliver-digital-services

The VA's transformation followed its own path. The department began moving toward product years before the language was widely used in the civic technology space. VA learned its way into product through delivery pressure: disparate services and experiences, changing laws, legacy systems, veteran needs, and the limits of project-based delivery.

The first layer was enterprise coordination. In 2016 and 2017, OIT stood up its first centralized EPMO and brought more than 300 active development projects under a unified governance structure. Development teams had been operating with separate schedules, practices, and management structures, and the organization was more aligned with following a process than measuring what came out at the end. The EPMO created a necessary foundation: OIT could begin to see its development work as an enterprise portfolio rather than hundreds of disconnected efforts.

That early coordination exposed the next problem: a better project structure was still a project structure. It could improve visibility, calendars, and delivery discipline, but it did not answer the harder questions that emerged after launch: who owned the service over time, who prioritized the next improvement, who resolved conflicts between business priorities and technical constraints, and who remained accountable when law, demand, or user needs changed. This was the gap between managing work and owning a capability.

VBA's compensation claims modernization is a clear example of how product was different from project. The goal was to improve claims processing by digitizing the benefits claims process through the new Veterans Benefits Management System (VBMS). However, after VBMS was launched, veterans could still submit paper applications and evidence, which meant paper still had to move into the digital process. Applications had to be received, scanned, indexed, loaded into VBMS, routed to the right employee, and made usable for a decision. A claims workflow is rarely completed by a single system. It moves through forms, data exchanges, evidence intake, employee tools, training, and business rules. Under a project structure, each of those elements could be managed as a separate entity. Under a product structure, they had to be understood as one service workflow: a veteran applies for a benefit, VA gathers and reviews the evidence, and the veteran gets an answer.

That is where the difference between project and product became concrete. A project could deliver a system, a form, a scanning contract, or a software release, while still leaving the veteran's full experience bifurcated across handoffs. A product-oriented model organized the resources, responsibility, and accountability around whether the claims process worked from end to end. It kept asking whether paper evidence moved into the digital record quickly enough, whether the right employee could find it, whether the veteran had to resubmit information VA already had, whether field staff were trained to use the tools, and whether the workflow could absorb the next policy or legislative change.

By 2018 and 2019, product line management began moving from pilot to enterprise practice. The lesson was that strategy had to sit above intake. Intake could collect requests; it could not decide the direction of a portfolio, resolve conflicts among competing demands, or determine which capabilities should be consolidated. Product line ownership gave OIT a way to organize around enduring service capabilities rather than the loudest request, the newest law, or the most urgent project sponsor.

The implementation of the Blue Water Navy legislation became a pressure event that exposed the limits of the old project structure. *Building Block 3: Data as Product Infrastructure* described the evidence challenge: historical records, geospatial data, and claims adjudication had to work together. Here, the point is organizational, and "necessity became the mother of invention."^(INT-07) The existing project structure could not pivot cleanly when the legislative technical requirements disrupted the planned priorities across the education and benefits technology portfolio within the year of execution. Effective implementation would require flexibility and agility that the

current program structure was unable to accommodate. Work that had been managed as separate projects had to be coordinated as one service capability. The response was to move toward product-line ownership: a structure that could hold policy, data, workflow, technology, and delivery tradeoffs together around a continuing benefits outcome. That early product-line move gave VA a way to own a capability beyond a single release. The product was the operational capability to apply changing law, evidence, and workflow to benefit decisions in a way that could be repeated and improved. The move connected product ownership directly to trust: veterans needed OIT to forge a reliable, repeatable path from evidence to adjudication to notification.

From 2019 to 2022, product thinking began to spread into the operating machinery around software: cloud authorization, SaaS adoption, security, platforms, acquisition, service operations, and portfolio rationalization. This mattered because product culture could not survive if every surrounding process still assumed waterfall projects. OIT leadership's work on FedRAMP, SaaS pathways, continuous ATO, and later the "VA Way" showed that product maturity depended as much on architecture and governance choices as on agile teams. The organization had to stop treating every request as a custom build and instead ask whether an existing capability could be reused, whether a commercial product could meet the need, whether a platform or low-code tool could be configured, or whether custom development was truly required.

That decision discipline changed the culture of work. In the older model, business users often handed requirements to intermediaries, who translated them to IT, who then translated them again to technologists. Context was lost at every handoff. In the product model VA was trying to build, business experts and technologists worked closer together, with shared responsibility for the outcome. The point was not that IT should decide policy or that business offices should dictate technical design. The point was that both sides had to stay close enough to the problem to make better tradeoffs. Describing this principle from the VBA side: the business should define the problem, outcome, constraints, and context, while technology teams should bring the tools, solution patterns, and prototyping judgment needed to solve it well.

The next challenge was maturity. A former VA leader described an organization where some staff already carried "Product Manager" titles from earlier agile and DevOps transitions, while their daily work had not fully changed. The title did not create product judgment, user accountability, or authority to make tradeoffs. Some teams were still operating as project managers or order-takers inside a product vocabulary. ^(INT-16) From 2023 to 2024, OIT worked to codify the model through the "VA Way" of product delivery. The effort aimed to define how OIT expected product work to be carried out across the product design, data, platform, infrastructure, and strategy service lines. ^(INT-16) It created shared language, role expectations, playbooks, runbooks, toolkits, monthly focus areas, and portfolio workshops. Cross-portfolio offsites brought teams with different maturity levels together so that product practice could spread through shared examples, coaching, and peer learning.

The VA Way also gave OIT a more disciplined decision path. Teams were encouraged to reuse existing capabilities where possible, evaluate commercial out-of-the-box software for how effectively it solved VA's needs, configure platforms or low-code tools whenever appropriate, and reserve custom development for problems that required it. That hierarchy reflected product judgment. It helped teams avoid treating every request as a new custom build and pushed the organization toward reuse, consolidation, and clearer tradeoffs. The work of codification showed both progress and fragility. Teams that had already learned to work in product ways were more likely to keep improving services when priorities shifted. Teams that had only adopted the language could fall back into older patterns when staffing, leadership attention, or funding tightened. That unevenness is part of VA's inherent challenge.

This is why VA's product operating model should be understood as layered, not sudden. The first layer brought fragmented projects into enterprise view. The second made benefits workflows digital, measurable, and less

dependent on local workarounds. The third used pressure events like Blue Water Navy to prove that enduring capabilities had to replace one-time projects. The fourth extended product thinking into platforms, data, security, acquisition, and service operations. The fifth tried to codify the model so it could survive beyond the people who first made it work. Teams that had already learned to work in product ways were more likely to keep improving services when priorities shifted. Teams that had only adopted the language could fall back into older patterns when staffing, leadership attention, or funding tightened. That unevenness is part of the VA's inherent challenge.

VA's evolving product operating model made trust operational by turning a broad obligation — “to care for him who shall have borne the battle” — into a standing delivery responsibility. Trust became something VA had to produce through owned services that could learn, adapt, and keep working as law, demand, and veteran needs changed. Product ownership connected design, data, platform, operations, funding, and governance to the veteran's experience. If trust is repeated, reliable delivery over time, product is the operating model that makes that delivery possible at scale.



Building block 8: Capability-based budgeting

Funding is a key part of delivery. VA could not sustain product ownership if money remained organized only around systems, projects, contracts, and offices. Services veterans depend on draw on many parts of the enterprise at once. When those costs are scattered across budget lines, leaders cannot see the full cost of the service, product owners cannot make informed tradeoffs, and Congress cannot clearly see what taxpayer dollars are buying.

The budget problem was visible from the outset of the transformation effort. A former VA leader found that VA's standalone IT appropriation did not reflect the full amount of technology demand and spending across the enterprise. IT needs existed across VHA, VBA, NCA, and staff offices, but not all that demand was visible in OIT's budget.^(INT-09) The CIO could be held accountable for enterprise delivery while major technology needs and spending remained distributed across the department. VA had a centralized IT appropriation, which gave the department a structural advantage many agencies lack. Inside that appropriation, however, spending was still organized through hundreds of project codes that did not describe work consistently. Some codes referred to systems; others referred to programs, contracts, initiatives, or the office managing the work. The labels created an appearance of precision while obscuring the service VA was funding.

Capability-based budgeting changed the unit of analysis. VA began asking what it cost to deliver an enduring capability rather than what it cost to maintain a single system. Claims processing, for example, depended on intake, evidence gathering, decision support, medical records, payment, correspondence, employee tools, data, infrastructure, security, and older systems that still carried parts of the workflow. Looking at the full capability made the cost of delivery more visible. The work started by mapping systems, projects, contracts, and spending into capability groupings. Teams had to determine which investments supported which outcomes, where costs overlapped, where dependencies were hidden, and which systems served the same veteran-facing purpose. That required business and IT validation together.

Capability-based budgeting put those views into the same conversation. VA used “dual books” to make the transition governable.^(INT-22) One view preserved the existing budget structure so leaders could reconcile official project codes, appropriations, and reporting requirements. The second view reorganized the same spending around future capabilities. The side-by-side view let leaders compare the budget map VA had with the service map VA needed to manage. VBMS, one of the department's largest systems implemented over the course of the transformation decade, was intended to modernize disability claims processing, but the claims capability still depended on other

systems and workflows for service verification, medical evidence, claims establishment, awards, payments, and correspondence. Funding VBMS alone did not reveal the full cost of delivering claims processing. A capability view showed the complete delivery chain and made it easier to identify where investment, sustainment, migration, and retirement decisions had to be made together. Leaders could see where sustainment costs were consuming capacity, where tools overlapped, where enterprise licensing could reduce duplication, and where modernization required investment beyond the most visible application. It made tradeoffs explicit: which systems should be strengthened, which should be consolidated, which should be retired, and which costs remained necessary because veterans still depended on the service they supported.

If VA organized services rather than projects, then budgeting, acquisition, hiring, and governance had to move with it. A product team could manage a backlog, but a product organization had to decide what capabilities deserved sustained investment, what contracts supported those capabilities, what talent was needed to operate them, and how those choices connected to veterans' outcomes. A former VA leader framed budgeting, contracting, and hiring as parts of the same operating model. ^(INT-03) Acquisition could not sit outside product ownership when the department was buying components of a living service. Product leaders needed to help shape purchasing decisions because they remained accountable for whether the service worked after the contract was awarded. That reinforced the logic of capability-based budgeting: money, contracts, staffing, and product decisions had to be visible together so that VA could direct resources to enduring services veterans depended on, rather than funding disconnected projects that disappeared after delivery.

Capability-based budgeting also strengthened congressional accountability. Congressional oversight often begins with a system, program, or line item. A capability view gave VA a way to explain how IT spending supported a service outcome that veterans could recognize. It also made total cost of ownership more visible: development, sustainment, licensing, cybersecurity, infrastructure, operations, migration, and retirement. That visibility served both sides of public trust: better delivery for veterans and clearer accountability for taxpayer dollars.

A service that veterans rely on needs more than launch funding; it needs sustainment, modernization, security, and a path to retire what no longer serves the outcome. Capability-based budgeting gave VA a way to link funding to responsibilities and a funding mechanism for repeated, reliable delivery over time.

FURTHER READING

For readers seeking more detail on capability-based budgeting, Solitaire Carroll's 2025 Niskanen Center essay series offers an overview, roadmap and practical advice for government leaders. Link to article: www.niskanencenter.org/author/s Carroll



Building block 9: Durable strategy and institutional knowledge

It was important to have supportive Secretaries, but the success of the transformation decade relied on the effective transition of CIOs. Between July 2015 and January 2025, OIT had three Senate-confirmed CIOs — LaVerne Council, James Gfrerer, and Kurt DelBene — and several acting or interim leaders during a period in which the department moved through three presidential administrations, a pandemic, multiple budget cycles, and the largest legislative expansion of veteran eligibility in a generation. The leadership turnover created a durability problem. A transformation could begin under one leader, but it could only mature if the next leader inherited more than ambition. They needed policy, documentation, operating routines, budget mechanisms, career expertise, and enough shared direction to keep moving.

In practice OIT's transformation worked less like a sequence of separate leadership eras and more like a relay. Each confirmed CIO brought a different strength to a different phase of the same institutional problem. Council created the enterprise reset. Gfrerer strengthened and stress-tested the operating base. DelBene pushed to codify product and engineering discipline so that the model would become how OIT worked, not how one CIO managed.

Council's contribution during her two-year tenure (2015–2017) was foundational because she reshaped OIT from a fragmented structure with decentralized authority into a more centralized enterprise IT organization. She brought global enterprise IT experience from Johnson & Johnson, Dell, and Ernst & Young, and used it to reset expectations inside the department: clearer CIO authority, stronger documentation, strategic sourcing, business relationship management, and policy instruments that could survive transition. These changes were not abstract. Council used policy memos to centralize IT decision-making, control IT spending, and limit shadow IT; helped establish new functions such as business relationship management and strategic sourcing; supported the creation of centralized delivery governance through the Enterprise Program Management Office; and introduced simple operating disciplines such as the “Now/Near/Future” framework to force clearer prioritization. Her approach also showed up in execution: during a NIST cybersecurity mandate, she replaced failed leadership, enforced daily accountability, and delivered the work ahead of schedule. Her documentation work was part of the same strategy. She reviewed years of prior reform material and turned scattered history into a usable record so the organization could understand why past changes had been made and continue them after leadership changed. ^(INT-01)

The partnership between appointed leadership and career expertise became one of the main sources of continuity. Appointed leaders brought urgency, external experience, political authority, and a mandate for change. Career executives carried institutional memory, operating knowledge, and the practical skill to convert direction into policy, budget routines, governance boards, sourcing functions, and management habits. Council's tenure forced an organization reset in the role and responsibility of enterprise technology; career leaders helped make it executable. After Council's departure, acting leaders and senior career executives kept the work alive through transition. The relay did not depend on perfect handoffs; it depended on enough shared direction and institutional muscle to protect core initiatives while political leadership changed. During that period, OIT retained key digital talent, kept the U.S. Digital Service presence active at VA, and continued the movement toward more modern delivery practices. ^(INT-04)

Gfrerer, who served as CIO from 2018 to 2021 inherited that partially built structure in a different operating environment. By 2019, VA faced additional pressure to deliver major statutory and mission commitments, including MISSION Act implementation, Forever GI Bill fixes, Blue Water Navy, caregiver-system work, and growing infrastructure demand. His tenure then moved almost immediately into the COVID-19 emergency. The work of that phase was to keep the enterprise running, grow capacity to meet demand, and continue modernization while the department was under stress.¹⁸

The pandemic response showed why earlier building blocks mattered. VA could expand remote access, support large-scale telework, and keep health and benefits operations moving because OIT had already strengthened the less visible machinery of enterprise IT: service management, commodity contracts, inventory visibility, vendor relationships, field support, and infrastructure capacity. Under Gfrerer, emergency funding allowed VA to scale remote access far beyond its pre-pandemic baseline, moving from roughly 40,000 to 50,000 daily remote users to 250,000 users. ^{(INT-}

⁰⁸⁾ OIT teams stress-tested VPN and gateway capacity before mass telework to find failure points before they became outages. The response also depended on operational groundwork: standardized equipment, common images and network configurations, national service desk practices, real-time inventory visibility, and multi-year commodity

18 Targett, E. (2021). *Lessons from a CIO at Veterans Affairs*. The Stack.

contracts for laptops and printers. Those contracts meant that when Congress provided pandemic funding and asked whether VA could spend it quickly, OIT already had the buying channels to move. Vendor-management work also mattered. A former VA leader described how relationships built with major technology vendors before COVID gave OIT direct access to supply-chain intelligence when laptops, peripherals, and other equipment became scarce. ^(INT-11) VA's successful pandemic response was therefore not simply a crisis improvisation. It drew on operating systems built across prior years and was kept moving by career leaders. Gfrerer's phase demonstrated that modernization only matters if it can hold under pressure.

When the next confirmed CIO had not yet arrived, continuity again depended on career executives. Pandemic demands had not eased, political priorities were shifting, and OIT still had to manage cybersecurity, cloud migration, acquisition, service management, congressional engagement, and enterprise operations. Senior career leaders kept teams oriented around strategy, roadmaps, acquisition planning, cyber priorities, hybrid cloud work, and communication with Congress and OMB. That continuity was active work, not caretaker administration. ^(INT-21)

DelBene (2021-2025) brought experienced product and engineering leadership to the final phase of the transformation decade. His background at Microsoft and in the HealthCare.gov recovery informed his approach to OIT's next challenge: transforming the organization into a scalable product organization, rather than a group of teams using modern delivery practices. He emphasized establishing "the way" at VA, rather than "Kurt's way," to ensure these changes would endure beyond his tenure as CIO. He prioritized making product logic, transparent review routines, engineering discipline, and service ownership institutional practices. ^(INT-03)

DelBene's practices built on and extended the work of previous CIOs. "Embrace the Red" required teams to report issues early — such as red risks, metrics, missed milestones, weak systems, or unclear ownership — instead of concealing problems until they escalated. For DelBene, red signaled that leaders had the information needed to act, not a reason to penalize teams. He combined this with "engineering plus empathy": rigorous analysis of facts, architecture, root causes, and metrics, while ensuring teams felt safe to share the truth. DelBene demonstrated this approach by seeking to understand the organization deeply, asking technical questions, and engaging with engineers directly to gain insight into systems, rather than relying solely on formal reporting.

FTTARA reviews illustrated this shift. While DelBene initially viewed FTTARA as a bureaucratic burden, he repurposed it as a structured investment gate, allowing the CIO to assess proposed spending, associated risks, accessibility and compliance, and alignment with mission value. ^(INT-03) The organization's response was mixed. Some teams added more process than intended, highlighting how federal governance can quickly become paperwork. Others embraced the model: operations staff meetings became forums for continuous improvement, blogs and direct engagement clarified expectations, and some employees noted that DelBene was an actively engaged CIO. Product ownership provided clearer management of governance, budget, platforms, data, and operations.

The unfinished work across the three CIOs' tenures reflects a relay pattern. Council sought more time to strengthen project management, protect business relationship management, and ensure agile and DevOps became established practices. Gfrerer's unfinished agenda focused on building a strong operating base: sustained investment, clearer mission-system ownership, improved digital literacy among leaders, and budgeting that recognized infrastructure as essential to benefits and healthcare delivery. DelBene's unfinished work centered on codification: long-term product planning, stronger cyber prioritization, a clearer AI plan, and further institutionalization of "the way". ^(INT-03) These agendas illustrate how transformation matures: the first phase established authority and direction, the second built operational resilience, and the third aimed to codify the model for ongoing improvement. Each phase relied on career executives who understood VA operations, authority, budgeting, congressional expectations, real risks, and how to maintain services during leadership transitions.

Durability and institutional knowledge are essential to state capacity. Transformation needs leaders with vision and authority to drive change, as well as career executives with the authority, trust, and continuity to implement it. VA's progress continued when appointed and career leaders collaborated across policy, documentation, operating routines, transparent metrics, product practices, budget structures, and institutional memory.

Leadership brought different backgrounds and perspectives, and faced different challenges, over a decade. The throughline remained innovation and building veteran trust.

2015

"I saw an organization that had great capacity but had never been told that they could do something," she said, "For me, technology was all about the transformation that it could allow, and IT teams were all about making a different thing happen. We can do things differently because of IT. That is the beauty of it, and why people commit their lives to it." (INT-01)

2016

"This isn't a sprint or even a marathon—it's a relay race. You have the baton for a period of time, you run as hard as you can, and then you hand it to the next person. And you trust them to carry it forward." (INT-04)

2017

"I wanted to address the identity problem. I was a veteran, but I didn't class myself as that, so I didn't use a lot of VA services. It was mainly my father, why does he have eight logons to do just what I see as one continuous kind of thing?" (INT-12)

2018

"It was really just thinking about what is actually necessary to give a veteran a high-quality, accurate, consistent decision. We started to pick apart all the different activities in the workflow and tried to figure out how to optimize just that specific transaction or whether it was even needed because sometimes there was superfluous evidence gathering." (INT-06)

2019

"The parts of the investment are just not technology; it's people, process, and technology. It is literally those three things and you cannot have one thing be really good without the other two things." (INT-15)

"Small hospitals no longer needed to find money for PCs, printers, and laptops. Hospital directors didn't have to make these Sophie's choices between, say, a new MRI machine and IT resources." (INT-08)

2020

"The first product that you have to have for digital transformation is your organization. Unified experience all comes down to governance." (INT-14)

"We have to ask: Can this be used to translate business to IT and IT to business? Does the capability already exist, just not where we are looking? Are the people actually going to use it? Did it make the impact we intended? Are people, process, and technology staying aligned around the outcome?" (INT-15)

2021

"It's not that revolutionary. It's just being super focused on delivering what your customer needs. A service is a product. It's about being more and measuring yourself against objective, end-user or customer-focused metrics, and then optimizing the hell out of that." (INT-03)

"You need to have leaders that—their first and foremost, their goal is to do the right thing by their agency and by those they serve." (INT-03)

2022

"A lot of people in this town think once you pass the legislation, that's 90% of the work. And in reality, it's like 5 to 10%. As hard as it is, veterans and their loved ones had to camp out on the front steps of the Capitol in order for this legislation to get across the finish line. But the real heart of making this promise come to reality was the actual nuts and bolts of working on it." (INT-05)

"We wanted to send the message to veterans and their loved ones that VA is here to serve you. You earn these benefits. And we want to make it as easy as possible for you to access what you've earned... People have historically had to rework their lives to engage with VA. We wanted to kind of rework VA to more effectively engage with veterans that we're supposed to be serving." (INT-05)

Building the feedback loop

The first 9 building blocks reflect the capability that the Department of Veterans Affairs built over a decade: how it made veterans' needs visible, strengthened enterprise delivery, and sustained improvement over time. The 10th describes what a mature product model demands next, and where VA had already begun to build it. Customer experience (CX) as an operational driver was not as fully developed across the organization as the first nine blocks, but the research shows that this was the necessary next stage of a fully operationalized product model, and the department had started piloting it in consequential places. Including it completes the logic of the framework.

The distinction reflects the same iterative discipline at the center of the product mindset. As VA matured its product operating model, new questions arose: How does the department keep learning what to build, whether what it built is working, and where service delivery is still failing the veteran? The answer is customer experience functioning not as a measurement, reporting, or communications tool, but as an operational driver embedded in product delivery, process improvement, service recovery, and investment decisions. That is what turns veteran trust from a score the department reports into a signal the department acts on.



Building block 10: CX as an operational driver, not a reporting function

The difference is structural and it determines whether CX survives. A CX office that collects data and produces reports can be deprioritized, replaced by AI-generated summaries, or cut under budget pressure. A CX office integrated with process improvement, service recovery, and investment decisions is operationally irreplaceable because the decisions it informs would otherwise be made without the veteran in the room.

A former VA leader said *“The number one item for other government agencies is leadership alignment and buy-in. The CX shop must be integrated with executive leadership and operations. It cannot function as a separate entity. And it must not become a market research shop – which can be replaced by AI – but must be deeply involved in process improvement, service recovery, and investment decisions.”* (INT-18)

When OIT leaders asked a product team to present not just its current strategy, but the documented gaps in veteran experience that the portfolio existed to close, the question landed differently than most investment review questions. Previous human-centered design work at VA had been project- and moment-specific: research tied to a particular tool, a particular form, a particular transaction. But this question shifted the scope from the project to the veteran. It asked, *“Across everything your team builds and maintains, what does a veteran still need that they are not getting? What are the persistent, unresolved gaps between what this institution has promised and what veterans actually experience?”* (INT-22)

That reframing required the team to look at veteran user feedback as a cumulative signal about where the system was still failing its clients. The synthesis drew on VSignals data, veteran interviews, feedback from VSO partners, claims data, and the longitudinal pattern visible in trust scores disaggregated by demographic group and service journey. It produced a different kind of document than a project research brief: a strategic account of what veterans were still waiting for, stated plainly enough to inform where money and organizational attention should go next.

VSignals measures veteran satisfaction with an interaction. Earlier human-centered design studies generated deep insight into specific transactions. The unmet needs synthesis asked a different question at a different level: *“What is still structurally broken, across the whole relationship between this veteran and this institution, that no individual product has yet fixed?”* That question produced findings with enough fidelity to name specific decision

points, specific handoffs, and specific information gaps that veterans experienced as system-level failures — not product-level friction. The distinction matters because product-level friction can be resolved with better user experience. System-level failure requires a different kind of investment decision.

The mechanism that made this concrete was VA’s unmet-needs research. Rather than describe veteran pain points narratively or anecdotally, the research structured each one using a three-part format:

- a “when” statement describing the service-journey context,
- a veteran need statement describing the goal,
- an exception statement describing the barrier in the way

Each need was then scored on impact, reach, and research confidence, and the prioritized set was published for use throughout OIT. ^(INT-22) That structure is what turned veteran feedback into something an organization could plan and build against: a shared product backlog for the entire department, and an accountability standard against which future progress could be measured.

The unmet-needs research identifies where the system is still falling short. The next step is measuring whether interventions close those gaps, primarily at the process level. Product analytics teams began developing metrics in 2024 that could be built directly into modernization releases, not satisfaction surveys appended after delivery, but measurement architecture embedded in the product itself. The metrics were designed to capture processing time at each step of a transaction; handovers of data between systems and staff; user touch time at each stage of a workflow; and the operational cost, in time and friction, of each design decision. The goal was to understand whether a workflow change produced a measurably faster, clearer, or less burdensome outcome at the specific step where the veteran or the processor had been stuck, and whether the stated unmet need was narrowing.

Investment review conversations typically focus on whether a tool or function will accelerate throughput. But tools by themselves do not produce the user-level insight that operational customer experience measurement provides. A tool that speeds up evidence retrieval does not tell the product team whether the evidence request itself was the right one, whether the veteran understood why it was needed, or whether the step it replaced was the bottleneck veterans were experiencing. Operational customer experience intelligence tells the organization whether what it is automating is the right thing and whether the investment is producing the intended result. A VA leader described the discipline this requires as a set of questions that must follow capability decisions: “Does the capability already exist, just not where we are looking? Are the people going to use it? Did it make the impact we intended? Are people, process, and technology staying aligned around the outcome?” ^(INT-15)

Customer experience is the block that keeps the product model alive after delivery. It turns veteran trust into a continuous operating signal, showing the organization whether it is working; where it is failing; and what should change. “The voice of the veteran is not solely captured through surveys, but also through their behaviors, operational data, and online discussions.” ^(INT-18) That is the next stage of maturity: moving from measuring experience after the fact to managing through experience in real time, using survey, behavioral, and operational data to guide product decisions, improve service delivery, and strengthen an organization’s capacity to fulfill its mission over time.

Connecting the blocks

The building blocks are best understood as the operational framework for the product mindset. They translated the idea of building around the veteran into the machinery required to do so: shared platforms, governed data, enforceable decisions, cross-functional teams, reliable operations, product ownership, capability-based funding, and institutional continuity. Those capabilities made improved service delivery more repeatable. Improved service delivery made trust more measurable. Trust, in turn, gave VA a feedback loop for whether the transformation was working.

This is also why partial transformation remained fragile. Where the blocks connected, VA could turn policy promises into services veterans could use. Where one block was missing or bypassed, the system could fall back into familiar patterns, which happened in instances where responsibility for the service was separated from the full operating system behind delivery.

The next section examines just such a counterexample, and what can happen when a modernization effort of enormous consequence moves without enough alignment among teams, processes, and goals.



SECTION 3

EHRM and the limits of partial transformation

A major exception to the pattern is the Electronic Health Record Modernization (EHRM) program, the Department of Veterans Affairs' initiative to replace its legacy electronic health record systems with a single, modern platform that is interoperable with the Department of Defense (DoD). The intent of the program is to enable a more complete and seamless exchange of health information as service members transition to veteran status. By statute, the EHRM Information Office (EHRMIO) reports directly to the deputy secretary of VA, not to the CIO; carries its own separate funding stream; and operates outside the FITARA review process, the enterprise IT portfolio, and the budget prioritization mechanisms that disciplined the rest of OIT's investments. EHRM was designed this way because the prevailing view within VA was that a shared software platform between DoD and VA would address the data sharing and interoperability problems, and that the fastest and easiest way to deploy it and make a difference for veterans was by structuring a single contract that would be managed at the highest levels of VA. This is not a judgment about intent; it is the structural reality that explains why the outcomes diverged.

A familiar federal IT failure pattern

EHRM is not a unique federal failure. IT investments, especially in healthcare, too frequently fail or incur cost overruns and schedule slippages while contributing little to mission-related outcomes.

The pattern across these failures maps precisely onto EHRM's structural profile: a large single-contract acquisition, CIO authority bypassed in the procurement process, no iterative development or feedback discipline, unclear cross-agency program ownership, and requirements developed without grounding in how clinical workflows actually operated. These are not incidental features of EHRM, they are the defining characteristics of the federal IT failure pattern. One VA leader was direct about what distinguished EHRM from VA's broader IT investments: the 2018 decision to bypass competitive procurement with a Determination and Findings (DNF) to justify a sole-source contract award to Cerner,¹⁹ failing to bring in the right operational and hospital implementation experts, and allowing outside pressures to outweigh disciplined evaluation. In their assessment, EHRM was not a normal delivery failure; it was a governance failure of scope and discipline. "The most critical failure right now for VA is the EHRM ... signing a DNF with Cerner without going and talking to DoD about what worked and what didn't... not listening to people that were naysaying and saying let's do it, let's evaluate it, don't sign that yet." (INT-09)

Shared platform vs. product delivery

The proposed solution for EHRM was straightforward: replace Veterans Health Information Systems and Technology Architecture (VistA), VA's homegrown legacy electronic health record system, with Oracle Cerner's Millennium platform, the same commercial, off-the-shelf EHR platform used by the Department of Defense, and deploy it medical center by medical center until the system was installed across VA. The logic was understandable. As one leader put it, "If we replace our self-developed platform with the same platform DoD uses, the records should transfer seamlessly without extra effort from veterans and clinicians. On the surface this would solve a problem that frustrated both veterans and clinicians for years and allow a smoother veteran care transition." (INT-09)

But a shared system was not the same as a shared service. The desired outcome was not simply that VA and DoD use the same software. The desired outcome was that veterans could receive better care because clinicians had the right information, at the right time, in a form they could understand and act on, across VA facilities, DoD records,

19 Spotswood, Stephen. (November 2024). [OIG Report Confirms VA Contention That Original Cerner Contract Created EHR Program Difficulties](#). U.S. Medicine.

community care providers, pharmacies, referrals, scheduling, and longitudinal health history. Using the same commercial platform could support interoperability, but it did not guarantee it. Two organizations can use the same enterprise software and still configure it differently, govern data differently, train users differently, and produce different workflows. EHRM treated Cerner as the answer before VA had fully defined the end-to-end experience veterans and clinicians needed.

That choice shaped the implementation model. EHRM was organized around site-by-site deployment: which facilities would go live, in what order, and on what timeline. That is a familiar waterfall project structure as it makes progress visible through go-live dates but does not measure user experience success for a clinical service. VA ended up measuring the wrong thing. A medical center can technically move onto a system while major parts of the user experience remain unstable. Clinical documentation may function while pharmacy workflows lag. A product approach would have treated EHRM as a set of clinical capabilities with different users, dependencies, maturity levels, and risks. Pharmacy, scheduling, referrals, clinical notes, records exchange, community care coordination, and patient-facing access would not all have been treated as one implementation object. Each would have required its own readiness picture: whether the workflow fit clinical practice, whether users were trained, whether the data was reliable, whether integrations worked, whether failure created patient safety risk, and whether feedback from early use changed the next deployment.

EHRM's site-by-site structure made the roadmap look cleaner than the operational reality. When a facility went live, the implementation could count that site as progress even if the clinical experience remained uneven. The early rollouts revealed the cost of that approach. Pharmacy functionality, a core operational dependency in clinical care, became one of the most visible pain points. The issue was not only that one module performed poorly; it was that the deployment model did not create enough space to treat weak or immature capabilities differently from stronger ones before the next site moved forward.

This is where the difference between system implementation and product delivery becomes decisive. System implementation asks whether the software was installed while product delivery asks whether the capability works for the people who depend on it, whether the organization can see where it is falling short, and whether the next improvement is owned, funded, sequenced, and tested before scale. VA's broader transformation moved toward that second model. EHRM remained closer to the first: a large commercial suite deployed through a site-based project plan, without enough product discipline around workflow fit, user adoption, phased capability readiness, and continuous feedback.

The missing building blocks

What makes the VA case instructive, and what distinguishes EHRM from the transformation documented in this study, is the contrast between two programs running simultaneously inside the same department. OIT spent a decade constructing an enterprise operational backbone: standardized devices, centralized service management, consistent network infrastructure, and the delivery discipline that any new capability needs to land on. OIT's investments competed on demonstrated need, outcome alignment, and enterprise value through a disciplined FITARA review process. EHRM's separate appropriation protected it from that trade-off discipline entirely, which meant funding went to the program before the workflow standardization and change management capacity that should have preceded deployment were in place. OIT built delivery capability with persistent teams, iterative releases, and the organizational ability to course correct. EHRM was structured as a waterfall program with a single contract, fixed scope, and a site-by-site sequence that had no mechanism to halt and redesign when clinical workflow assumptions proved wrong at the first go-live sites.

The contrast extends to how users were treated. OIT's successful platforms were built with their users. EHRM's clinical configuration treated physicians, nurses, and clinical staff as recipients of a delivered system rather than participants in its design, resulting in workflows that did not match how clinical care was delivered. A former VA leader who managed infrastructure at the initial go-live sites noted that the IT layer itself performed, trouble tickets stayed in single digits, making clear that the failure was not in the technology but in the organizational and process layers that delivery at scale exists to address. ^(INT-23)

The shared common language failure runs deeper than the others and in two directions at once. EHRM operated without shared roadmaps, integrated planning cycles, or common strategic frameworks with OIT or VHA, none of the coordination mechanisms that the rest of OIT had built to give teams a common reference point. But the more structurally damaging absence is clinical: VA's old electronic health record, VistA, was customized independently at each of VA's medical centers over decades, accumulating different terminology, order sets, and workflow definitions at every site.

As EHRM continues to deploy site by site, each rollout requires its own configuration exercise to reconcile local clinical language with the enterprise system. VA is running clinical process standardization and EHR implementation in parallel, but the building block logic is explicit on sequencing. Shared common language comes before design and implementation, not alongside it. Attempting both simultaneously means the implementation is always chasing a moving target, and change management never closes because the baseline to which it is managing is still being defined. A former VA leader described the broader problem plainly: EHRM was functioning as a general contractor building a house that VHA would have to live in, without VHA consistently in the driver's seat on what the house should look like. ^(INT-13)

EHRM showed what happens when a modernization effort moves without enough of the building blocks of the product operating model around it. Missing were clear product ownership, workflow design, user adoption, governance alignment, data readiness, feedback loops, and the ability to adjust before scaling. Those were the same building blocks OIT had spent a decade assembling elsewhere in the department.

The contrast matters because the next section shows the other side of the argument. PACT Act implementation placed enormous demand on VA, but it moved through an organization that had more of those building blocks in place: veteran-centered design, data exchange, platform capacity, field operations, product ownership, budget discipline, and career executive continuity. EHRM revealed the cost of missing foundations, while PACT showed what VA could do when more of those foundations held.



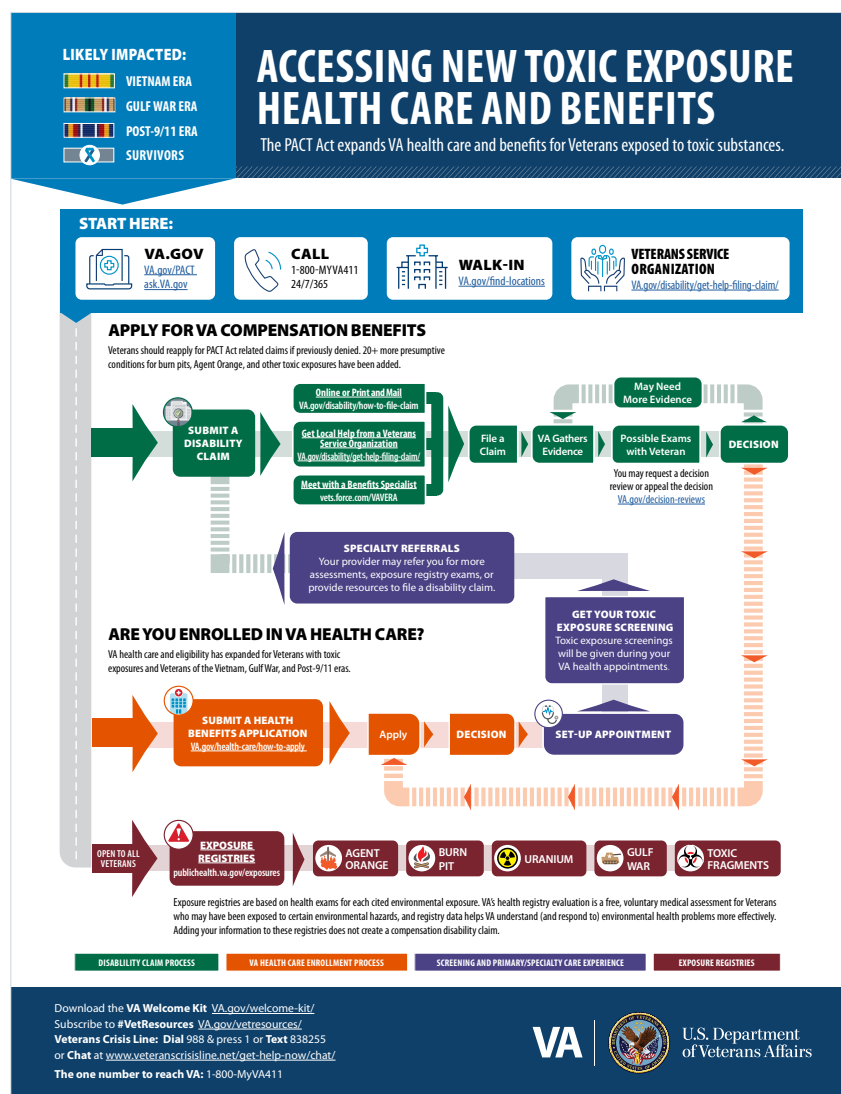
SECTION 4

The PACT Act and 701(b): the stress test

It took about 14 months from the PACT Act's June 2021 introduction in Congress to its enactment into law as H.R. 3967 as the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 in August 2022. The act was years in the making and became law only after a titanic struggle. Veterans, survivors, VSOs advocates for service members and veterans harmed by burn pits, bipartisan veterans affairs leaders, even television personality Jon Stewart pushed Congress to treat toxic exposure as a national obligation rather than a case-by-case evidentiary burden. The public fight peaked after the July 2022 Senate blockage, when veterans and advocates protested at the Capitol for nearly a week and turned the delay into a national accountability moment.²⁰

The PACT Act, which VA has described as one of the largest healthcare and benefits expansions in the department's history, tested whether VA's building blocks could deliver under historic demand. The law added more than 20 new presumptive illnesses, generally covering cancers, respiratory conditions, Agent Orange-related conditions, and radiation-exposure conditions. It also expanded presumptive coverage to new locations, areas, and timelines, widened access to healthcare, created new outreach responsibilities, and required VA to process a surge of claims from veterans and survivors who had often waited years for recognition.²¹

Figure 9. PACT Specific Veteran Journey Map



20 III, Leo Shane. (2022). [Vets Holding Around-the-Clock Protest Outside Capitol to Push for New Toxic Exposure Bill](#). Military Times.

21 US Department of Veterans Affairs. VA.gov. [The PACT Act and your VA benefits](#).

VA was being asked to expand services while modernizing the systems that would support those services. It had to show how the department would deliver clear veteran outcomes over the next five years through a strategic road-map that required approval from more than 70 executive-level leaders across VA in under six months. A former VA leader during PACT implementation described the distance between legislation and delivery bluntly: “A lot of people think once you pass the legislation, that’s 90% of the work. And in reality, it’s five to ten percent.” (INT-05) PACT required VA to build an implementation machine: demand forecasting, hiring, training, outreach, dashboards, PMO coordination, congressional engagement, system updates, and field execution.

PACT as a proof of concept

PACT Act implementation was a thorough test of the building blocks that VA had created. The law expanded eligibility, increased outreach obligations, added presumptive conditions, required toxic exposure screenings, and drove a historic surge in claims. Veterans and survivors entered through VA.gov, mail, call centers, VSOs, claims clinics, healthcare enrollment, and field offices. VA had to coordinate policy, claims, healthcare, IT, data, outreach, modernization, congressional reporting, and field execution at the same time. The question was whether VA had enough institutional capacity to turn a complex statutory promise into services veterans could actually use. Because the law touched so many parts of the department at once, its implementation provides the strongest evidence for whether the building blocks described above were isolated reforms or whether they had matured into an operating model capable of holding under pressure and producing the desired results.

Building for the veteran shaped how VA translated the law into an experience. Veterans needed:

- plain-language explanations,
- clear filing paths
- timely and meaningful outreach
- claim-status visibility
- toxic exposure screenings
- support from VSOs, call centers, medical centers, and regional offices

PACT-specific veteran journey maps helped VA see those touchpoints as one experience rather than as disconnected program activities, a direct extension of the earlier veteran experience journey mapping work. [VA.gov/PACT](https://www.va.gov/PACT) became a major entry point, supported by secure sign-in, online claim filing, prefilled answers, and multichannel communication support. Those veteran-facing services were fueled by robust datasets. Data helped VA identify who might be eligible, see how claims were moving, find bottlenecks, report progress, and correct failures while the service was live. When digital filing errors appeared during high-volume periods, VA employees identified affected veterans, contacted them, and preserved effective dates. That was the product operating model under stress: monitor the service, find the break, repair the experience, and protect the veteran.

Centralized enterprise IT capacity made the veteran signal executable. The implementation timeline required fast-moving decisions and streamlined governance across benefits, healthcare, IT, finance, policy, and field operations. VA employees needed escalation paths, clear ownership, and enterprise visibility into where services were working and continuous feedback loops on where there were shortfalls in processes. Common language supported the cross-administration workgroups in turning the law into workflows, training, system updates, content, adjudication guidance, and public reporting. Operations kept the field functioning while demand rose: equipment,

credentials, networks, service desks, call centers, employee tools, dashboards, vendor relationships, and field support all became part of delivery.

Durability kept PACT from becoming only a one-time implementation push. Product ownership kept responsibility attached to the service after the law passed. Capability-based funding helped connect money to the capabilities veterans needed, including claims processing, automation, data integration, staffing, infrastructure, modernization, and reporting. Institutional knowledge helped VA absorb a major new law without restarting the transformation from scratch.

The result was increased delivery capacity, under pressure. The PACT Act exposed limits that remained across VA: paper dependence, legacy systems, processing delays, data-governance challenges, and uneven product maturity. But the department demonstrated that a law could become a service at historic scale when authority, design, platform, data, operations, product ownership, funding, and continuity worked together. VA's response to PACT showed that VA had built enough product and delivery capacity to make a once-in-a-generation legal promise real through repeated service for millions of veterans and survivors.

The relationship with Congress

Congress is especially invested in the Department of Veterans Affairs. The department receives ongoing, dedicated oversight through the House and Senate Veterans' Affairs Committees, sustained bipartisan attention, and operates under close legislative scrutiny. Trust from Congress depends on whether VA can use its authority and appropriations and meet its deadlines and reporting requirements to deliver real services for veterans. PACT showed it can.

PACT also showed a different model of congressional engagement in VA implementation. Congress did not simply pass a large benefits expansion and leave VA to absorb the operational consequences afterward. Congressional staff engaged VA through a technical assistance process that allowed implementation concerns to surface while the legislation was still being shaped. That enabled VA to identify where the intent of the law — to reach as many eligible veterans and survivors as possible — might be undermined by the mechanics of implementation.

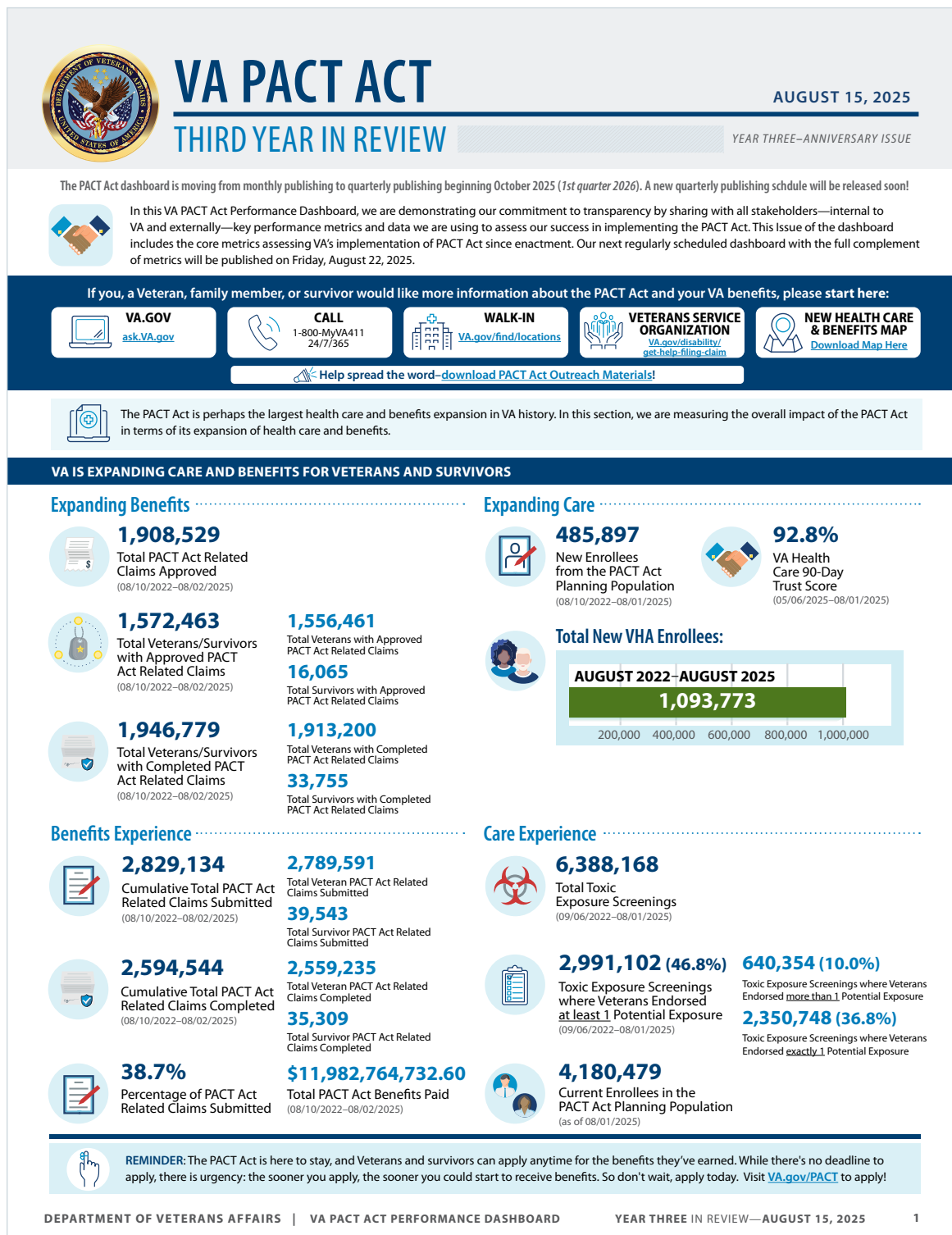
The phased implementation timeline illustrated the point. Congress had staggered the implementation deadlines for some benefits, healthcare eligibility, and presumptive conditions reaching out as far as 2030, so VA could learn from each phase. VA's analysis after the first year of PACT Act implementation showed that as planned, the phasing would create avoidable delays and waste. Staff would still have to review claims from veterans in later presumptive groups but would not yet be able to approve or deny many of them. That would consume workforce capacity, lengthen wait times, and delay benefits for veterans who were already being encouraged to come forward. VA shared that analysis through department and White House channels. On February 26, 2024, VA announced it would eliminate the phase-in dates, and would begin accepting applications for enrollment in VA healthcare system of all eligible veterans.²²

That exchange showed that feedback loops had been built, put to use, and strengthened over time to create trust. The change in timeline honored the policy intent by reducing procedural barriers to veterans' access to services. It also clarified the operational challenge. VA would need more people, training, technology updates, outreach, claims-processing capacity, and public reporting to handle demand at full scale.

PACT then extended the feedback loop after enactment. Congress created accountability through statute, appropriations, hearings, deadlines, and reporting requirements that allowed VA to share honestly and openly what

22 House Committee on Veterans Affairs. (April 2024). [Honoring Our PACT Act of 2022 \(P.L. 117-168\): Expansion of Health Care Eligibility and Toxic Exposure Screenings](#)

Figure 10. PACT Act Dashboard



Benefits Experience



2,829,134
Cumulative Total PACT Act Related Claims Submitted
(08/10/2022–08/02/2025)



2,594,544
Cumulative Total PACT Act Related Claims Completed
(08/10/2022–08/02/2025)



38.7%
Percentage of PACT Act Related Claims Submitted

2,789,591
Total Veteran PACT Act Related Claims Submitted

39,543
Total Survivor PACT Act Related Claims Submitted

2,559,235
Total Veteran PACT Act Related Claims Completed

35,309
Total Survivor PACT Act Related Claims Completed

\$11,982,764,732.60
Total PACT Act Benefits Paid
(08/10/2022–08/02/2025)

Care Experience



6,388,168
Total Toxic Exposure Screenings
(09/06/2022–08/01/2025)



2,991,102 (46.8%)
Toxic Exposure Screenings where Veterans Endorsed at least 1 Potential Exposure
(09/06/2022–08/01/2025)



4,180,479
Current Enrollees in the PACT Act Planning Population
(as of 08/01/2025)

640,354 (10.0%)
Toxic Exposure Screenings where Veterans Endorsed more than 1 Potential Exposure

2,350,748 (36.8%)
Toxic Exposure Screenings where Veterans Endorsed exactly 1 Potential Exposure

it would take to implement the law successfully. The Toxic Exposures Fund under the PACT Act required that appropriated money be used exclusively to cover the rising costs of healthcare, disability claims processing, and medical research for veterans exposed to toxic substances and environmental hazards above 2021 spending baseline levels. Section 701(b) of the PACT Act required VA to submit a comprehensive 5-year IT and Benefits Delivery Modernization Plan to Congress to demonstrate how VA would handle the massive influx of toxic-exposure claims. VA, in turn, had to show what implementation required in practice: workforce capacity, claims operations, toxic exposure screening, data, automation, outreach, IT modernization, and veteran experience. A former benefits leader described transparency as part of the implementation system, with dashboards and congressional engagement reinforcing internal focus and allowing Congress, veterans, VSOs, and advocates to see progress while delivery was underway. ^(INT-05)

The feedback loop did not remove friction. Oversight, reporting, and dedicated funding still required time, justification, and staff capacity. But PACT was not simply thrown over the wall to VA. Congress helped create a structure in which implementation risks could be surfaced, debated, funded, monitored, and adjusted. That made Congress part of the delivery environment: a source of accountability, authority, resources, and feedback while VA worked to turn a statutory promise into services veterans could actually use.

VA responded by delivering trust on both fronts. For veterans, trust depended on whether a hard-won law became something that actually helped them. For Congress, trust was built on whether VA could show that new authority and funding were becoming delivery capacity. PACT did not make trust automatic; it showed that VA could earn trust at scale.

What the metrics show

As of July 24, 2026, VA reported that since March 14, 2023, more than 3.7 million PACT-related claims had been submitted; more than 2.5 million had been completed; and more than 2 million had been approved. VA also reported more than 6.8 million toxic exposure screenings between March 2023 and July 2026.²³

Over the same time period, healthcare enrollment has expanded as well. VA reported more than 4.2 million new enrollees in the PACT Act planning population and more than 300,000 new enrollees under the PACT Act enrollment authority. *VA.gov/PACT* received more than 31 million page views, and the PACT page generated more than 1.3 million clicks to file a disability claim online and more than 300,000 clicks to enroll in VA healthcare.²⁴

Those numbers show historic levels of delivery capacity. The limits are equally important as PACT-related claims took longer than non-PACT claims. In the 2024 Addendum to the 5-Year IT Benefits Delivery Modernization Plan prescribed under section 701(b) of the PACT Act, VA reported an average of about 150 days to complete PACT-related claims, compared with about 112 days for non-PACT claims. Fewer than half of PACT-related claims were completed within 125 days. Just under 28 percent of PACT-related claims were submitted electronically, while more than 72 percent were submitted by mail.²⁵ And yet, by the end of the transformation decade in Q4 2024, the veteran trust report shows veteran trust at 80.2 percent overall, a 25 percent increase since 2016.²⁶

VA's implementation of the PACT Act did not prove that it had completed its transformation, but it proved that its

23 U.S. Department of Veterans Affairs. *VA PACT Act Open Data Performance Dashboard*.

24 U.S. Department of Veterans Affairs. *VA PACT Act Open Data Performance Dashboard*.

25 U.S. Department of Veterans Affairs. *DigitalVA.gov. 701(b) 5-year IT Benefits Delivery Modernization Plan 2024 Addendum*.

26 U.S. Department of Veterans Affairs. *Serving America's Veterans: Trust Report (October 1, 2024 - December 31, 2024)*

operating model was working. The department delivered at historic scale while still carrying paper intake, legacy workflows, and slower processing times for complex PACT-related claims. The system bent under the load but kept operating. The department demonstrated a level of delivery capacity that would have been difficult to imagine a decade earlier. The building blocks had become real enough to absorb historic demand, deliver benefits and care to millions, and show veterans and Congress where the work and money went, and where it should continue to address veterans' needs and keep the trust.



**The Vietnam veteran who finally filed:
The Caribou Maine story** (INT-05)

In Caribou, Maine, one of the northernmost cities in the continental United States, a VA leader sat down to breakfast with a group of Vietnam veterans at a PACT Act outreach event.

One veteran caught his attention. The man had never filed a disability compensation claim. Not once in 50 years. And it wasn't because he didn't have a claim to file. He had heard too many stories of VA saying "No." He had absorbed, over decades, the narrative that filing was a fight you were likely to lose.

The PACT Act outreach had reached him anyway. Repeated community events, VSO engagement, and a different kind of message — you earned this, we want you to have it — had caused him to reconsider. A representative from Disabled American Veterans helped him file for the first time.

This leader describes it as one of the clearest illustrations of what the whole implementation effort was trying to accomplish. He noted that behind that single veteran in Caribou was machinery that had taken a decade to build.

"The PACT Act not only helped all of the Veterans that Congress was trying to help, but it also helped many other Veterans that read or heard about VA's push for Vets to come to VA to get their earned benefits or healthcare," they said. "For many years, there has been a belief by many in the veteran community that VA's approach is delay, deny, until you die. The PACT Act gave VA the opportunity to proactively engage with Veterans in communities all across the country with a goal of encouraging them to get the benefits they earned through their service to this country. We were able to communicate that we want to serve you, and that helped us overcome some of the legacy mistrust that has existed for quite some time."



SECTION 5

What veterans believed, what changed, and what the evidence shows

For an agency to carry out its mission, the people it serves have to trust it will do what it says. In the case of VA, veterans do not experience governance structures, product operating models, API platforms, or budget reforms. They experience whether the Department of Veterans Affairs works when they need it. After the 2014 crisis, VA made trust a management problem as well as a moral one: it set trust promises, measured veteran trust, used veteran feedback to understand where delivery was failing, and set service promises around the moments that mattered most to veterans. Over the transformation decade, VA's trust scores, satisfaction data, backlog metrics, digital adoption, telehealth use, and PACT Act enrollment numbers showed a department becoming more capable.

The veteran interviews conducted for this study show the same story from the user's side: where VA kept those promises, where veterans still distrusted the system, and where the process continued to ask too much of them. These two records do not have to match perfectly to be useful. A veteran can say VA.gov is easier to use while at the same time saying the claims process remains confusing. Together, the quantitative data and qualitative interviews show that trust is iterative: it is earned by delivering on a promise, tested through experience, and maintained by listening, measuring, fixing, and building. VA's experience suggests that other agencies can define their own trust promises, measure whether they are keeping them, and use both data and user narratives to decide what to repair next.

'I don't know if the system was built for me' Designing for veteran demographics

The first trust question is whether veterans experience a VA that feels like it is meant for them.

For many veterans, especially women veterans, younger veterans, those who served post-9/11, veterans without visible combat injuries, and those with other-than-honorable discharges, the answer has not always been yes. In particular, VA has not kept pace with the needs of an increasingly diverse veteran population. Our interviews with veterans identified a persistent belief that the department was built around an older, more traditional veteran profile whose post-service life follows a common trajectory for care and benefits. One VA leader described how women veterans had been overlooked and often lacked the knowledge needed to navigate VA and understand their benefits. ^(INT-18) The veteran interviews mirror those points. One woman veteran described the transition to civilian life as the weak point: "The transition out of service should be the transition plan," she said. "If you don't push or fight to get it, you don't get it." ^(INT-26) Another told us, "Don't thank me for my service. Help me navigate the system." ^(INT-27)

VA made real changes to system access. MyVA, the Veterans Experience Office, veteran journey mapping, VA.gov, the mobile app, claims clinics, and targeted veteran experience work all moved the agency away from passive service delivery and toward clearer entry points. The 2018 VA.gov launch and later mobile app work improved access to services addressing common veteran issues. However, neither addressed the range of entry-related pain points that many veterans experienced. For example, rural health and women's health access and services continue to lag improvements made to the standard veteran profile. There is additional work to be done to account for veterans' life experiences, locations, and individual needs.



The system became more accessible, but the trust gap remains large among veterans who do not match the traditional veteran profile VA has designed around. FY2025 Q1 VSignals trust data shows female veterans trusting

VA at 72.4 percent compared with 88.1 percent for veterans over 60.²⁷ veteran feedback and performance metrics point to the same design challenge from different angles: VA improved access to the front door, but it has not made every veteran feel that the system was built for them.

‘It’s not worth applying’ Benefits and claims

The second trust question is whether applying for benefits is worth the effort. Prior to the start of the transformation initiative, many veterans experienced claims as a black box: a claim could be mailed in and linger in a vast backlog, leaving the veteran in the dark on whether VA had received it, understood it, or was acting on it.

VA changed the front end of that experience. Online disability filing, structured intake, pre-populated data, digital document upload, claim-status tracking, text notifications, and mobile access made claims easier to enter and easier to monitor. The operational record changed as well: the claims backlog fell tenfold between 2013 and 2019, while veteran trust in VA rose 25 percentage points from 2016 to end of FY 2024.



In interviews, veterans often acknowledged that digital access had improved, but they still described the process as confusing. One veteran asked, “Why didn’t they just tell me what I needed from the beginning?”^(INT-24) The issue was not only whether a veteran could submit a claim or check its status. It was whether the veteran understood why VA needed certain evidence in the first place, what was missing, how the decision would be made, and what would happen next. The visibility of claim status has been significantly improved, but knowing where a claim stands in the process is different from understanding why a certain decision was made. VA moved many veterans from “I do not know whether my claim exists” to “I can see my claim is moving.”^(INT-28) The next trust frontier is whether veterans can understand the logic of the process while it moves.

‘A presumption should be a presumption’ PACT and recognition

The PACT Act changed the trust question for veterans who had spent years believing VA would not recognize exposure-related harm.

The veteran interviews show strong support for presumptive service connection. Veterans described the PACT Act as institutional recognition that exposure should not have to be proven from scratch in every individual case. One veteran described the law as “forcing VA to do what it was supposed to do in the first place.”^(INT-25) Another put the expectation more simply: “A presumption should be a presumption.”^(INT-29) The requirements of the law have given back more time to spend elsewhere.



VA metrics have shown that its delivery record under the PACT Act was substantial. In our interviews, veterans

27 U.S. Department of Veterans Affairs. [Serving America’s Veterans: Trust Report \(October 1, 2024 - December 31, 2024\)](#)

insisted that they didn't object to having to provide documentation in support of a claim, but rather to a process that recognized presumption in law while still seeming to demand extensive proof in practice. One Desert Storm veteran said he spent years trying to prove what he believed should have been treated as a service-connected condition; another described feeling "discredited" and forced to relitigate a service injury.^(INT-29) This improvement proves the importance of Building Block 6, having even small ideas that will fix issues that have big administrative impacts.

PACT showed both the strength and the limits of VA's progress: the department had built enough product and delivery capacity to absorb a major surge in demand, but legal recognition, digital access, and faster operations still did not eliminate the evidence burden veterans had to carry. Veterans experienced real improvement, while also encountering the remaining gap between the promise of presumption and the proof still required to receive the benefit.

'The VA website doesn't work' Digital access

The next trust question is whether digital VA is worth trying. Before the transformation, veterans encountered complex digital paths that often sent them back to paper, phones, or in-person visits. VA.gov, Lighthouse, simplified sign-in, mobile access, Blue Button, and the VA Health and Benefits app changed that expectation.

The metrics show broad adoption of VA's self-service tools. In June 2025, the agency reported that VA Health and Benefits mobile app had passed 3 million downloads since its 2021 launch and had 1.4 million active users; the app lets veterans go online for such basic but critical steps as refilling and tracking prescriptions, reviewing appointments, checking claims and appeals status, submitting evidence, reviewing payment information, locating facilities, accessing the Veterans Crisis Line, and showing proof of veteran status.²⁸ Apple's App Store listed the app at 4.8 out of 5 stars with roughly 322,000 ratings, showing not only significant uptake but sustained user approval.²⁹



The department's health self-service tools show the same pattern. My HealtheVet has supported more than 255 million prescription refill requests, more than 204 million secure messages with VA care teams, and more than 59 million VA Blue Button health-record file downloads since Blue Button's release in August 2010.³⁰ VA has also continued moving health tools into the integrated VA.gov experience, where veterans can now manage medications, send secure messages, and access health records alongside benefits services. In 2025, VA added another self-service function by allowing eligible veterans to submit and track mileage-only travel reimbursement claims directly from the mobile app, with the app automatically identifying potentially eligible appointments and allowing submission in a few taps.³¹

28 U.S. Department of Veterans Affairs. VA News (2025). [VA health and benefits app reaches 3M downloads](#).

29 Apple App Store. U.S. Department of Veterans Affairs, VA: Health and Benefits. (August 2026). <https://apps.apple.com/us/app/va-health-and-benefits/id1559609596>

30 U.S. Department of Veterans Affairs. VA News. (2023). [My HealtheVet celebrates 20 years of connecting Veterans to care](#).

31 U.S. Department of Veterans Affairs. VA News. [Simplified travel claims submissions now available on VA mobile app](#).

Veterans we interviewed noticed the improvement, especially around PACT, “They’re doing a much better job. Much, much better,” one veteran observed. ^(INT-27) Interviews show that veterans connected better communication, seamless login, and smoother self-service to the PACT Act push, even when those improvements came from the deeper product, platform, API, and operational work built over the prior decade. “I think over the last 5 to 10 years, they really...put an emphasis on communicating with veterans. ... I put an initial request in, and then someone called me back to check in and make sure I knew there were services available.” ^(INT-24)

‘Does VA know my whole situation?’ From transactions to relationships

The final trust question is: “Can the department understand what it already knows about a veteran, across channels and administrations, before asking the veteran to explain it again?”



VA Profile, enterprise data platforms, and the CX Insight Data Warehouse were part of that unfinished shift. That infrastructure created a foundation for more proactive service. The centralized veteran data profile, completed in 2023, gave VA a technical basis for seeing a veteran across service lines and eventually reaching out before the veteran had to initiate every transaction. The same logic appeared in PACT implementation, where VA needed to know where veterans served, which exposures were presumed, what evidence already existed, how claims were moving, and where bottlenecks appeared while demand was surging.

But the promise is not yet fully realized. A VA leader warned that data governance can still break down: “What you want to know is, in near-real time, where has this person journeyed through your organization? What are their problems, and what do you do for them? All of that needs data that means the same thing, whether it’s VBA, VHA, or congressional reporting. It all has to be the same way.” ^(INT-14) Without shared definitions, lineage, access, and ownership, VA can build platforms without fully behaving as one enterprise.

Veteran interviews point to the same gap from the service side. Veterans described better digital access, “Instead of having a file where sometimes you can’t find something, I download it from VA.gov.” ^(INT-26) But they still wanted VA to stop making them carry the institution from one interaction to the next. They wanted VA to know what it already knows, explain what it still needs, and reach out before a missing form, unclear rule, or hidden eligibility issue becomes a barrier. The next step is not only better self-service. It is a service relationship where VA can use data responsibly to remember, guide, and support the veteran as one person.

What the veteran feedback and the metrics show together

VA set out to rebuild trust with veterans by delivering a better healthcare and benefits experience, and the department made measurable progress on both fronts. Veterans gained more digital access, faster and more visible claims interactions, expanded telehealth, broader care options, improved self-service tools, and stronger feedback channels. Trust rose because the experience improved in ways veterans could see, use, and rely on.

Data shows that even as speed and uptime were impacted, trust was not. PACT-related claims took longer to complete than non-PACT claims (31.4 days longer), and the overall claims backlog surged toward a decade-high of

approximately 418,000 in early 2024 under PACT volume.³² Yet veteran trust continued to rise across the same period, reaching its highest recorded levels. Even the VA.gov processing failure in 2023, which affected more than 120,000 veterans' claims, did not register as a measurable decline in aggregate trust scores.³³

Evidence suggests instead that trust tracked recognition, transparency, and communication more than raw throughput. A veteran who waited longer but could see the claim moving, understood that the institution had acknowledged the exposure, and received a clear message that the benefit was earned experienced the interaction differently than a veteran who once waited in silence and feared the claim was lost.

VA's own customer experience sub-scores reinforce this reading. The ease, effectiveness, and emotion measures have consistently trailed the headline trust score across the measurement window, indicating that veterans' trust in VA's commitment to its mission runs ahead of their satisfaction with any single transaction.³⁴ Trust, in other words, is relational before it is transactional. That distinction matters for any agency trying to replicate VA's results. What sustains trust is whether the person believes the institution recognizes their claim and will keep its word, measured and made visible over time.

Veterans still encounter handoffs, repeated requests for information, unclear evidence requirements, uneven local experiences, and moments when VA does not appear to know what it already knows. Those gaps do not erase progress; they define the next stage of the relationship. Trust is not a fixed goalpost. It is an ongoing relationship VA has to keep earning as veteran populations, technologies, health needs, benefits laws, and expectations change. The lesson for both VA and other agencies is that hard-won trust requires continuous planning, engagement, delivery, improvement, and stewardship.

32 U.S. Department of Veterans Affairs. (January 2024) [PACT Act Performance Dashboard, Issue 24](#).

33 U.S. Department of Veterans Affairs. *Serving America's Veterans: Trust Report*. (October 1-December 31 2023).

34 U.S. Department of Veterans Affairs. VA.gov. [Veteran Trust in VA](#).



SECTION 6

Lessons learned

VA did not set out to implement a pre-existing framework for product at scale. It embarked on a decade-long transformation shaped by crisis, changing veteran expectations, legislative demands, operational pressure, leadership transitions, and the daily work of making services function better for veterans.

The lessons below are drawn from research observations about what the department did well, where it struggled, and what its experience reveals about implementing product at scale inside a large public institution. That is what makes VA's experience useful beyond VA. They are evidence of what it takes to turn product from a set of practices into an operating model that can survive complexity, leadership turnover, funding constraints, oversight pressure, and mission demand.

VA's experience reveals helpful lessons for large-scale public-sector transformation when the goal is to rebuild trust through repeated, reliable delivery.

For those considering implementation, an accompanying Playbook to apply the framework more deliberately than VA was able to do, is available [here](#).

Aim at the right thing

IT modernization is not the mission. The mission is service delivery. VA improved when technology, funding, data, and teams were aimed at veteran outcomes.

Distrust creates workload

Distrust is expensive. It generates redundant work, intensifies and expands the oversight burden, slows decisions, and pushes people toward workarounds that make the system harder to govern. Trust reduces friction, which creates capacity.

Centralization has to earn legitimacy in the field

VA's centralized IT authority was necessary, but authority alone did not make OIT a trusted enterprise partner. Centralization becomes credible when it improves delivery for the people using and supporting an agency's services.

Agile changed delivery teams; product changed accountability

An Agile approach helps teams work in shorter cycles, test more often, and release software differently. A product operating model strengthens accountability and operationalizes trust by ensuring that responsibility for specific outcomes attaches services continuously.

Data earns trust when it stops asking veterans to do the work that the agency should be doing

Data builds trust when it helps an agency remember, verify, route, decide, and explain without pushing the burden back onto the veteran. It also helps employees spend less time reconciling fragmented records and more time moving work forward.

Funding determines what the organization can see

Capability-based budgeting changes visibility and makes funding part of service design. The budget structure shapes what can be governed, what can be improved, what can be retired, and what Congress can see. Trust depends on repeated, reliable delivery over time; funding needs to reflect that.

Congress is an implementation partner

Legislation can create authority, urgency, and resources, but it cannot substitute for delivery capacity. The strongest congressional interventions do more than announce a new promise. They create mechanisms that make partnership possible and implementation visible: deadlines, dedicated funding, modernization plans, reporting requirements, and oversight. Those mechanisms work best when they form a feedback loop, allowing an agency to surface what delivery requires and showing Congress whether legislative intent was becoming veterans' reality.

Durability comes from appointed authority and career memory working together

VA's transformation crossed three confirmed CIOs, several acting leaders, and three presidential administrations. Endurance happens when appointed leaders and career employees turn priorities into actions. Appointed leaders bring urgency and external experience. Career leaders carry institutional knowledge and a practical understanding of the government system. Both are required for long-term success.

Trust fails to scale when any block is exempted

Together, the building blocks are greater than the sum of their parts. Where one was missing or bypassed, old failure patterns returned. Trust scaled when product ownership connected the full system behind delivery to the veteran's experience.



SECTION 7

Welcoming the unfinished agenda

Across the full body of research for this case study — interviews with VA leaders and practitioners, interviews with congressional staff, and direct research with veterans — a question was frequently asked: what should VA still become? For those who had left the department, the question was slightly different: what would they have wanted to complete with two or three more years?

The answers reveal that transformation does not end when a platform launches, a backlog falls, a dashboard improves, or trust rises. In a product operating model, every improvement creates the conditions for the next set of questions: what is still hard for the user? What burden has simply moved somewhere else? What does the organization now know that it did not know before? What should be built, changed, simplified, or retired next?

That is the larger lesson of VA's unfinished agenda. Product thinking treats service delivery as a continuous feedback loop between mission, user experience, operations, and investment. The organization does not simply deliver a service and declare the work complete. It keeps listening, measuring, learning, and improving because the needs attached to the mission continue to evolve. This is true for VA, and it is applicable to any organization that serves people through complex systems. The work of delivery is never finished because the work of understanding whether the service is actually working is never finished.

What follows is a forward-looking assessment grounded in the research: what veterans and leaders want to see next, what those priorities reveal about the next stage of VA's product maturity, and what risks must be navigated as the department continues to modernize.

What veterans and leaders want to see next

When asked what they still wanted from VA, veterans and recently departed leaders converged on a set of themes aimed at completing what the first decade of transformation began. That in itself is evidence of a maturing product model: veterans and leaders could now describe the next frontier because the institution had already changed enough for the next set of improvements to become visible.

Proactive engagement with the veteran

Every product built through the end of the study period still requires the veteran to begin the transaction. Veterans want that to change. "Improvements need to happen before the veterans even verbalize the need. After a negative outpatient experience, I want VA to send a text acknowledgment and explain what actions are being taken. That is what good service looks like in every other sector." (INT-18)

One leader framed this initiative not as a technology ambition but as an equity imperative: proactive outreach is the mechanism for addressing the persistent disparity in grant rates affecting different veteran populations, particularly Black veterans, who have lower grant rate for disability claims. A system that waits for veterans to self-navigate disadvantages the veterans least equipped to navigate it. (INT-05)

Seamless multichannel experience — the veteran should not feel the handoff

Several of the interviews captured this structural problem precisely: in the benefits space, VBA had built toward a more unified experience; in the healthcare space, the same integration had not occurred. The contact center, the electronic health record, appointment scheduling, and facility services were each owned by separate teams with no single coordinating function oriented toward the end-to-end veteran experience. A former VA leader

provided the clearest definition of what veterans are asking for: “Frictionless channels to accomplish a business process while being responsive to the needs of the persona being served, not having to repeat your story to multiple people. Self-service, asynchronous communication when needed, and channels that already know who you are and what you have been trying to do.” (INT-14)

Reduced evidential and administrative burden

Veterans across multiple service eras described VA’s claims and benefits process as one that places significant administrative responsibility on the veteran to prove what VA, in most cases, already has evidence for. The data VA holds, service records, medical histories, exposure records, treatment histories, is extensive. Yet veterans are routinely asked to re-submit, re-verify, and re-document information the institution already possesses. This burden is not experienced equally. Veterans navigating complex exposures, those without legal or VSO support, veterans in rural areas, and women veterans whose conditions are less well-represented in legacy diagnostic frameworks all experience the evidential burden as higher than average.

Reducing that burden requires not just policy change but data integration and workflow discipline: connecting what VA knows about a veteran to the transaction the veteran is trying to complete, without requiring the veteran to serve as the connector. A former VA leader described the discipline this required inside VBA: “It was really just thinking about what is actually necessary to give a veteran a high-quality, accurate, consistent decision. We started to pick apart all the different activities in the workflow and tried to figure out how to optimize just that specific transaction or whether it was even needed because sometimes there was superfluous evidence gathering.” (INT-06) That shift reframed modernization from simply moving evidence faster to asking whether the evidence request itself was necessary, useful, and aligned to the decision VA needed to make.

Transparency into decisions — not just status

Veterans repeatedly distinguished between knowing where their claim was in the process and understanding why a decision was made. The digital tools built through 2025 addressed the first but did not address the second. For veterans who receive a rating decision they do not understand or cannot predict, the experience of the claims process remains a black box regardless of how many status updates they received along the way.

This is one of the most consistently documented pain points across public feedback, veteran interviews, and research conducted for this study. Veterans do not just want to know what the decision was; they want to understand the logic behind it: what evidence was weighed, what criteria were applied, and why the outcome was what it was. When that explanation is absent or incomprehensible, the natural response is distrust. And distrust has a direct operational cost: it drives appeals filed, not out of genuine disagreement with the facts but out of confusion about the reasoning. Secondary claims that might have been unnecessary with clearer guidance, and rework that consumes VA capacity without improving outcomes for veterans. Closing the transparency gap is not courtesy. It is an efficiency imperative; and for the veteran, it is the difference between a system that feels fair and one that does not.

Benefits navigation — a guide, not a burden

Multiple interview participants, including congressional staff and veteran interviewees, described the core veteran challenge as one of navigation rather than eligibility. Veterans who are entitled to benefits often do not know they are entitled, do not know how to connect eligibility to evidence, and do not know which combination of services

would best address their situation. The existing VSO network performs a portion of this function, but coverage is inconsistent, the quality of guidance varies, and the most recently separated veterans, those the system most needs to reach, are the least likely to know VSOs exist.

VA in the age of AI — potential and peril

The arrival of artificial intelligence as a practical technology platform is not a new development for VA. Machine learning applications, automated mail intake, and natural language processing tools for routing and triage have already been part of VA's operational environment. What is new is the scale of possibility, the speed at which AI tools can now be deployed, and the level of institutional risk if those tools are implemented without the operating discipline described throughout this case study.

VA is the subject of this body of research, but the implications extend well beyond VA. The concerns raised through this research are applicable to any organization considering AI at scale, especially those that hold sensitive data, serve vulnerable populations, make eligibility or benefit decisions, or operate in a high-trust environment. AI does not remove the need for a product operating model. It increases the cost of not having one.

The case for AI at VA — data is not the problem

The most important fact about VA and AI is often understated: VA possesses the largest longitudinal dataset on a single demographic population in the world. Decades of healthcare records, treatment histories, service records, disability ratings, pharmaceutical data, mental health records, employment and education data, and benefits transaction histories across millions of veterans represent a body of data that commercial research institutions pay vast sums to approximate. The question is not whether the data exists. The question is whether the institution has the governance, integration, and delivery capacity to use it.

The AI Use Case Inventory published by VA in December 2024 catalogued active applications across benefits automation, Disability Benefits Questionnaire auto-transcription, predictive outreach analytics, and contact center AI tools. Ambient Scribe, an AI that transcribes and structures clinical encounters in real time, reducing documentation burden on clinicians and improving the accuracy and completeness of the medical record, was one of the first enterprise pilots brought under the Digital Health Office integration framework in 2023–2024, with the explicit goal of using it as a test bed to scale AI solutions from pilot to enterprise. ^(INT-13) Many large organizations do not fail at AI because they lack pilots. They fail because pilots remain disconnected from governance, funding, workflow redesign, user feedback, and enterprise operations. VA's experience shows why AI adoption must be treated as an operating-model question, not only a technology question. An AI tool that works in one clinic, call center, claims workflow, or digital channel still has to be governed, monitored, funded, integrated, secured, and improved over time.

One former VA leader described the practical possibility clearly: VA could move quickly if it looked beyond large language models alone and paired AI capability with domain expertise, clear parameters, and serious judgment. This leader described a rapid VA.gov prototype built with a strong AI developer and deep subject-matter knowledge, but he also emphasized the governance question: “We could, but should we?” ^(INT-12) In this framing, AI only becomes useful when informed humans remain close enough to define the problem, set the parameters, evaluate the output, and decide whether the proposed action is appropriate. That lesson is transferable. AI may reduce the time needed to generate a prototype, summarize a record, draft a response, or identify a pattern. It does not replace the need to know which problem is worth solving, whether the proposed solution is safe, how the user will experience it, or what outcome the organization is trying to improve.

The risks: Equity, ethics, and data stewardship

The same conditions that make VA a powerful AI environment also make it a high-risk environment. Veterans interviewed for this research expressed a clear tension: they wanted VA to use the data it already held to serve them better, but they did not want that data used to surveil them, reduce benefits, or be shared with third parties without their knowledge. That tension is not unique to veterans. Any organization using AI with sensitive personal data will face the same trust question: whether people believe the institution is using data to help them, or to act against them.

For VA, that concern is heightened by the nature of the data and the relationship. VA data includes health information, service history, disability status, mental health records, financial information, family relationships, and benefits eligibility. These are not ordinary customer records. They are records tied to war, injury, illness, compensation, care, and family security. The case study also notes internal concerns around stewardship, including vulnerabilities related to third-party research agreements, privacy and security review rigor, and re-identification risk in datasets treated as de-identified.

The conclusion is straightforward: AI capability cannot mature faster than data governance. If an organization cannot explain what data is being used, who can access it, how outputs are validated, what decisions AI may influence, and where human review is required, then AI will weaken trust rather than strengthen service delivery. Policy alone is not enough. The organization must have enforceable governance, clear accountability, technical controls, auditability, and a culture that treats data stewardship as part of mission delivery.

This is especially important because AI can make institutional action feel invisible. A veteran may not know whether an AI tool helped route a claim, summarize a medical encounter, prioritize outreach, flag a risk, or recommend a next step. That invisibility increases the obligation to make the system understandable, contestable, and accountable. The more powerful the tool, the more important the feedback loop becomes.

Equity in AI design: Closing gaps, not widening them

The most serious near-term risk of AI implementation at VA is that it could improve service for veterans who are already easiest to reach while leaving behind those who have the most difficulty navigating the system. As stated in 5.1 *“I don’t know if the system was built for me” — designing for veteran demographics*, there remains a trust gap among several veteran demographic groups. These disparities did not originate with AI, and AI alone will not close them. But AI systems trained on historical data can encode and amplify historical patterns unless they are explicitly designed, tested, and governed against that risk.

For VA, that means AI design has to account for veterans who are rural, older, disabled, unhoused, digitally disconnected, distrustful of government, or less likely to know they are eligible for care or benefits. Increased reliance on digital and AI-mediated services carries a specific access risk: a veteran with reliable broadband, a smartphone, and confidence using digital tools may benefit quickly from AI-enabled services, while another veteran may be pushed further away from help. Designing first for the most connected user and treating everyone else as an exception would repeat the same institutional design failure the transformation decade was meant to correct.

The broader lesson applies to any organization adopting AI. AI should not be evaluated only by whether it improves average performance. It should also be evaluated by who benefits, who is missed, who is harmed, and whether gaps between user groups shrink or grow. In a product operating model, that means AI systems need embedded feedback loops: operational telemetry, user research, error review, appeal pathways, demographic analysis where appropriate, and continuous monitoring after release.

AI as the next test of product discipline

AI will test whether VA's product operating model is mature enough for the next generation of service delivery. The temptation will be to treat AI as a shortcut around the hard work of modernization: a way to summarize bad data, automate broken workflows, reduce staffing pressure, or move faster without resolving governance. That would repeat the project mindset in a new form.

The product mindset points in a different direction. It asks what veteran need is being served, who owns the outcome, what data is being used, how the tool changes the workflow, how risk is controlled, how success is measured, and how the service improves over time. AI should not be adopted because it is available. It should be adopted when it makes a service easier, more effective, more equitable, more reliable, or less burdensome for the people VA exists to serve.

That is the transferable implication of VA's experience. AI readiness is not only a technical question. It is a state-capacity question. Organizations that want to use AI responsibly need the same operating conditions that made VA's transformation possible: clear ownership, governed data, cross-functional teams, user feedback, security discipline, investment logic, and measurable outcomes. Without those conditions, AI can accelerate confusion. With them, it can become another tool for improving service delivery and strengthening trust.

A veteran's experience, one generation later

NOW IMAGINE MARCUS'S DAUGHTER, MARCELLA.

She enlists in 2028. VA is not an agency she discovers after separation. It is a service partner connected to her military record from the first day she reports for in-processing. Her benefits profile begins building quietly in the background: service history, training, deployments, health events, education eligibility, home loan eligibility, insurance options, transition milestones, and future care needs.

When Marcella prepares to leave the military, VA does not wait for her to find the right office, form, or website. It starts a conversation. Not an application, and not a scavenger hunt through programs, portals, and eligibility rules. A conversation about what she earned through service, what she may need next, and how she wants to use the benefits available to her.

Her transition checklist is personalized. Her health records are already connected. Her education benefits, disability claim options, employment support, housing resources, and family benefits are presented like an investment portfolio: what she has, what she may be eligible for, what requires action, what can wait, and what VA will monitor over time.

AI helps VA act earlier and explain better. It flags missing evidence before a claim stalls. It suggests benefits Marcella may not know to ask about. It translates complex eligibility rules into plain language. It helps call center staff, claims processors, clinicians, and counselors see the same picture so Marcella does not have to retell her story at every door.



Marcella expects this because the rest of her life already works this way. Her bank notices fraud before she does. Her phone remembers her preferences. Her health app shows trends over time. Her employer's benefits portal tells her what choices matter now and what choices can wait. From the largest healthcare, benefits, and IT organization in America, she expects no less.

That is what trust at scale could become: not just a faster claim, a better website, or a cleaner handoff, but an institution that knows the veteran, protects the record, explains the choice, and makes using earned benefits feel like an ongoing conversation rather than a new application every time.



CONCLUSION

**State capacity and trust
are inseparable**

Government has to deliver at scale. Any alternative is expensive and wasteful of public resources and time. To deliver at scale, a critical mass of citizens must use and trust government products and services that work for them reliably and repeatedly over time. State capacity and trust are inseparable.

All organizations, public and private, large and small, employ experience-tested transformation constructs to create capacity: budgets and funding, layoffs and hiring, reorganization, process engineering, modernization, acquisition and consolidation. VA did as well, but that was not what created long-term trust.

The more instructive choice VA made was to measure its transformation with trust as a key metric. The department asked veterans a direct question: “Do veterans trust VA to fulfill our country’s commitment to them?” VA measured trust because it had broken trust, faced consequences, and was held accountable by the structures of government to repair it. The trust question and its underlying measures of ease, effectiveness and emotion gave VA more than a reputation measure. It gave the department an operating signal and feedback loop that, for 10 years, it built every block of its strategy around.

VA used trust as discipline for the transformation, and the product operating model made that discipline operational. It gave VA a way to organize work around enduring services veterans relied on, assign ownership, focus and delivery decisions to veteran outcomes, and keep improving when services did not work as intended. Trust gave the transformation its outcome. Product gave the organization a way to build toward that outcome at scale and increase capacity over time. The model is circular and self-reinforcing.

VA is a clear case of that model at agency scale.

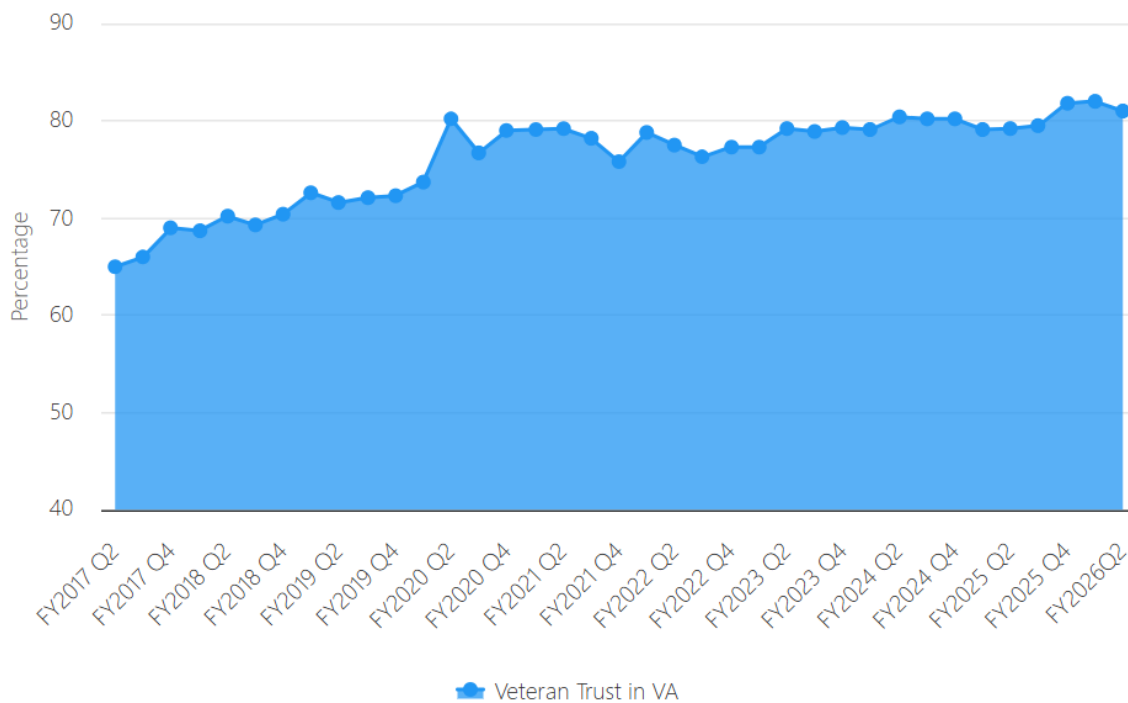
The alignment of product and trust was innovative for its time and is still uncommon; however, it is not revolutionary. Every large organization says it wants to serve its users. Every agency has a mission. Every modernization effort claims intent to improve delivery. The harder question is why so few institutions organize themselves around that promise with enough discipline to sustain it.

VA’s experience shows the difficulty is structural. A mission does not deliver itself. A law does not implement itself. A system launch does not guarantee that a service works. Delivery requires ownership that lasts, funding that follows capabilities, data that can be governed and used, platforms that reduce duplication, field operations that support real use, and leaders who keep asking whether the work improved the outcome.

The lesson from VA’s efforts to transform itself offers a taste of what government can become when it focuses on capability, service, and trust simultaneously. Government leaders looking to build state capacity can learn from how VA moved product thinking from individual digital efforts toward an operating model for mission delivery.

The result for VA was more capacity to keep its commitment to veterans than at any time in its history. The high trust scores, and the adoption of digital tools by millions of veterans who did not use them 10 years ago, provide strong evidence that veterans believe something can be done to improve their lives and the lives of their fellow veterans. That belief, and the behavioral change it represents, is among government’s most valuable assets. It was earned through a decade of hard structural work. It can be squandered. The current federal environment is not a neutral backdrop to this history. Workforce reductions, institutional disruption, and the weakening of digital service capacity are design choices with predictable outcomes.

Figure 11. VA Trust Scores Since 2016



Marcus’s brother filed his claim in 47 days. The veterans who follow him should be able to do it in less. Veterans under 30 who trust VA at 61.7 percent should be able to trust it at 90 percent. The woman veteran who wonders if this system was built for her should find evidence everywhere she looks that it was. That’s not a technology problem; it’s a commitment problem. And commitment, at this level, is a policy problem.

Veterans themselves remain steadfast in their commitment to shape how VA keeps the trust. On February 17, 2026, VA published “Evaluative Rating: Impact of Medication” (RIN 2900-AS49) as an interim final rule, effective immediately and without prior public comment.³⁵ The rule directed examiners to evaluate disability based on functional impairment while using prescribed medication or treatment, meaning a veteran whose symptoms were controlled by treatment could receive a lower disability rating.³⁶

Veterans, advocacy groups, and lawmakers pushed back quickly; VA received more than 20,500 comments,³⁷ Secretary Doug Collins halted enforcement within days, and by February 27, 2026, VA had formally rescinded the rule and restored the prior regulatory text.³⁸ Through their commitment to care for those who have borne the battle veterans are the body of evidence for continued transformation and the bedrock for building state capacity, advanced citizenship from which all can learn.

35 Federal Register. (February 2026). [Evaluative Rating: Impact of Medication](#), RIN 2900-AS49, 91 FR 7118.

36 Stars and Stripes. (February 2016). [Amid outcry, VA abruptly stops enforcing new disability rating rule](#).

37 Military Times. (February 2016). [VA halts implementation of controversial disability rating rule following backlash](#).

38 Federal Register. (February 2026). [Rescission of Interim Final Rule, Evaluative Rating: Impact of Medication](#), 91 FR 9712

“With malice toward none; with charity for all... let us strive on to finish the work we are in.”

— Abraham Lincoln, Second Inaugural Address, March 1865³⁹

Lincoln spoke those words near the end of the Civil War, not to celebrate victory, but to urge national healing. He recognized that leadership extends beyond conflict, requiring efforts to heal wounds, move past revenge, rebuild trust, and care for all affected by the war.

Lincoln’s closing words do not frame care for veterans as charity. They define it as a public obligation. The nation asks individuals to bear the cost of war; in return, the state must take responsibility for repair. This includes honoring service and building institutions that reliably provide care, benefits, and support to veterans and their families.

The past decade has shown that trust can be rebuilt, but not through intention alone. It requires leadership, structure, accountability, technology, funding, and a sustained commitment to designing government around those it serves. The essential building blocks exist. The question is who will use them.

39 Library of Congress. *Abraham Lincoln papers: Series 3. General Correspondence. 1837-1897: Abraham Lincoln, [March 4, 1865] (Second Inaugural Address; endorsed by Lincoln, April 10, 1865)*

APPENDIX

Research Notes, Methodology, and Sources

Primary Research

This case study draws on primary interview research with 23 senior leaders, practitioners, and external advisors who served across VA's transformation decade (2015–2025). The interviewee set spans the full organizational range of VA's IT and digital transformation: former VA CIOs or Acting CIOs; senior career executives across OIT, VHA, VBA, and NCA; OIT senior staff and portfolio directors; digital service practitioners; CX practitioners; and early human-centered design leadership. Interviews represent more than 200 combined years of VA and government technology experience and were conducted between November 2025 and April 2026. Two interviews were conducted with members of the Senate Veteran Affairs Committee and the House Veteran Affairs Committee Technology Modernization Subcommittee. We surveyed veterans from across branches ranging from every era, race, and gender represented in our survey. All participants have been anonymized. Interviews were conducted on the understanding that candor mattered more than attribution, and the research team has chosen to honor that transparency by identifying interviewees only by role, organization, and tenure rather than by name.

Interview Source Key

U.S. Department of Veterans Affairs Leaders

- INT-01.** Former Assistant Secretary for Information and Technology and Chief Information Officer, interview with authors, held in December 2025 and March 2026. Name withheld for anonymization.
- INT-02.** Former Assistant Secretary for Information & Technology and, Chief Information Officer, Department of Veterans Affairs, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-03.** Former Assistant Secretary for Information and Technology and Chief Information Officer, interviews with authors, held in November 2025 and March 2026. Name withheld for anonymization.
- INT-04.** Former VA Leader, interview with authors, held in December 2025. Name withheld for anonymization.
- INT-05.** Former Senior Advisor to the Secretary; Former Under Secretary for Benefits, interviews with authors, held in February 2026. Name withheld for anonymization.
- INT-06.** Former Assistant Deputy Under Secretary for Automated Benefits Delivery, interviews with authors, held in January and March, 2026. Name withheld for anonymization.
- INT-07.** Former VA IT Portfolio Director, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-08.** Former Principal Deputy Assistant Secretary of Information and Technology, interview with authors, held in November 2025 and March 2026. Name withheld for anonymization.
- INT-09.** Former Acting Principal Deputy Assistant Secretary, VA Office of Information Technology, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-10.** Former VA Leader, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-11.** Former Acting Chief of Staff, VA Office of Information and Technology, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-12.** Former Deputy Chief Information Officer, VA, interviews with authors, held in February – March 2026. Name withheld for anonymization.
- INT-13.** Former VA Leader, interview with authors, held in March 2026. Name withheld for anonymization.
- INT-14.** Former VA Leader, interview with authors, held in February 2026. Name withheld for anonymization.

- INT-15. Former VBA Transformation Program Lead, interview with authors, held in March 2026. Name withheld for anonymization.
- INT-16. Former Deputy Chief Information Officer, interviews with authors, held in February 2026. Name withheld for anonymization.
- INT-17. Former Digital Services Leader at VA, interview with authors, held in March 2026. Name withheld for anonymization.
- INT-18. Former VA Leader, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-19. Former Director of Enterprise Security Architecture, VA, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-20. Founding member, USDS at US Department of Veterans Affairs, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-21. Former Director of Product Strategy, VA Veteran Experience Services, interview with authors, held in February 2026. Name withheld for anonymization.
- INT-22. Former Acting Director, VA IT Portfolio, interviews with authors, held in December 2025 and March 2026. Name withheld for anonymization.
- INT-23. Former VA Leader, interview with authors, held in March 2026. Name withheld for anonymization.

VETERANS

- INT-24. **Air Force, male veteran**, interviews with authors, held in March 2026. Names and identifying information withheld for anonymization.
- INT-25. **Marine, male veteran**, interviews with authors, held in February 2026. Names and identifying information withheld for anonymization.
- INT-26. **Navy, female veteran**, interviews with authors, held in April 2026. Names and identifying information withheld for anonymization.
- INT-27. **Marine, male veteran**, interviews with authors, held in March 2026. Names and identifying information withheld for anonymization.
- INT-28. **Army, female veteran**, interviews with authors, held in April 2026. Names and identifying information withheld for anonymization.
- INT-29. **National Guard, male veteran**, interviews with authors, held in February 2026. Names and identifying information withheld for anonymization.
- INT-30. **Coast Guard, male veteran**, interviews with authors, held in March 2026. Names and identifying information withheld for anonymization.

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No interviewee is named here. The research team applied anonymity uniformly rather than case by case, so that no participant's attribution choice became visible, and nothing removed attention from what was said. Several interviewees revisited difficult episodes in their careers, including failures and reversals. Their willingness to do so, rather than offer a tidier narrative, is what allowed this case study to treat trust as something built and lost through specific choices rather than as an abstraction.

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Any errors of fact or interpretation are the authors' alone, as are the views expressed here, which should not be attributed to any interviewee, to the Department of Veterans Affairs, or to the Niskanen Center.

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