**Department of Veterans Affairs (VA)**
**Questions for the Record**
**Committee on Veterans' Affairs**
**U.S. House of Representatives**
**"Opportunities with VHA Reorganization"**

**February 11, 2026**

**Disclaimer: The following responses are based on information reasonably available to the Department as of the date of this submission. The Department has made a good-faith effort to provide complete and accurate answers, and the responses reflect the Department's present understanding of the matters addressed.**

Questions for the Record from Ranking Member Mark Takano:

**Question 1: During the hearing, Secretary Collins told the Ranking Member that he needed statutory authority to raise the pay cap for physicians. Section 142 of the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, which was signed into law on January 2, 2025, already gives the Secretary the authority to waive aggregate pay limitations for up to 300 physicians, dentists, podiatrists, and optometrists until the end of fiscal year 2028. According to a briefing the Department provided to Committee staff on January 16, 2026, VA has published necessary policy changes, disseminated implementation guidance, and deployed changes in the human capital management system to facilitate the approval of waivers, but to date, the Department has not approved *any* pay waivers. Why is the Secretary failing to utilize this *available* authority while telling the Ranking Member he needs *new* authority?**

**VA Response:** It is important to note that while the Dole Act authorizes pay waivers for 300 physician positions, the waivers only account for a small portion of VA's total physician full-time-equivalent employees. Consequently, while we appreciate these waivers, the Department must take care to allocate them in a way that does not create pay disparities and lead to decreased morale among co-workers.

The Department is implementing the pay limitation waiver authority using a robust, data-driven, national strategy that prioritizes critical clinical specialties to achieve the greatest impact on patient care and cost savings. VA developed a weighted model that allows allocation of the waivers to critical clinical specialties at our most complex facilities for the following specialties: Orthopedic Surgery, Cardiology (Interventional), Neurosurgery, Radiology (Interventional), Radiation Oncology, Anesthesiology, Radiology (Diagnostic Imaging), Gastroenterology, Hematology/Oncology, Cardiothoracic Surgery, and Urology.

Any unused waivers will be reallocated to critical specialties and locations until all 300 are utilized.

**Question 2: Which VA or VHA official(s) is or are the most senior accountable official(s) responsible for implementation of the VHA reorganization? Which official(s), specifically, should we be holding accountable for the reorganization accomplishing the Department's stated goals? Please provide a list of individuals, their roles in implementing the reorganization, their current job titles, and their current duty stations.**

**VA Response:** The Secretary is the most senior official responsible for implementing the Veterans Health Administration (VHA) reorganization, supported by the Under Secretary for Health or the individual serving in an acting capacity in that role.

**Question 3A: It is our understanding that, in his role in developing the VHA reorganization plan in his role as acting Chief Operating Officer of VHA, Mr. Gregory Goins has been traveling from Tennessee to Washington, D.C., on a weekly basis. How much has it cost since the spring of 2025 to cover Mr. Goins's weekly travel to Washington, D.C.? By our estimate, each week it's about $1,170 for lodging, $400 for meals and incidental expenses, and $180 for flights. This works out to about $7,000 per month.**

**VA Response:** As the Acting Chief Operating Officer, Mr. Goins travels based on operational needs as required. As much work that can be accomplished virtually, is done virtually. His travel frequency and cost in his acting role are similar to the travel costs incurred while in his position of record. Mr. Goins travels to Washington, DC, on average, 2 times a month for 3 full days each trip. This averages out to about $2,250-$2,500 a month.

**Question 3B: At what point will Secretary Collins ask Mr. Goins to relocate to Washington, D.C.? It is our understanding that Mr. Goins is not going to be serving as one of the five new VISN Directors or as one of the 15 Health Service Area Directors, so it seems the Department intends for him to have a VHA Central Office role. Why should taxpayers be footing the bill of approximately $7,000 per month in travel for Mr. Goins, rather than him relocating to Washington, D.C.?**

**VA Response:** VHA continues to develop the final reorganization plan to include position alignment. Adhering to the Congressional notification process, no transfers occurred prior to May 2026 and final physical locations for all positions have not been determined.

**Question 4: How much has VA spent thus far on travel for senior leaders from across the country who have flown from Washington, D.C., in December 2025 and Orlando, Florida, in February 2026 as part of the rollout of the VHA reorganization plan? Please provide a detailed breakdown of expenses, including but not limited**

**to the number of individuals whose travel was paid for and total lodging costs, airfare, meals and incidental expenses, and conference facility fees.**

**VA Response:** VA spent an estimated total of $762,406.67 on travel for senior leaders for meetings held in Washington, DC, in December 2025 and Orlando, Florida, in February 2026. Detailed expenses for meals, lodging, airfare, and fees are below.

| Meeting | Executive Leadership Review Performance Management Meeting held in D.C. from December 16-18, 2025 | VHA Leadership Meeting held in Orlando, FL from February 10-12, 2026** |
|---|---|---|
| VA Funded Travelers | 234* | 123* |
| Meals and Incidental Expenses | $84,234.80 | $37,447.00 |
| Hotel | $173,140.33 | $67,267.53 |
| Air | $112,464.02 | $69,324.81 |
| Total other travel | $10,958.89 | $4,730.68 |
| Other fees (such as, baggage and transaction fees) | $30,492.76 | $16,951.69 |
| Conference Facility Fees | $135,806.35 | $19,587.81 |
| Total Cost | $547,097.15 | $215,309.52 |

*VA funded travelers, 4 of whom had multiple travel authorization numbers bringing the total line count to 238.

**For the VHA Leadership Meeting, complete data is not yet available. The information is a combination of known costs and estimates and is subject to change.

**Question 5*: At the end of January 2026, VA announced it is directing $5 billion toward non-recurring maintenance projects in fiscal year 2026. Please clarify—are these $5 billion in funds that Congress has already specifically appropriated for this purpose, or does it include funds that were originally intended for other purposes and transferred to non-recurring maintenance?**

**VA Response:** The fiscal year (FY) 2026 President's Budget included an estimated obligations level of $4.8375 billion from discretionary funds in the Medical Facilities account for the non-recurring maintenance (NRM) program for FY 2026 (see the FY 2026 VA Congressional Justification, Volume 2, page 200). This amount is above the estimated obligations level of $2 billion from discretionary funds in the Medical Facilities account that was included in the FY 2025 President's Budget as part of the FY 2026 advance appropriation request. Each year, VA updates its budget estimates to incorporate the most recent data on health care utilization rates, actual program experience, and other factors.

**Question 6: The list of non-recurring maintenance (NRM) projects that accompanied VA's January 28, 2026, press release does not match the list of NRM**

**projects prioritized in VA's Strategic Capital Investment Plan (SCIP), which were published in VA's fiscal year 2026 budget request. Among the first 15 NRM projects included on the SCIP list, only one appears on the list of funded projects that accompanied VA's recent press release. Why don't these lists match? Please explain the discrepancy. How can we be assured that as VA is executing NRM funds in accordance with the SCIP process, which ranks projects across the department based on clearly defined standards—systematically, analytically, and holistically?**

**VA Response:** While SCIP provides a list of prioritized projects for any given year, actual execution includes projects outside of that list and may not necessarily be executed in the order identified in the budget. Operational realities at each facility, such as project phasing, site constraints, and the need to avoid disruptions to patient care, must be considered when determining the project execution.

Of the $468 million in projects awarded during the first quarter of FY 2026, 60% of those projects were below threshold, meaning they were less than $5 million in estimated cost, did not require SCIP approval, and were not included in the SCIP prioritized list. Another 25% were approved out-of-cycle needs that emerged and were approved outside of the normal budget process. The remaining 14% were approved in a prior fiscal year and 1% were FY 2026 priorities.

**Question 7: On September 24, 2002, the U.S. Government Accountability Office (GAO) convened a forum to identify and discuss useful practices and lessons learned from major private- and public- sector organizational mergers, acquisitions, and transformations. Based on this forum, GAO identified nine key practices, including setting implementation goals and a timeline, dedicating a team to manage the transformation, using a performance accountability system to ensure accountability for change, and establishing a communication strategy to create shared expectations and report progress.[1] To what extent have each of GAO's nine identified best practices been applied to VHA's current reorganization effort? Please provide a detailed explanation for each of the nine best practices.**

**VA Response:** The Restructure for Impact and Sustainability Effort (RISE) has incorporated each of the nine practices identified in GAO-03-293SP:

1. **Ensure top leadership drives the transformation.** The Secretary is the most senior official responsible for implementing the VHA reorganization, supported by the Under Secretary for Health. Under their guidance, VHA transformational activities are fully aligned, and guidance is provided to set the direction, pace, and tone for RISE, providing clear rationale and oversight to unify efforts.
2. **Establish a coherent mission and integrated strategic goals**. VA aligned the mission and goals of the RISE restructuring with VHA's overarching mission and

[1] GAO, "Highlights of a GAO Forum – Mergers and Transformation: Lessons Learned for a Department of Homeland Security and Other Federal Agencies." GAO-03-293SP (https://www.gao.gov/assets/gao-03-293sp.pdf) (Washington, DC: November 14, 2002).

the needs of Veterans, ensuring that all activities support improved care and outcomes for those we serve.

3. **Focus on a key set of principles and priorities at the outset**. This effort began with a functional model to ensure a clear distinction between policy, implementation, and execution, and to clearly define roles and responsibilities at every level of VHA. This approach provides a strong foundation for consistent decision-making and accountability.
4. **Set implementation goals and a timeline to build momentum**. RISE is expected to span approximately 18-24 months, incorporating clear milestones to demonstrate progress while ensuring decisions are thoughtful and sustainable.
5. **Dedicate an implementation team to manage the process**. VHA's RISE project team is fully dedicated to implementation with direct access to VHA senior leaders and the necessary resources to execute the restructuring effectively.
6. **Use the performance management system to ensure accountability**. VHA established robust key performance indicators that link individual and team performance to transformation goals, ensuring accountability and measurable progress.
7. **Establish a communication strategy to create shared expectations**. RISE communication planning and stakeholder engagement began during the design phase in the summer 2025 and is well under way.
8. **Involve employees to obtain ideas and gain ownership**. Employee engagement has been a priority from the start, including senior leader meetings in December 2025 and February 2026, visioning sessions in January 2026, an Under Secretary for Health video message to VHA employees, and a Secretary all-employee town hall for VHA in February 2026. Additionally, VHA launched a change agent network on March 5, 2026, to foster employee engagement and feedback.
9. **Build a world-class organization**. The restructuring is grounded in a vision of radically improved performance and a commitment to creating a culture of excellence. Consistent with GAO's guidance and lessons learned from private sector and military organizations, RISE seeks to implement best practices, optimize systems and processes, and foster innovation to ensure VHA delivers the most efficient, effective, and Veteran-centered care possible.

**<u>Question 8</u>: In recent months, according to data VA has provided at the Committee's request, VHA has eliminated more than 26,000 vacant positions. About 72 percent of the eliminated positions were last encumbered between January 1, 2025, and January 12, 2026, which raises questions about the department's claims that these are "unneeded" or "excess" positions. If a facility determines that they need to add a new position—e.g., a mental health service chief determines another psychologist is needed, and all existing positions are encumbered—how many officials above the service line chief must approve the request to create a new position? Please list all levels of review, from the facility level up to the Department level.**

**VA Response:** For decades, VA hospitals and clinics had been creating jobs based on their needs at the time. But there was no systematic approach to reducing or eliminating unneeded positions, even if they were no longer filled, needed, or funded. As a result, VA facilities had thousands of excess and unfunded positions on the books, which made it more difficult for VA leaders to make informed staffing decisions.

To fix this issue, VA directed VHA leaders to keep all the positions they needed, eliminate any unfilled positions they did not need, and develop organizational charts and staffing documents that reflect real needs going forward. As a result, VA has established the accountability and structure necessary to ensure efficient use of taxpayer dollars while providing better service to Veterans. Every position eliminated was an unfilled position. No employees lost their jobs, VA personnel levels will not change, and VA care and benefits will not be affected. VA is executing to its approved Congressional funding levels and as usual, all VA health care facilities will continue to hire for any jobs they need to fill. The number of VHA positions will now be based upon current requirements and funding.

New positions for existing service lines may be approved at the facility level using the local two-level approval process (that is, Facility Service Chief, then Facility Resource/Position Management Committee). Requests for new positions as part of a realignment, consolidation, or creation of a new organizational unit require approval by the Under Secretary for Health or Delegated Authority per VA Directive 0213, Organizational Changes Policy. The six-level approval process for organizational changes includes the Facility Service Chief, Facility Resource/Position Management Committee, Veterans Integrated Service Network (VISN) Finance and Human Resources, VISN Director, and the Under Secretary for Health. VA's Strategic Hiring Committee, established in accordance with Executive Order 14356 Ensuring Continued Accountability in Federal Hiring, provides oversight over position creation and hiring across the Department, to include the field.

**Question 8A: Has VA set time limits within which requests for new positions must be either approved or denied? If so, what is the time limit? If not, why has VA not established a timeliness goal?**

**VA Response:** For the first time ever, VA has a requirements-based process to comprehensively review and validate the needs for positions and organizations and is developing foundational organizational charts and staffing documents across the Department. This process includes standardized enterprise internal controls to review when and where positions are appropriate, what limitations to enforce, who may request a position, how a position is justified, and so forth. VA's Strategic Hiring Committee reviews and approves requests on a weekly basis.

This process is part of an enterprise standardization effort that will allow VA to be more strategic in assigning resources. It provides VA organizations and facilities awareness of where their resources are in a more dynamic, real-time manner, which addresses the needs of changing Veteran populations. As a result, VA will have an accurate picture of

its staffing needs and current staffing levels across the country, putting the Department in a much better position to continue improving care for Veterans, families, caregivers, and survivors.

**Question 9: At a December 18, 2025, briefing which was required pursuant to the Protecting Regular Order for Veterans Act of 2025 (P.L. 119-33), VA officials informed Committee staff that the Department had to transfer money from other accounts to cover the full cost of salaries, benefits, and terminal leave for employees who were approved for the administration's deferred resignation program (DRP). What is the total amount of salary, benefits, and terminal leave paid to the individuals who participated in DRP?**

**VA Response:** The total payout for DRP is $581 million.

**Question 9A: What amount had to be transferred from other accounts to cover these costs, and from which accounts were those funds transferred?**

**VA Response:** None.

**Question 9B: VA officials told Committee staff that some of these costs were covered by canceling certain information technology contracts. Please provide a list of all contracts that were canceled, a description of the work that was being performed under those contracts, and the total amount recouped from the cancelation of each contract.**

**VA Response:** No contracts were cancelled to fund DRP and Voluntary Early Retirement Authority costs.

Questions for the Record from Representative Debbie Wasserman Schutlz:

**Question 1: As part of your preliminary cost estimate, you predict that you will achieve $1.7 billion in savings over five years primarily from moving administrators to clinical positions. Can you provide the exact number of administrators you plan to move into clinical roles? Can you provide the types of clinical roles that will be filled by administrators? How many administrators do you expect to leave VA instead of taking a clinical position?**

**VA Response:** This restructuring is about improving alignment and resource utilization. As a result, the reorganization may convert some administrative positions into roles that directly support care, moving staff closer to where they are needed for Veteran care. While some employees may have a different supervisor, title, or responsibilities, the same talent and experience will be retained and better organized to strengthen support for Veteran care and those delivering it.

**Question 2: Can you provide me your stakeholder engagement plan? In your discussions with VSOs, what concerns were raised and how will you address**

**those concerns in this reorganization? What concerns have you heard from AFGE and current employees and how do you plan to address those concerns?**

**VA Response:** VA is engaging Veteran Service Organizations and employees regularly to provide clear, consistent information on anticipated changes, and address concerns about access, continuity, job security, and roles. Leaders are reinforcing transparency and trust through direct outreach and messaging. These engagements are in parallel and consistent with information provided to Congress.

Questions for the Record from Representative Bobby Scott:

**Question 1: As of today, what are the current staffing levels at the North Battlefield Outpatient Clinic? Please provide this data broken down by service line, with the number of staff currently on board and your authorized caps. What is your plan for fully staffing this clinic, and what incentives and authorities are you utilizing to prioritize this hiring to ensure the clinic is fully staffed and operational?**

**VA Response:** Like all new VA clinics, the North Battlefield VA Clinic is opening in phases. It opened with precisely the number of employees it needed for its first phase of operations and continues to expand capabilities and staffing accordingly. As of early July, the facility has done the following:

- Either hired or is in the process of onboarding 478 employees;
- Completed 78,570 scheduled appointments;
- Enrolled more than 13,000 Veterans; and
- Opened 11 planned medical services on time, in line with its phased opening plan.

**Question 2: Which of the 11 services offered for veterans at the North Battlefield Clinic are open and fully operational? What is the average wait time for an appointment? Have any appointments been canceled or rescheduled due to staffing shortages since the clinic opened?**

**VA Response:** All core clinical services are operational, including primary care, mental health, pharmacy, dental, audiology, eye care, radiology, laboratory and pathology, physical medicine and rehabilitation, prosthetics and sensory aids, and patient advocacy.

No appointments within these services have been canceled or rescheduled due to staff shortages.

Wait times change on a daily basis and can be found at accesstocare.va.gov.

**Question 3: The Hampton VA Medical Center Psychiatric Ward has 40 inpatient beds but only 20 available beds for veterans in crisis due to lack of staff. How**

**long has this unit been operating at half capacity due to under staffing? What is being done to fix this?**

**VA Response:** As of May 2026, the Hampton VA Medical Center Psychiatric Ward is operating 20 of its 40 beds due to nurse staffing levels. If the facility is unable to admit a Veteran, staff coordinate with community partners to identify the most appropriate and available mental health unit. Leadership is working to determine the staffing levels needed to safely expand capacity and gradually increase the bed census as new staff are hired.

**Question 4: How do you expect to retain current staff and fill the remaining positions at the newly opened VA facilities to full staffing capacity in light of the reports that 35,000 health care positions in the VA are slated to be eliminated?**

**VA Response:** VA did not eliminate 35,000 health care positions. Here is what happened:

For decades, VA hospitals and clinics were creating jobs based on their needs at the time. But as the needs of those facilities changed, the positions always remained, even if they were no longer filled, needed, or funded. As a result, VA facilities had thousands of unnecessary positions on their books, which made it more difficult for VA leaders to make informed staffing decisions around the country. In fact, many of the positions VA eliminated had no funding authority from Congress.

To fix this situation, VA directed Veterans Health Administration (VHA) leaders across the country to keep all the positions they needed, eliminate any unfilled positions they did not need, and develop organizational charts and staffing documents that reflect true needs going forward. In early FY 2026, VA eliminated about 26,000 positions through this effort – every one of them was unfilled. No employees lost their jobs, VA personnel levels did not change, and VA care and benefits were unaffected. And, as usual, all VA health care facilities continue to hire for any jobs they need to fill.

**Question 4A: Have you reduced the number of vacancies by just eliminating the positions?**

**VA Response:** See previous response.

**Question 5: Have you rescinded any offers of employment at either the Hampton VA or the North Battlefield Outpatient Clinic? Have any employees been involuntarily moved from the Hampton VA to Chesapeake? Have positions been eliminated from either of these locations? Have any applicants been declined job offers? If the answer is yes to any of the above questions, how many?**

**VA Response:** Since the North Battlefield clinic opened, VA rescinded 38 job offers for reasons such as candidates not completing or not passing preemployment requirements, candidates withdrawing, or changes in staffing needs at the time of

onboarding. These rescissions span multiple service lines and include both tentative and final offers.

No employees have been involuntarily or permanently reassigned from the Hampton VA to Chesapeake.

No positions have been eliminated at the North Battlefield Outpatient Clinic.

Hampton VAMC has a structured approach to hiring and prioritizing needed positions. Staffing has continued to grow (2,724 in January 2024, 2,929 in January 2025, and 3,030 in January 2026). A number of Hampton VAMC recruitments are underway and once those slots are filled, staffing for the facility will be above 3,200, the highest in its history.

**Department of Veterans Affairs**
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