

OPPORTUNITIES WITH VHA REORGANIZATION

HEARING BEFORE THE COMMITTEE ON VETERANS' AFFAIRS U.S. HOUSE OF REPRESENTATIVES ONE HUNDRED NINETEENTH CONGRESS SECOND SESSION

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WEDNESDAY, FEBRUARY 11, 2026

COMMITTEE ON VETERANS' AFFAIRS,
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

The committee met, pursuant to notice, at 10:15 a.m., in room 360, Cannon House Office Building, Hon. Mike Bost (chairman of the committee) presiding.

Present: Representatives Bost, Bergman, Mace, Miller-Meeks, Van Orden, Luttrell, Self, Kiggans, Hamadeh, King-Hinds, Barrett, Takano, Brownley, Pappas, Cherfilus-McCormick, McGarvey, Ramirez, Budzinski, Kennedy, Dexter, Conaway, and Morrison.

Also present: Representatives Scott, and Wasserman Schultz.

OPENING STATEMENT OF MIKE BOST, CHAIRMAN

The CHAIRMAN. Good morning. The committee will come to order. Without objection, the chair may declare a recess at any time.

Now, before we begin today, I want to thank my friend Secretary Collins for being here today. Secretary Collins, you have testified before this committee on a few times and we appreciate your appearing here again. He is accompanied by Hon. John Bartrum, undersecretary for Health; Mr. Mark Englebaum, there we go, assistant secretary of Human Resources and Administration; and Mr. Gregory Goins, the acting chief operating officer (COO) for the Veterans Health Administration (VHA).

This is the significant purpose of reorganization of the Veterans Health Administration and I know that members of this committee have serious questions about how it will be implemented and how it will affect veterans with the workforce. Because of that, I want the committee members to have as much time as possible to engage directly with the Secretary, but understand that we are in a situation where it looks like they are going to call votes around 12:15. We will want to make sure that each member, when we go to questions, that they will get 5 minutes, but 5 minutes only and I will gavel you down because we have got to stay on the time schedule so that the questions can be asked.

Also know that if we are—votes are called at 12:15, the Secretary has a hard stop at 12:30 and everything must stop by 12:30, so.

Mr. TAKANO. Mr. Chairman, I understand that since he has to leave at 12:30 that you will ask him to come back in this.

The CHAIRMAN. That is later on in my script, yes.

Mr. TAKANO. Okay, great.

The CHAIRMAN. I will, therefore, keep opening statements brief and ask members to direct their question to witnesses regarding the proposed reorganization. I will also want to ensure a productive hearing today, so I ask that we all be respectful of each other's members and the witnesses.

Before we proceed, however, I want to ask for a clear comment. Secretary Collins, as the reorganization moves forward and as additional changes occur within the U.S. Department of Veterans Affairs (VA) more broadly, will you commit to making yourself available to testify before this committee as developments occur, not just during the annual submission of budget?

Secretary COLLINS. I will.

The CHAIRMAN. Thank you, Mr. Secretary. With that, we would look forward to your testimony and a productive discussion.

At this time, I will recognize Ranking Member Takano for his opening statement.

OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER

Mr. TAKANO. Thank you, Chairman Bost. Yesterday I had the opportunity to speak at the American Federation of Government Employees (AFGE) Legislative Conference, and I met with colleagues of Alex Pretti, who shared stories about his service to veterans. I listened to testimonials from veteran patients for whom Alex provided care. It is clear that Alex was exactly the type of employee that VA needs and exemplified the values of a true public servant.

I am outraged that Alex was taken from us by the hands of the lawless Trump regime. My heart is with the Pretti family, Alex's VA colleagues in Minneapolis, and across the country, and the many friends he leaves behind.

I would ask Mr. Chairman, that we have a moment of silence for Alex Pretti.

The CHAIRMAN. So granted.

[Moment of silence.]

Mr. TAKANO. Thank you. In addition to the many testimonials from his colleagues and veteran patients about Alex's service, I have received a mountain of complaints about the lack of leadership, Mr. Secretary, in response to this tragedy. Your employees are hurting. They have looked to you for leadership, but what they received instead is hostility. The foundation of VA is its people. Delivering world-class care to veterans depends on the strength of that foundation, the workforce that keeps VA standing strong.

Mr. Secretary, your foundation is cracking. When you moved in, the house was in good shape. VA had strong bones. It was functioning at record levels, serving millions of veterans every day. Under your leadership, the house is falling into disrepair from neglect. When a house like VA needs repairs or renovation, responsible owners do not tear it down. They fix what is broken while preserving what works by reinforcing the structure, upgrading outdated systems, and addressing real problems deliberately and carefully. That requires a plan, a fully baked plan, not just concepts of a plan. No one would undertake a major home remodel without architectural plans, engineering assessments, and a clear sequence of work. Yet VA is attempting a total reorganization of one of the largest integrated healthcare system in the country with little more

than a half-page notification right here, half-page, what we got, and a 10-page slide deck. Ten-page slide deck.

In contrast, when VA was reorganized in 1995, this is the book that was prepared to explain and justify its plans called *The Vision for Change*. This 134-page book includes detailed analyses of how care would be improved for veterans. It also contains significant input from Congress, input from Congress in the plan that they submitted back in the 1990's, input from veterans, input from Veterans Service Organizations (VSO), input from VA employees and other stakeholders. These do not.

You are tearing down the walls before determining whether they are load-bearing and veterans will be the ones to be crushed if the structure collapses. Like most home renovations, organizations are disruptive—reorganizations are disruptive and time-consuming. Yet VA is attempting this massive reorganization while simultaneously deploying an unproven electronic health record rife with problems, executing a trillion-dollar community care contract, and grappling with severe staffing shortages and turnover across the system. Any one of these projects would strain an organization and taken altogether, they will overwhelm it.

This reorganization is the third in a series of attempts to shrink and destabilize VA since the beginning of the Trump administration. First came the chaos of Department of Efficiency (DOGE) with its reckless keyword searches, data munching, and indiscriminate slashing of contracts for essential services. Over 2,000 VA employees were carelessly fired overnight by email without an understanding of the consequences for veterans.

Then came the second attempt to shrink VA with a plan to conduct a Reduction in Force (RIF) to lay off 83,000 employees, a plan you tried to convince us was somehow about putting veterans first. Remember this, Mr. Secretary? Remember this?

These actions were clearly performative and in service to an extreme ideology. They provided absolutely no benefit to VA or veterans, only harm. Both of these attempts failed because courts and Congress held VA accountable. The disruption was real. The damage was done. Institutional knowledge and valuable employees walked out the door. Veterans are now left feeling the consequences in terms of access and continuity of care.

Now, this reorganization marks the third attempt to dismantle VA. Despite this record, you are coming to us with nothing more than a slide deck and asking Congress to trust you. You are asking for deference while withholding basic information about staffing levels and the real-world impact on veteran care.

Now, this lack of trust in your leadership is not theoretical and, frankly, you have earned this distrust. Veterans are the center of what we do in this committee, but veterans are clearly not the center of this reorganization effort. VA leadership has not proven that a reorganization, especially this reorganization, is the best solution for addressing their stated goals.

Now, streamlining care does not require a massive and disruptive reorganization of the agency. At a very basic level streamlining requires—streamlining care requires having enough clinical and support staff to get veterans in for appointments. However, Mr. Secretary, since you took the helm, the agency has shed a net

20,400 employees across VHA alone. Let me say it again, VHA alone. We are not even talking about what happened at Veterans Benefits Administration (VBA) and the other parts of VA. This represents centuries' worth of experience. These losses include over 1,100 doctors, 100 left VA in December alone, over 2,300 registered nurses, nearly 700 medical support assistants, and nearly 700 social workers, nearly 650 licensed practical nurses, and nearly 300 psychologists and over 250 police officers. Yet today we are going to be told that this plan, which includes making it even more difficult for VA to hire more staff, will streamline care for veterans?

Now, I listened to the Senate hearing 2 weeks ago and your remarks on FOX News the other day where you claim that you are doing more with less staff. The veterans who call our offices beg to differ. They tell us every day that they cannot get VA appointments or that the provider with whom they had a strong trusting relationship left. VA whistleblowers bravely contact us and share how their facilities are being pushed to the brink, trying to meet patient demand with less staff and fewer resources. You are not doing more with less. You and VA are doing less with less.

There is a lot at stake, not least the health and lives of the veterans we serve. The reorganization materials also failed to consider the impact on VHA's vital role in the health professional training, research, and Federal emergency response. Lives are on the line. You have the chance to course correct today, and let us see if you seize the opportunity.

With that, I yield back.

The CHAIRMAN. Thank you, Ranking Member.

Secretary Collins, I will swear you and your group that is accompanying you in at this time, if you would. I ask the witnesses to please stand and raise their right hand.

[Witnesses sworn.]

The CHAIRMAN. Thank you. Let the record reflect the witnesses have answered in the affirmative.

Now I would like to recognize Hon. Doug Collins for 10 minutes for his opening remarks.

STATEMENT OF DOUGLAS COLLINS

Secretary COLLINS. Thank you, Mr. Chairman, Ranking Member. I appreciate being here with the rest of the committee.

The CHAIRMAN. Will the gentleman suspend—

Secretary COLLINS. Yes.

The CHAIRMAN.—for purposes of—the chair is in accordance with the committee rules, is asking unanimous consent that Representative Scott from Virginia be permitted to participate in today's committee hearing. Without objection, so moved.

Mr. Secretary, I am sorry for interrupting you.

Secretary COLLINS. No problem, Mr. Chairman. Chairman, Ranking Member, thanks to you and the committee for having us here today to present the VA's plan to improve our VHA management structure to strengthen care for veterans nationwide. As you have already mentioned, our undersecretary of Health, John Bartrum is here, Mark Engelbaum from our personnel is here, and also Greg Goins, who is our COO, who is also a career employee of over 14 years in the VA system.

Before I start, though, I want to begin as already been expressed, but again by expressing my deepest sympathies to the family and colleagues of the Minneapolis VA Medical Center (VAMC) nurse Alex Pretti. As you know, his death is currently being investigated. VA is not involved in that investigation, and neither I nor my fellow panelists are able to provide any additional details at this time. I am here today to address the focus of this hearing, our planned reorganization in the VHA.

Let me start really with what I just heard, and it is pretty amazing, addressing some of the misleading and inaccurate descriptions of the hearing about what we are having this effort about today. It is not a reduction in force, it is not diminished care. It is not anything that I have just heard over the last few minutes that—as accused of performative as I just saw.

What we are here for today is that we are the largest healthcare system in the country, but we have never acted like it. We have never done it the way it needs to be done because we have, frankly, allowed the system to build on itself. We have allowed the system to come in. We have allowed the system to be riddled with redundancies, slow decision-making sows confusion, has competing priorities, all of which reduce quality of care for veterans. There is no one as a veteran, who is more concerned about veteran healthcare in this country. When you look at it from my perspective, I look at it as brothers and sisters in arms taking care of each other. We have got to make some honest assessments here.

What is interesting to me is only in Washington, DC, and I have been in this town a long time, sitting where you sat, sitting in other places, only in this town can you say something that is been talked about for 30 years, complained about by both Democrats and Republicans, who U.S. Government Accountability Office (GAO) Inspector General (IG), every other person, including VSOs, of which we have been meeting with over 20-plus on multiple occasions already explaining a lot of what we are doing, we have had multiple meetings with all members up here, only in this town can it be called rushed. Only in this town can it be called not thought about. Only in this town can it be thought of as an issue that somehow has never had anything thought about.

There is a difference, though, Mr. Ranking Member and Mr. Chairman. This administration decided to do something about it instead of just gripe about it. That is the difference. Instead of having hearing after hearing after hearing on saying the reorganizations and the governance structure of VA under both Republicans and Democrats for the last 30 years, we have taken your input. We have taken congressional input. You know how I know that? All I got to do is look at testimonies before this committee.

I have already looked into the Office of Inspector General (OIG) reports, the GAO reports, the multiple VSO reports, and, by the way, hundreds of VA employees who had input into the beginning of this process, careers and politicals, and also consultants who have to let us look at who we are as the largest healthcare system in the country. Only in Washington, DC, can you come to a position of saying that something is rushed or done when over 9 months of work has went into it.

By the way, also in a different setting as well, and I will just go ahead and address this now, the reorganization, fully allowed under statute and fully allowed under our appropriated processes, was introduced to you over right now 2 months ago to begin this process of discussion. We have moved no one. When we do get ready to have our reorganization, we will follow all rules of statute that tell us in what we need to report and how we report it.

You know what? We actually did something a little different. Unlike some other agencies and some other times I have been here before, we actually came to not only VSOs, but Members of Congress and began to outline the plan on what we were looking at and did the issue up front. We are here today to talk about it. I would encourage you to make use of not only myself, but the ones that I brought with you.

This idea of slashing, cutting, and burning I have to address because since 2019 to last year, the VA has increased, and this is across the board, Full-Time Equivalent (FTE) count of 14 percent across the board. Some areas is as high as 30 percent in some locations, 2 and 3 in other locations. Here is the kicker to that. That is great in any other issue you want to look at in Federal Government or in private enterprise, but a 14 percent FTE increase, we have only had a 6 percent increase in veteran encounters.

Some of our organizations, some of our VAMCs, have had actually 30 percent FTE increases and decreased in the number of encounters they had with patients. I do not think any of you would go to any local hospital that you have in your community and find a hospital that operates that way. They do not. We are the largest.

It is time we start putting the resources where they need to be. Not in some amorphous Veterans Affairs Central Office (VACO), not in some amorphous Veterans Integrated Service Network (VISN) level structure that, by the way, started in this committee, Mr. Ranking Member, in the 1990's with about 10 in each VISN. They have now morphed over 10,000. Yet our wait times were going up, yet our customer service was not happening. We decided to do something a little unique in this town. We decided to do something about it.

We have actually seen over the past year our wait times stabilize or go down. We have actually seen VBA, which is not part of VHA, but I just needed to say this, we had 260,000. When you talk about workforce, we had 260,000, one of the largest workforces in the country in the Federal Government, 260,000 backlog claims of 125 days-plus for disability claims when I walked in last year this month. It is now under 100,000.

By the way, before anybody says, well, the quality is there, the quality is in line with when we were doing far less, the percentage of people who appeal it is about the same. Do not hand me that quality is bad. We are just doing it better, faster with the people that we have. That is what a leadership organization does.

As we look ahead today to this, and quoting the chairman of this committee, simply put, the outdated structure created in the mid-1990's no longer aligns with the complexity, geographic demands, performance management requirements of the modern VHA. It just does not.

As we look at this, we can nitpick, we can go different places, we can disagree and we can agree, and I am sure we will today. I have been there before. We will talk about it. We are going to give you answers and we will follow up with answers if you need more follow up. We are committed to making this process because, at the end of the day, I noticed, as always, you have the Prisoners of War/Missing in Act (POW/MIA) chair here, but in my office I have another chair that says we make every decision for the one not sitting there. The one not sitting here today is the veterans out in the community who need community care, who need direct care, who need their benefits paid, who need to have a workforce that understands that the workforce is committed to one thing and one thing only, veterans first. For us, I will stand on the successes we have had. You can talk about rushed, you can talk about other things, but the one thing you cannot deny is what we have done have helped get care in the communities, 25 new clinics opened, hiring.

Let me say one last thing, Mr. Chairman. I said this when I was here a year ago and I am going to say it again. Let us also take care because I am sure we are going to hear about staffing and we will talk about that and we will talk about where we are. By the way, we are still up over staffing over the past 5 years, as I said just a few minutes ago. Also, please remember the VA is just like any other healthcare system.

When I was in New Hampshire, we talked about this. I have to compete with the same hospitals in private and public for doctors, nurses, and everybody else. You know what I have that they do not have? I have a salary cap which I have asked this committee and other committees to look at because that keeps me from hiring doctors. Because when you have starting salaries of 600,000 for anesthesiologists in the community, and I cannot pay that, I do not blame them for going somewhere else. That is not a workplace issue. That is the fault of this body and us to not fix it.

When we look at this going forward, we are the largest healthcare system, but sometimes we run as if we have one hand or one leg tied behind our back. It is now time to change that. It is now time to modernize it and it is time to get on with it.

Mr. Chairman, I yield back.

[THE PREPARED STATEMENT OF DOUGLAS COLLINS APPEARS IN THE APPENDIX]

The CHAIRMAN. Thank the Secretary for his opening statement. The written statement of Secretary Collins will be entered into the hearing record.

We will now proceed to questions. Before I proceed to questions, I want to—because not all members were here, we are on a time schedule. 12:30 is a hard out for the Secretary. There is also a possibility that votes will be called at 12:15. Every member will receive in the order that they come in, the normal we do, 5 minutes, if you can keep it less than that, but I will gavel you down at 5 minutes because other members do need to ask questions. I will try to lead by example to get my questions out.

With that, I recognize myself for 5 minutes.

Mr. Secretary, your team received a written legal opinion from the Office of General Counsel defining the Title 38 Section 510 ap-

plies to this reorganization. Will you provide that opinion to this committee?

Secretary COLLINS. I can provide what we have, the back setup, yes. Again, as I said in my opening statement, Mr. Chairman, every targeted requirement of 510(b) will be followed when those targets are met. At this point, they have not been met.

The CHAIRMAN. Well, that will bring up my other part of this question, which was asked, if VA begins implementation before Congress receives the detailed plan, how does VA ensure it is not effectively circumventing that statute?

Secretary COLLINS. I follow the law, Mr. Chairman.

The CHAIRMAN. Mr. Secretary, I commend the Department for proposing this reorganization to better the VHA with how care is going to be delivered. Do you agree that as a veteran needs healthcare delivery continues to change, VHA's structure will need to keep evolving as well?

Secretary COLLINS. Yes, Mr. Chairman. It is got to evolve because what we have right now is not a system that actually works. We are a top down system. I had this unbelievable conversation the Senate 3 weeks ago that they believe that this plan was a top-down plan. You cannot read this plan or hear about it and say it is top-down. We are putting our VAMC directors and our leaders on the field, clinic directors in charge. They are actually having to be senior leaders now. They have never had to be senior leaders before. They just put everything up and, no, they never got answered.

Can I also on that part? Greg Goins was a VISN director as well, hospital director. Real briefly, can you explain how this actually affects that, what we just talked about right there?

Mr. GOINS. Yes, sir. What Secretary Collins is referring to is our oversight structure and the bodies that ultimately support the field operations, the medical center directors, and the staff that actually are delivering direct care has been created over the years to really be kind of a self-fulfilling prophecy. We set up oversight requirements and then we hire a bunch of people to do it. In reality some of that stuff is important, much of it is, but we have created far too much resource intensity at the top and we have taken away resources in doing so from the very front lines of being able to deliver care to our veterans.

As an example, in the VISN, oftentimes we have a compliance requirement, which is good, but there is also a similar compliance requirement in DC and a similar one at the facility level. Why do we need three people checking the exact same process? In fact, what should happen, like everywhere else, is we have an evaluation for self-inspection at the front line and then we have someone removed from the process, typically at a VACO level to do compliance. Right now we have three or four, in some cases even parties doing that. That is an incredibly resource-intensive oversight that ultimately is not contributing to quality execution.

The CHAIRMAN. Mr. Secretary, I have got one more question. As a former Member of Congress, do you support Congress' reauthorization and modernization of VA's statutory structure, including VHA and other major functions, like construction, procurement, and research, so that the law reflects the needs of today's veterans?

Secretary COLLINS. Oh, Mr. Chairman, and I know that we have talked many times before, but you are singing out of my choir book hymnal here. We have got to have some of that reorganization help from this body. I can only do—and I promise this, we only going to do what we statutory can do.

Look, when it gets to construction, now I am just going to hit construction, I have mentioned it before, this group, this committee needs to set aside some time to discuss this. For those of us who are here, when we had to pass the construction issues about a dozen years ago, which I was voting on this, this was out of the disastrous rebuilding Aurora, Colorado, Phoenix, Arizona, where the ballooning cost, 10 years. I hate to tell you this, but you are not going to be shocked, after this passed and we are going up on 10 years now at least when we passed this, we are still looking at 10 years to build a VAMC. We are still looking at times it takes. There is a—in the budget which you just approved, the St. Louis VAMC should be built in 2-1/2 years minimum. It is going to take almost 6 to 7 years under the current structure because, frankly, the Corps of Engineers needs to be out of this process. They got other issues they need to deal with. You had to put in structure at the time, I get it, but now we have got to change it.

Anything structurally that I will come back with you with that we need to change, I would appreciate it. We will give you any help we can because, one, we are not being very good stewards of taxpayer dollars by building a billion-six VAMCs that could be built for 800 million in 2 years in the private sector.

The CHAIRMAN. Thank you.

Leading by example, I yield back my time and recognize the ranking member.

Mr. TAKANO. Thank you. Thank you, Mr. Chairman. Mr. Secretary, is not it true that you, sir, created the widespread belief that VA is conducting massive employee cuts, what Federal agencies call a reduction in force, or RIF?

Secretary COLLINS. When I came before this committee last year, we were discussing an overall reduction in force across the government as a whole. At that point, as I told you in this committee that we were that—our target would have been 83,000.

Mr. TAKANO. So—

Secretary COLLINS. We ended up with about 30—you either want an answer or you do not.

Mr. TAKANO. Is that a yes or no?

Secretary COLLINS. Do you want an answer?

Mr. TAKANO. It is a yes or no question.

Secretary COLLINS. I do not do yes-noes, and you know that. If you want an answer—

Mr. TAKANO. Well, Mr. Secretary—

Secretary COLLINS [continuing]. yes-no is not it.

Mr. TAKANO. Mr. Secretary, reclaiming my time. On March 4, 2025, your former chief of staff, your chief of staff, Christopher Syrek, put out a RIF memo saying that VA was initiating plans to cut 83,000 employees. You yourself posted a video on X saying that quote, “Our goal is to reduce VA employment,” not employment across the government, but VA employment levels. That is pretty clear here and here.

After spending the last year pushing out thousands of employees, stifling hiring, and eliminating vacant positions that medical facilities will never recover, you are now asking us to suspend belief about the true nature of this so-called reorganization and to disregard what happens to thousands of VA employees and the workforce that cares for veterans. I am not going to do that.

Now, let us go on to priorities. You went on to Fox & Friends and said that VA needs to do more with less. I do not even know why you are talking about doing less—talking about less when it comes to veterans.

Are you aware that the U.S. Immigration and Customs Enforcement (ICE) has been recruiting thousands of new employees and offering up to \$50,000 in signing bonuses? Why is not VA doing the same for nurses?

Secretary COLLINS. I will be happy to let Mark talk about our recruiting.

Mr. TAKANO. The buck stops with you.

Secretary COLLINS. Yes, the buck stops with me, but really there is not a question in there, and I am glad you watched me——

Mr. TAKANO. That is the question.

Secretary COLLINS [continuing]. on FOX News. I appreciate that.

Mr. TAKANO. Why is not VA doing the same for nurses? Why are not you doing a signing bonus for nurses? We do not have enough nurses.

Secretary COLLINS. We already have it. Quit yelling at me.

Mr. TAKANO. We have enough. Oh, we already have it. Okay. Yes, we did pass the VA Nurse and Physician Assistant Retention and Income Security Enhancement (RAISE) Act. Are you here to ask us for more money for doctors, signing bonuses for doctors? Are you asking us for that?

Secretary COLLINS. I am asking you to raise the cap. Will you commit right now to putting in a bill and raise the cap?

Mr. TAKANO. You want us to raise the cap? Are you asking for signing bonuses?

Secretary COLLINS. Will you commit to raising the cap? Will you commit to raising the cap?

Mr. TAKANO. Okay. Your testimony——

Secretary COLLINS. No, no, no. Will you commit to raising the cap?

Mr. TAKANO. If you are asking us to.

Secretary COLLINS. Yes, I am. I asked a year ago.

Mr. TAKANO. Are you asking us to raise—okay. I will be glad to author legislation to get you more money to hire more doctors.

Secretary COLLINS. Done. We are good.

Mr. TAKANO. Okay. You do not——

Secretary COLLINS. We found an agreement.

Mr. TAKANO. Do we have enough doctors at VA?

Secretary COLLINS. Oh, we always can hire more doctors.

Mr. TAKANO. Do we have enough doctors at VA? Yes or no?

Secretary COLLINS. We can always hire more doctors.

Mr. TAKANO. Your testimony——

Secretary COLLINS. Do we need more doctors? Yes.

Mr. TAKANO. Your testimony today is that VA is not fully staffed?

Secretary COLLINS. Who come up with that question? No, we are not fully staffed, and we have not been for 50 years.

Mr. TAKANO. Okay. We need more people.

Secretary COLLINS. Yes, we hire every day. Do you realize how many we hire?

Mr. TAKANO. Okay. Let us move on. Mr. Secretary——

Secretary COLLINS. I do not think you understand that we hire people every week.

Mr. TAKANO. Mr. Secretary, so——

Secretary COLLINS. Whatever.

Mr. TAKANO. You know, Alex Pretti worked for you. I just want to know something. Alex Pretti worked for you. Can you just tell me, was he a good employee?

Secretary COLLINS. As far as I know everything about it, I have already said what I am going to say about Alex Pretti and I am not going to be brought into anything else about it.

Mr. TAKANO. Well, did you——

Secretary COLLINS. I provided you the reports that you have asked for. You make this what you make of it.

Mr. TAKANO. Did he do a good job caring for sick veterans in the VA Intensive Care Unit (ICU)?

Secretary COLLINS. I have heard nothing to the contrary.

Mr. TAKANO. You are saying he did?

Secretary COLLINS. I have heard nothing to the contrary.

Mr. TAKANO. You cannot tell me as the head of the VA.

Secretary COLLINS. I have heard—I have answered your question. I am not going to get pulled into—you want to talk about reorg?

Mr. TAKANO. Then why do not you stand up for him and correct your Cabinet colleagues when they call him an assassin and a terrorist?

Secretary COLLINS. I am here today to talk about VHA reorg. I have expressed my condolences to the family. We have made every available asset——

Mr. TAKANO. It seems to me you are unwilling to defend the reputation of a VA nurse who dedicated his career to veterans. Mr. Secretary——

Secretary COLLINS. That is your opinion.

Mr. TAKANO [continuing]. when you are Secretary, I just think you just—it is not my opinion. It is what you just showed us.

Secretary COLLINS. No, it is your opinion.

Mr. TAKANO. When your employee, Alex Pretti was attacked publicly and falsely by your own colleagues, you had a choice to defend him or stay silent. You chose silence and that silence is deafening. Leadership is who you defend when it costs you something. You did not defend him when it mattered, and you still will not.

Mr. Goins, you have been called the face of the VA reorganization, but you are the VHA chief operating officer, not a Senate-confirmed official. Who among the four of you is the accountable official? Is it Mr. Bartrum?

Secretary COLLINS. Hold on just a second, define the question.

Mr. TAKANO. Well——

Secretary COLLINS. I mean, this is—I mean, if we want to get cute here, I am the Senate-confirmed. John's Senate-confirmed. He does not have to be Senate-confirmed because he is appointed out.

Mr. TAKANO. I just want to know——

The CHAIRMAN. The gentleman's time has expired.

Mr. TAKANO. I just want to know who we should hold accountable——

The CHAIRMAN. The gentleman's time has expired.

Mr. TAKANO [continuing]. if this reorganization fails to meet——

The CHAIRMAN. We are going to hold to the 5-minute.

Representative Van Orden, you are recognized for 5 minutes.

Mr. VAN ORDEN. Thank you, Mr. Chairman.

The ranking member made a point to hold up a book as opposed to the slide deck that you have. I would just like to point something out. The Magna Carta was one page. The Declaration of Independence was one page. The Constitution, four pages. The Bill of Rights, one page. What I have noticed in the 3 years I have been in Congress is that we often confuse quantity with quality. We often confuse motion for progress.

I would like to show people what we are talking about because it has been referred to. This is the current structure. Right? What is great about this chart is you can look at it upside down and it still does not make any sense at all. It just does not matter. Right? If you look at this, this is what you are striving to get to. Right? Okay. I would just like to—Mr. Chairman, I ask unanimous consent to enter this into the record.

The CHAIRMAN. Without objection.

Mr. VAN ORDEN. Okay. We are trying to go from here to there. This is the I got six bosses, Bob, program. This is the I actually know who I work for and I can be held accountable program. Is that what you are striving for, sir?

Secretary COLLINS. That is correct, Mr. Van Orden. You hold that other one up right there for a second.

Mr. VAN ORDEN. The first one——

Secretary COLLINS. Yes.

Mr. VAN ORDEN.—or the second one?

Secretary COLLINS. No, the first one you showed up.

Mr. VAN ORDEN. Yes. This is the one that looks like——

Secretary COLLINS. Yes. This is what has been——

Mr. VAN ORDEN.—the aftermath of Burning Man.

Secretary COLLINS. Yes, this is what is been defended for almost 30 years by everybody. You know, they are saying, well, we just do not need to work on it. We will work on it. We will patch it. We will patch it. We will patch it. That is what you get when you patch it.

Mr. VAN ORDEN. Correct.

Secretary COLLINS. It is time for us to go to something that actually works.

Mr. VAN ORDEN. Right. What we are trying to do here, and, you know, please correct me if I am wrong, you know, I have been here, as I said, for 3 years, and I chair the Subcommittee on Equal Opportunity—excuse me, Economic Opportunity. I have yet to see anyone at the VA being held accountable for the billions and billions and billions of dollars wasted for lack of planning and just

throwing money at a problem. I think that if we can actually hold people accountable, that their job performance will improve. That is my experience as a Navy SEAL. Is that what you are trying to accomplish, sir?

Secretary COLLINS. Yes. Would you let—and I appreciate the question, and it goes to the heart of what I was trying to get at here. If you allow me for just a second.

Last year when I came in, I told the chairman and ranking member, I told everybody on this committee that we did not have a manning document. Some of you have rightfully so been concerned about what was reported in the press wrongly about empty positions. Mark Engelbaum will be happy to describe what we did to get our manning document right. For those of us who are not sure what a manning document is, we did not know where our people were or where they are supposed to work. We now have a manning document that allows us to actually hire in ways that we get more doctors and nurses where we are at instead of trying to move them between different places.

Then I got another one for you, and I shared this one just this week. Up until we were able to consolidate our Chief Financial Officer (CFO) and get a CFO in and actually working through this, we had no monthly reconciliation. I do not care what side of the aisle you are on here. How do you run a business without having monthly reconciliation of what you are spending? We just got to the end of the year and said, wow, we got enough money, we are good. This is the kind of stuff that we are trying to deal with to get it to where we can actually put the people in the places that need to be instead of just putting people.

Here is your question. You said a minute ago there is all this idea that the more is better.

Mr. VAN ORDEN. Right.

Secretary COLLINS. Well, when I got here, we had 480,000 employees. We had 260,000-plus in a backlog. We had wait times that were going up. By the way, for those who are concerned, the vacancy rate for doctors and nurses over the past 4 years has stayed consistently between 19 and 14 percent. By the way, the 19 percent was in 2022 under Biden. We are at 14. We stay consistent.

Mr. VAN ORDEN. Mr. Secretary, I have a minute left.

Secretary COLLINS. No worries.

Mr. VAN ORDEN. I do want to talk about the salary cap issue.

Secretary COLLINS. Yes, sir.

Mr. VAN ORDEN. I know that is statutory. That is something we can work on. Then you said something is actually deeply disturbing, that the Army Corps of Engineer is—Army Corps of Engineers are responsible for building our VA facilities?

Secretary COLLINS. They are because of a certain amount. It is a threshold amount that they have to be involved in, and that gets them involved actually in Community-Based Outpatient Clinic (CBOC) as well.

Mr. VAN ORDEN. Okay. Well, I—

Secretary COLLINS. They do not need to be there.

Mr. VAN ORDEN. I have—

Secretary COLLINS. Good folks, but they do not need to be there.

Mr. VAN ORDEN. I have a great relationship with the Army Corps of Engineers, but they do think they are the fourth branch of government. If we can work together, Mr. Chairman, and with the ranking member to see if we can move that around, that would be great because, again, the Veterans Affairs Administration, and you have stressed this in your leadership, it is about the veteran. It is not about the Veterans Affairs Administration.

Secretary COLLINS. Exactly.

Mr. VAN ORDEN. I greatly appreciate your efforts.

Secretary COLLINS. Can I answer that real quick or you got another question?

Mr. VAN ORDEN. No, I just have 14 seconds, so I do not want to cut you off.

Secretary COLLINS. No, let me finish it real quickly. The reason the Corps is problematic, and there is something I did not mention a minute ago, VA developed its own building standards. We do not use national building standards. We developed our own standards because we had nothing better to do, I think. Then we take it to the Corps of Engineers who have their own standards terrible.

The CHAIRMAN. The gentleman's time has expired.

Mr. VAN ORDEN. Thank you, Mr. Secretary. Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. Representative McGarvey, you are recognized for 5 minutes.

Mr. MCGARVEY. Thank you, Mr. Chairman. Thank you, Mr. Secretary, for being with us today.

As you know, this committee's job is to make sure the VA is working for veterans, not that it is working for political appointees, not that it is working for career employees, not that it is working for a small group of insiders who are making decisions behind closed doors. What you all are proposing, it is very likely the biggest shakeup of the VA in 30 years. I think our veterans deserve to know what the VA is planning.

Now, I want to tell you I am not opposed to change. I am opposed to making that change in the dark. I am not opposed to change, but I do want to make sure that that change actually improves the care our veterans receive. One thing we do well on this committee is we actually understand the mission: to take care of our veterans. We do it in a bipartisan way. For the nearly 40,000 veterans in my district, we are here to take care of them. For the veterans in Mr. Luttrell's district, in every representative district on this dais, we are here to take care of them, to make sure that we honor the promise we made to them for their service. We might not always agree on the path, but we all want the exact same outcome, which is a stronger VA that delivers the highest quality of care for our veterans.

The experts who helped design the Veterans Integrated Service Network, or the VISNs as we are calling them, they have warned for 30 years that you do not fix policy failures or culture failures by redrawing an organizational chart. They have said that large reorganizations are disruptive, expensive, and almost never solve the real problems, which are unclear rules, inconsistent oversight, and a lack of accountability. Both GAO and GIO have been saying that same thing for more than a decade, as you alluded to earlier.

Again, I want to point out I am not opposed to change. Here is the problem you are hearing and the frustration you are getting from this committee. We do not know what those changes are.

Mr. Secretary, the Federal law requires a report to Congress on any proposed VHA reorganization. What you have provided to us is a half-page letter and a 10-page slide deck, a PowerPoint. It is not much. Given how this committee operates, I hate that I am even asking this question, but I do want the honest answer. Have you provided my Republican colleagues on the other side of this dais with any additional materials, documents, memos, reports, data about this reorganization that you have not shared with the people on our side of the dais?

Secretary COLLINS. Well, first off, Congressman, I will never—I will not ever intentionally or any otherwise give you dishonest information, so an honest answer is all you are going to get from me. I have given nothing. We have briefed both sides of the dais on this multiple times and had multiple phone calls with us.

Mr. MCGARVEY. That is then the problem. I mean, the problem is, no matter how you answer that question, it was not going to be a great answer because what we have is very little information on what is going on here. Again, it is not that we are supposed to change. We want the VHA to work. We know that it can work better for our veterans. We need to know what those changes are. When you are proposing a reorganization of this size and this scale, and our veterans do not know what is coming, that concerns me because our veterans, as you know, some of them, are worried about these changes.

Right now in Louisville, Kentucky, we are undergoing a change in our VA. Robley Rex serves about 45,000 veterans across the Commonwealth. We are moving to a new building. They are in the middle of this full facility move. What worries me is that this reorganization adds yet another layer of disruption for the people who have risked everything to serve our country.

When talking about how we are ensuring that veterans continue to get the care, that it does not slip through the cracks during the transition which you propose, and we do not know enough about, do you all have a continuity of care plan? Yes or no.

Secretary COLLINS. We always have it. I want you to hear from Greg Goins, who is actually from your area, who actually was the VISN in that. He can describe exactly what we are talking about for you right now. This is why we are doing this hearing, by the way.

Mr. MCGARVEY. Yes, only because I only have a minute and 9 seconds left. Do you guys have a continuity of care plan? I need it to be yes or no.

Mr. GOINS. Yes. The plan—we do.

Mr. MCGARVEY. Okay. Perfect. So——

Mr. GOINS. The continuity of care plan is the fact that we are not touching frontline facilities whatsoever.

Secretary COLLINS. That is an innovation.

Mr. GOINS. The other thing I want to say about Louisville and the hospital, the biggest issue that is running into challenge——

Mr. MCGARVEY. I got to cut you off because I got 51 seconds.

Mr. GOINS [continuing]. is the Federal and State level officials have not—

Mr. MCGARVEY. I got to reclaim my time, Mr. Chairman.

Mr. GOINS [continuing]. addressed the traffic issues.

Mr. MCGARVEY. Okay. I got, sorry, we got really little time. If you have a continuity of care plan, one of you said yes, one of you said no. What I need—

Secretary COLLINS. No, no, no, no. Mr. Chairman—

Mr. MCGARVEY. Guys, I reclaimed my time, Mr. Chairman.

Secretary COLLINS. Mr. Chairman, stop the clock. Stop the clock and give him time.

Mr. MCGARVEY. I reclaimed my time, Mr. Chairman.

Secretary COLLINS. I need to make this clear. Stop the clock and give him his time. I said no to yes—

Mr. MCGARVEY. Mr. Chairman, I reclaimed my time.

Secretary COLLINS. I said yes-no. I did not say no to the answer that he gave. I said no to yes-no questions.

Mr. MCGARVEY. Mr. Chairman, I got to reclaim my time here.

The CHAIRMAN. You have reclaimed your time.

Mr. MCGARVEY. Maybe even get a little extra time. This is—we are trying not to be combative, Mr. Secretary. I heard—okay, okay, perfect. If you have a continuity of care plan, we have not received it. This goes to the lack of transparency that we are talking about.

This is a massive reorganization. It is going to impact our veterans, and we on this committee do not know how. What we care about is the veterans. We care about doing right by the veterans. What doing the right thing is having this out in the open.

The CHAIRMAN. The gentleman's time has expired.

Mr. MCGARVEY. I yield back.

The CHAIRMAN. Representative King-Hinds, you are represented—yes, you are, you are recognized for 5 minutes, too.

Mr. KING-HINDS. Thank you, Mr. Chairman.

Thank you, Secretary Collins, for making time to be with us today to talk about this reorganization.

I think you took 10 minutes to describe how getting or seeing change in DC is like watching molasses roll down a hill on a cold winter's day. Since my time here, right, that is kind of how it feels. One of the things that I have noticed, really, when it comes to change is that, you know, everybody wants change, but for the most part, they want change when it does not affect them or they want change in their pocket. Right? That seems to be a common theme around this town.

We have been having multiple hearings over different programs to include the Digital G.I. Bill (DIGB) rollout, for example, modernization rollout, for example. One thing, you know, has been very apparent is that it is very difficult to get folks from the VA to be able to say who is accountable, who is responsible. You know, I think Representative Van Orden said it best the other day that like some of these hearings feels like Groundhogs Day. I think that the reorganization chart, right, or I am sorry, the old organizational chart, speaks to that is, you know, the line of business is very—it is not clear. I am very glad that something is being done about that so that we can actually hold somebody responsible and ac-

countable for some of these mishaps. Right, because right now it is not clear who is in charge based on the organizational chart.

The one thing that I do want to raise to your attention, because I was looking at the slides that you shared, and I am concerned that in the map of the V-I-C-Ns, right—or the VISNs, that there is no representation of any of the territories. I am going to tell you this. You know, it had me in my feelings a little bit because that is all that I talk about with regards to just trying to get basic care. Can you speak to that, please?

Secretary COLLINS. I will speak to the one who is over it and been working it to get the area that you are talking about done and John can address that for you.

Mr. BARTRUM. With—are you referring to the Compacts of Free Association (COFA)? Just so I—or you talking territories in general?

Mr. KING-HINDS. There is COFA, right?

Mr. BARTRUM. Right.

Mr. KING-HINDS. They are not U.S. citizens. There are people who live in the territories, like the people of the Northern Mariana Islands, who have the highest—one of the highest per capita enlistment rates in any territory or any State, who get no care. Right? We do not have a CBOC. Now we are going from a map that used to actually identify the Marianas as part of this VISN, but now we are just focused on the continental United States. That kind of upsets me, right, because it feels like we are going backward.

Secretary COLLINS. We are not. We do. It is still there. Greg?

Mr. GOINS. All the American territories are aligned exactly how they are in current states. That map is reflective of what is going to be the biggest change, which is the overall VISN boundaries within the continental United States. The care for those veterans that you are talking about is remaining unchanged and associated oversight is still with Southern California as it is current day.

Mr. KING-HINDS. Okay.

Mr. GOINS. The Atlantic—sorry, the Caribbean is still with what is current day VISN 8, State of Florida.

Mr. KING-HINDS. I want to, I guess, want to ask that in terms of the reorganization. What data was analyzed when making the determination to consolidate from 18 VISNs into 5? I mean, I ask this question because we are having challenges with access to basic care. Right? I want to make sure that when we do this reorganization that they are not further shortchanged.

Mr. GOINS. Yes, I completely agree. This is a fundamental shift in the way which we currently do things in the VA at the VISN level. The VISN directors and the VISN teams currently have to participate in national level business functions, you know, I am going to use a loose term here, the bureaucracy aspect of what is necessary in addition to those oversight and coordinating functions for care delivery. When you look at the big picture, if you just went from 18 to 5 and had the same scope, that would be a big problem.

In the new structure that was completely based on market research for all kinds of entities to include public and private, for-profit, not-for-profit. It was very clear that we needed to have an entity within each one of our VISN structures that focused directly on the care delivery and those coordinated needs at the care level

without competing priorities against some of that bureaucratic stuff. Each VISN in the current five structure has three Health Service Areas (HSA). Their only focus of scope is care delivery.

Mr. KING-HINDS. All right, thank you. I am out of time.

The CHAIRMAN. The gentlewoman's time has expired.

The gentlewoman, Representative Brownley, is recognized for 5 minutes.

Ms. BROWNLEY. Thank you, Mr. Chair. Thank you, Mr. Secretary, for being here.

I wanted to focus on women veterans for a moment. Women veterans are the fastest growing group of veterans treated at the VA. When I looked at the organizational chart from, you know, the current organizational chart to the reorganized chart, the Department of Women's Health is not included anywhere. In the Deborah Sampson bill that was signed into law in 2021, codified and required that there be a Department of Women's Health, I think reporting to the undersecretary, which is, in the new reorganization, is not there. That is a concern for me. I am not sure how one is going to monitor the improvements that the Deborah Sampson Act demanded in making sure that we are working toward equity for our women veterans compared to men veterans in terms of access to their healthcare.

Secretary COLLINS. Yes, thank you for that. I am going to address that. I want to address something up front because I agree with you. Also, by the way, sorry to see you go. We came in together and seeing you go, you have been a great voice in this committee. I do appreciate that.

Ms. BROWNLEY. Thank you, Mr. Secretary.

Secretary COLLINS. Look, women's health has been very—something I put on the forefront and we are going to take care of it in the structure. I will talk about that in a second. I wanted to highlight a couple of things. We have actually are opening more of our women's healthcare clinics where they have better access.

Ms. BROWNLEY. No, I understand. That was required in Deborah Sampson.

Secretary COLLINS. Well, the other thing is, too—is, though, is I had this year—I made the change last year in which we were making our women veterans, if you was not aware of this, go through their primary care doctor to get to their OB/GYN.

Ms. BROWNLEY. I am aware.

Secretary COLLINS. They were delayed. We did away with that. They can now go straight to it. With that, I just wanted you to know that and let—

Ms. BROWNLEY. Okay.

Secretary COLLINS [continuing]. John say where this at in the structure.

Mr. BARTRUM. Ma'am—

Ms. BROWNLEY. Quickly. I want to take advantage of my time here.

Mr. BARTRUM. Yes. Women's Health is there and the Women's Health Programs, under our national programs, and it is on our enterprise side of the reorganization and that report.

Ms. BROWNLEY. Okay, Okay. I want to—I am having a hard time, reproductive health, obviously, is part of women's healthcare

within the VA. I am having a hard time reconciling when women now make up 20 percent of the Active Duty military and reserves. If you are in the military, woman is in military, in uniform, she has access to abortion in the cases of rape, incest, or the health of the mother. When she leaves the military, takes off her uniform, comes to the VA, now she does not have access to abortion in the cases of rape and incest and I must say, a very confusing definition of her life being in danger. Talking to women veterans across the country, this is what women veterans want, yet it is being taken away. They serve the military, they have the benefit, they come to the VA, the VA is taken away. I am having a hard time reconciling that. If you could comment.

Secretary COLLINS. Yes, I am not having a hard time at all, Congresswoman, and I appreciate it. This is something that is been talked about in this committee. The VA, up until 3 years ago, did not do abortions, period, anyway.

Ms. BROWNLEY. I understand.

Secretary COLLINS. It is the same happened under both presidents, Republicans and Democrats. It is not in our——

Ms. BROWNLEY. We finally did the right thing.

Secretary COLLINS. I would disagree because——

Ms. BROWNLEY [continuing]. by changing the regulation.

Secretary COLLINS. Again, that is a political difference that we will have in that regard, but it is also a legal difference in the sense that the Department of Justice found that what was done does not follow current law on what VA can do, and that is what we are following.

Ms. BROWNLEY. Okay. I would like to have this argument with you off the dais——

Secretary COLLINS. It would probably be a great one.

Ms. BROWNLEY [continuing]. because it is a longer argument. The other thing I would just want to point out, too, with regards to the physician's ability to counsel women around abortion. Just to have a complete prohibition and gag order that a physician, even if they are talking to a woman patient who is seriously ill and perhaps the option of an abortion might save her life or make sure that she has a higher quality of life later on in her life, yet there is a gag order. A physician cannot do that. It is against their, you know, their Health Insurance Portability and Accountability Act (HIPAA) obligations.

I just, again, I do not understand why you would do that. Even giving the woman the opportunity, if she needs an abortion, to go outside of the VA, if the VA is not going to provide it, but not to be able to have the physician advise her just seems, you know, outrageous to me.

The CHAIRMAN. The gentlewoman's time——

Ms. BROWNLEY. Cruel.

The CHAIRMAN. The gentlewoman's time has expired.

Representative Barrett, you are recognized for 5 minutes.

Mr. BARRETT. Thank you, Mr. Chairman. Appreciate it. Mr. Secretary and gentlemen, thank you for being here for, for testimony in front of the committee.

Mr. Goins, I wanted to allow you, you had mentioned in one of the earlier questions about some of the changes in how these

VISNs typically operate today, where they have a lot more of a focus perhaps on the organizational apparatus as it relates to expectations coming out of Washington, the management of the organization that way, and less about the actual care delivery for veterans. As I look at the new organization chart, I think the health service areas are going to be the ones that are directly engaged with the management of health outcomes for veterans. Is that true in that sense?

Mr. GOINS. Yes, that is exactly true. The current state of affairs, a VISN director and their team would be responsible for that. Plus, as you said, the organizational apparatus requirements that I referred to as bureaucracy.

Mr. BARRETT. Yes, the bureaucracy.

Mr. GOINS. Yes.

Mr. BARRETT. Yes, the things that fatigue people to death.

Mr. GOINS. Yes. The challenge is it pulls you physically away from the space as well.

Mr. BARRETT. Right.

Mr. GOINS. It is an important need, organization of this size, largest integrated health system in the country. We need those functions, no different than—

Mr. BARRETT. Right.

Mr. GOINS [continuing]. a Procter & Gamble or any other organization of this complexity and size. At the end of the day, it also requires you to come to DC to be part of some of these larger group decisions through governance, et cetera, and for every day or minute you are involved with those kind of things, it is less time you can be engaged with VSOs, local community hospital partners.

Mr. BARRETT. Tell me, I come to DC every week.

Mr. GOINS. Yes.

Mr. BARRETT. You know. I feel it, man. I completely get that. Allowing people to be basically assigned to the health delivery outcomes and managing the staff in that sense and the hospitals that are within that, I think is a great way of elevating that role to the most important piece that they have, which is ultimately the health outcomes of these veterans. I mean, we hear from a lot of folks about, oh, you know, we want to make changes, but we do not want to make changes in a fashion that we did not come up with ourselves or something like that. Or perhaps we have a pride of ownership of who came up with these ideas or how the structure is going.

A chronic frustration I have here in Congress is that we never seem to be ready to make changes. It is always not the right time to do it or we are going to wait and do it a different time. These have been things that have been talked about, as you pointed out, for decades to bring about real and systemic change to veterans for their health outcome.

I can tell you candidly, I have been a veteran for 23 years now, since I was 21 years old. If you had asked me when I was 25 what a VISN was, I would have had no idea because I did not need to know. It was not relevant to my actual interfacing with the VA. It is relevant to the management of the organization, but our veterans deserve to be able to walk into a VA, get the care that they need without being fatigued by which VISN they are in and which,

you know, process is being followed. To have somebody that is assigned to their health outcomes in a much more focused and exclusive manner should bring about better outcomes for them, and I certainly hope that it does.

I did want to touch on, though, Secretary, or either of your panelists joining you, I got to bring up the Electronic Health Record Modernization (EHRM) rollout and how that will interface with this realignment of VISNs, and what type of expectation we have there, and if we can be satisfied that that will go on unencumbered with this change that you are talking about as.

Secretary COLLINS. That is one of our most important pieces as we go forward, not only for direct care, but also community care in the future is getting EHRM, which, again, will go live April 1st in the four areas.

Mr. BARRETT. April 11th.

Secretary COLLINS. Yes, in Michigan. It is on track and I think it aligns with—we have aligned it with the VISN structure as we change. The rollout, hopefully, is we are successful as it looks like we are going to be in these 13 this year, will actually help with momentum getting into the other areas as well, possibly quicker.

Mr. BARRETT. Okay.

Mr. GOINS. Can I just add to that, just so we are perfectly clear. We have worked with the deputy secretary's office as the one designated as the owner for EHRM rollout.

Mr. BARRETT. Secretary Lawrence?

Mr. GOINS. Yes. On the operations side, we have made an agreement through the Undersecretary Bartrum that we will make sure that the schedule that is already been published is completely considered and unencumbered as we do the reorganization. Again, this is an iterative phased approach and we are not in a hurry to just blow things up.

Mr. BARRETT. Even though we are doing EHRM by the current VISN structure rollout, it will not be impeded or affected by the change that you are proposing.

Mr. GOINS. Correct. In addition to the continuity of care priority, that is our second highest priority through the reorg.

Mr. BARRETT. Okay, thank you. I am almost out of time, but I wanted to share briefly with you the reason why this is so important. My father-in-law came to visit from Oklahoma to Michigan over Christmas. He gets his healthcare through the VA. He had a diabetic sensor on his arm. That battery died or something. I think you all helped us with that. They could not coordinate between the two VA hospitals to get him that very easily.

The CHAIRMAN. The gentlemen's time is expired.

Mr. BARRETT. Looking forward to that rollout. Thank you so much.

The CHAIRMAN. The gentleman from—sorry, Mr. Pappas, you are recognized.

Mr. PAPPAS. Thank you very much, Mr. Chairman. Mr. Secretary, it is good to see you. I appreciate the recent visit to New Hampshire. I know that veterans appreciated the fact that you were on the ground and getting familiar with some of the unique circumstances that we face at our medical facility in Manchester. It is obviously an old facility. It has infrastructure that has failed

on many occasions that have put whole areas of that facility out of commission.

During your visit we talked about the ongoing action plan and feasibility study to talk about delivering a full-service VA hospital for the veterans of New Hampshire. We are the only State in the lower 48 without a full-service hospital, a designation that we lost over 20 years ago. It was due to the President on November 5th of last year, and I am really interested to know if that plan was delivered to the President and where things stand. Veterans in New Hampshire are really interested in getting a read on that.

Secretary COLLINS. It is good. It was good to be with you. Also, I think one of the things that—and I am just going to make this as a blanket statement, if—and I just say this with just a heart, if you have not visited a VAMC or a facility and you are on the committee, please do so. Okay? I am not—I am just—I am saying it to Republicans and Democrats because you get a better understanding of what is going on. I have done over 30 states and almost 75 of our facilities, various from VAMCs to vet centers. By the way, go to vet centers, they need me.

VAMCs in yours is a unique situation that goes to an earlier comment about our construction issues and how—why it is taking so long. That has been delivered to the White House. It is at the White House now for the final processing and we hopefully have an answer out of that in the very near future.

Mr. PAPPAS. Can you characterize it at all and let veterans in New Hampshire know, is this a menu of options? Is it one recommendation? Is the President the decision-maker on this or is it the Department?

Secretary COLLINS. Well, we are going to let the process, the White House process, go through it. I would rather do that than have to come back and then be accused of saying something that, you know, was not true or there was not as a plan that came out. It is with them and we will get that out.

Mr. PAPPAS. They have been waiting a long time and I appreciate—

Secretary COLLINS. I understand, believe me.

Mr. PAPPAS. understanding what is going on here at the earliest moment that you can provide that to me and—

Secretary COLLINS. The gentleman I work for actually made the promise—

Mr. PAPPAS [continuing]. to the people in New Hampshire.

Secretary COLLINS [continuing]. so it is coming.

Mr. PAPPAS. Great. I want to move on to another issue that we have been dealing with on our Economic Opportunity Subcommittee. It is the issue with Chapter 35 education benefits and a gap that occurred last fall that was very severe. We were hearing from veterans in our office, people who had trouble paying their rent and paying their prescription costs because their tuition bill was not paid. I am just wondering if you can provide some more insight into the breakdown there.

It was a month and a half where veterans were in the dark. Congress was also left in the dark. We had letters that went unanswered. I appreciate we received a letter yesterday that we sent over to you on December 15, I believe, initially asking for some fur-

ther detail. It is inexcusable for veterans not to have this basic information about where these payments stood.

Again, you know, you talk about the shutdown, that is the excuse that we received. The Anti-Deficiency Act is pretty clear that in situations that involve the protection of property and life and making sure that veterans get access to benefits that they should have been receiving an answer on this. I would like you to address that.

Secretary COLLINS. Happy to on that. Yes, that was a problem, frankly, that was—that we received. We dealt with it. It came from a manual issue from basically going back to 2024 that rolled into 2025. We stopped that.

Mr. PAPPAS. I understand that.

Secretary COLLINS. At this point that has been transferred over and most are getting there almost same day on GI benefits they are getting. The GI Bill is working.

Mr. PAPPAS. It is really the communication that I think—

Secretary COLLINS. Well, the communication—

Mr. PAPPAS [continuing]. is inexcusable, the lack of it.

Secretary COLLINS. Look, I do not disagree that all these communication on any level from both sides could be better, okay, on anything. I face this every day in this job that I take because I have to get the same information. I have to ask sometimes multiple times to get it. The issue that we have here, though, is—and I know that it was a concern and I understand your issue with the shutdown, but it did hamper us. We were getting benefits out. When you are down to one or two people when you are normally having a lot more people to do it, it does slow the process down. We were doing what we were supposed to under law, but we had to do it under also the burden of a shutdown that lasted longer than any in history.

Mr. PAPPAS. Well, you eventually, during the shutdown, did communicate with veterans in late October, but, again, this was a month and a half after the problem was discovered and veterans were left in the dark here, coming to us for answers that we could not get out of the Department. I just know that there are going to be other instances in the future where there are systems that are migrated, where there are gaps and disruptions to benefits. Veterans deserve answers at the very least.

I want to move on to one final issue and this is an issue that I raised with you in your last appearance before this committee around Veterans Affairs Servicing Purchase Program (VASP) and the partial claims program. You said at that time, I think the first step is that Congress needs to act upon this. We took your advice, we passed a bipartisan bill. It has been 6 months since the partial claims program was signed into law, has not been stood up yet. I have got veterans that are asking when they can get relief. Can you give us an answer on when we are going to be able to see that program put into place?

Secretary COLLINS. Yes, that is being done now. We have got the—it is be done and it should be done shortly. We did have to integrate it in with the current system that we had. You will be getting an answer on that very shortly.

Mr. PAPPAS. Thank you. I yield back.

The CHAIRMAN. The gentleman's time has expired.

Representative Mace, you are recognized for 5 minutes.

Ms. MACE. Thank you, Mr. Chairman. I want to thank the Secretary for being here this afternoon as well.

The Ralph Johnson VA Medical Center in partnership with the Medical University of South Carolina continues to play a crucial role in improving the lives of veterans throughout the Lowcountry. I kid you not, I had a call this morning from a veteran praising the Ralph H. Johnson VA facility in Charleston, South Carolina, as being a model facility, that they get about 70 percent of their care there, and they are a cancer survivor and they are just truly grateful for the example that the Ralph Johnson VA Center in Charleston is for other veterans' facilities and medical treatment around the country.

The location of the Ralph Johnson Medical Center has been critical to improving outcomes for veterans and conducting high-quality medical research. After a 60-year track record in downtown Charleston, I was deeply disappointed in the VA's decision in 2024 to deny a floodplain waiver for the lease of a replacement research facility. We get a lot of flooding in Charleston. If it sprinkles, it is flooding. We want to make sure that veterans have access to the care that they need.

Last year, Secretary Collins, I wrote to you asking you to reconsider this denial and you declined to do so. May I ask you today what led you to make that decision to deny this waiver?

Secretary COLLINS. Congresswoman, I think the biggest thing is we—one of the things you brought up, one of our best, is not just in the top few percentage, it is probably in the top two or three of the whole system, Charleston is. The same things that denied the first time are the same things that we go back on as the issues that we have to deal with when you look at long term and where we have to build and how we have to build in a floodplain or not build in a floodplain. This is—there is other options that are available and we are looking at those other options then going back into this area.

Ms. MACE. You will not reevaluate this decision?

Secretary COLLINS. Not at this point, no.

Ms. MACE. Okay. Can you assure that care for our veterans will not be affected?

Secretary COLLINS. I mean, that is the first and foremost thing we do.

Ms. MACE. Or be interrupted?

Secretary COLLINS. First and foremost thing we do.

Ms. MACE. Without this waiver, I mean, care potentially could be interrupted for veterans.

Secretary COLLINS. I would disagree with that characterization. It could be disrupted for many reasons, not this one in particular.

Ms. MACE. You do not think this is just a simple tweak we can do right now, temporarily, even—

Secretary COLLINS. In the—Congresswoman, I understand the situation here, but here I am just going to play out.

Ms. MACE. Are you going to move the Ralph Johnson VA facility or—I mean—

Secretary COLLINS. No, that is not necessarily—let is deal with the point. Here is the issue. Let me just take it out a step further.

We issue a waiver and then 5 years from now it floods. Okay. I have to look at the long-term process is how we do this.

Ms. MACE. Five years from now what? I missed that. Five years from now.

Secretary COLLINS. Five years it could flood in the floodplain where we put it.

Ms. MACE. It could flood tomorrow.

Secretary COLLINS. It could. That is why we do not put it there.

Ms. MACE. If we are talking about like ingress and egress of a facility, you know, that to me seems like a—not a major, you know, infrastructure issue. That it is not—you know, my biggest concern is getting quality care for our veterans in South Carolina.

Secretary Collins, the Ralph Johnson Medical Center has not experienced the staffing shortages per se, as other facilities have. To what do you attribute the success of the Ralph Johnson?

Secretary COLLINS. I think it is just—it is leadership and that is what we are looking, striving for across the board. One of the things that has happened and is the standards have been set on our leadership, we have allowed our—many times our VA medical centers, which oversee also our clinics, have been paralyzed into being non-senior leaders. Okay. The fortunate part at Charleston is they have acted like senior leaders. They have made decisions and they put those first. We have not seen that across the board.

Greg Goins, who was a VISN director, saw this firsthand. He has been—had a lot of input across with Secretary Bartrum as well. We just—again, we are now putting it back into the place where we have leadership. That one of the things we have right now is a dashboard that allows every hospital to see how they rank with every other hospital. If they are down in something, they can go to a Charleston and say, hey, how do you do this? How can we get better?

Ms. MACE. I love that.

Mr. GOINS. Can I add to that? I can tell you definitively based on my experience the secret in Charleston is the leader. Scott Isaacks has been in place for a long time. We have a lot of really good leaders in the VA, frankly, but we do not have a lot of really good leaders with longevity. The issue that has been so prevalent in Charleston is because of the longevity of Scott and a vision he has been able to set and execute.

Ms. MACE. Scott Isaacks, he has been wonderful, actually. He was the one that told me that the VA does outpatient care with our geriatric patients. He actually put my father and one of my family members in a program and outfitted the bars in the hallway and the scooter and the walker and all those things that I did not know veterans could get as they are aging. I have been amplifying and spreading that to every aging veteran that I know to get that high-quality care throughout South Carolina.

I want to thank you, Secretary Collins, for being here today answering my questions. Thank you so much.

The CHAIRMAN. The gentlewoman's time has expired.

Representative Cherfilus-McCormick, you are recognized for 5 minutes.

Ms. CHERFILUS-McCORMICK. Thank you, Mr. Chairman, and thank you, Secretary Collins, for being here.

Before we talk about innovation and administrative restructuring, I really want to point out what is at stake. Recently, last week in my district at our VA, we actually had a veteran suicide. One of the workers went outside and shot himself in the parking lot. For every veteran who is watching, for every veteran who came to my office yesterday crying and scared about what is going on and our responsibility to protect our veterans, it increases my responsibility to scrutinize this restructuring. I think we all understand that.

Right now in Florida, when we look at the VISN, it actually adds Florida with five more states. There is a lot of concern there that are our veterans going to be able to get the help that they need? Right now, the wait time is 31 days. There is a lot of concern about this grouping.

I have heard your explanation already of how this is supposed to work. For our veterans who are watching right now, who are very scared, could we say it in layman's term, of how this is going to get better as we are grouping a complex State like Florida with five extra states?

Secretary COLLINS. One, I am going to answer it from the top level and let Greg or John, whichever one wants to answer this. The top level aspect is with the HSA structure, they are actually going to get more care. Also the biggest part about this reorg, I think that is missing sometimes when we talk about this, and I appreciate your discussion, is that we are missing that this is not affecting how the hospitals and the VISNs—the hospitals and clinics operate. We are giving them more freedom, more latitude.

You all have some of the best programs for food down there. I am championing that all over the country with the food. If you have never seen this, I encourage you to talk to her. They have Amazon boxes basically where they get food.

In suicide, I mean, because you brought it up, let me—right, I get those reports. There is nothing that bothers me more than those reports. That is why we have redone the entire suicide prevention program. That is why we are now looking—we are actually doing outreach to those who are not being cared for in the other. John.

Mr. BARTRUM. I will pass over to Greg in a minute. Ma'am, you are absolutely right that we have to do this reorganization to make sure that it is consistency across the facilities. Right now, when you saw the org chart that my friend from the Navy had put up, the Congressman, that showed all the disjointedness. If you are running a facility right now, you do not get consistent information. We have all heard the adage, if you have seen one VA, you have seen one VA. We need to have the adage that when you go to one VA, it is like all the VAs, because we have to have consistency of policy and consistency of application.

Ms. CHERFILUS-McCORMICK. This kind of brings me to my concern. My time is running out. Every VA has been unique. When we see the uniqueness, we have not seen any streamlining actually going on before this reorganization. We talk consistently about making sure that we have standardization, and we have not seen any real standardization being incorporated or being successfully incorporated. Lumping all five is concerning.

Before we go to that, also, when we look at the VA, the VA is a unique structure. Part of that is learning from the lessons, the past lessons, as we go forward. Such a big reorganization is disruptive, and we all know that. If it could work, if we actually had real steps in place that we can scrutinize, feel comfortable with, I think more people, but that is actually lacking. As we shift the conversation and you talk about it, I do want to see if you have actually incorporated some of the nine steps that the GAO recommended when actually restructuring and to make sure we are learning from our past mistakes.

Mr. GOINS. Let me say first that I agree completely with everything you have said as far as the criticality of this, as far as how we do this and how we go about it. One of the biggest pieces in order to make this successful has to be frontline voice. Not just from veterans, but, more importantly, from the frontline employees that are actually caring for veterans and the frontline leaders. We have done that twice. We had over 300 leaders, every single hospital director in one room at a time. The sole purpose of that is to create a plan that has exactly the details that you are looking for.

Ms. CHERFILUS-McCORMICK. And so as my—

Mr. GOINS. We are continuing to develop that.

Ms. CHERFILUS-McCORMICK. As my time is running out, I just want to know specifically about this GAO document that highlights of the GAO reform. It talks about the mergers. It has nine actually policies and steps in here. Have you seen this document and have you incorporated anything from it?

Mr. GOINS. As we develop the plan that I just mentioned a second ago, all aspects of those types of reports, GAO, OIG, et cetera, in addition to the original documents when the VISNs were created, are going to be part of the action planning that is associated with our future State and how we get there.

Ms. CHERFILUS-McCORMICK. I am assuming that you are going to fully incorporate it, so when we get a plan that is more detailed that we will see everything in to have more confidence in it. As of right now, because we do not have that kind of information, I think it creates an anxiety not just amongst us as legislators, but also with our veterans. We would love to have a real plan so we can actually meet the needs of all of our veterans. Thank you so much.

Mr. GOINS. An outcome of the work that is been going on to incorporate frontline feedback to—in addition, we have met with VSOs, we started to work with Congress the way that you have heard the Secretary talk, all of that will be incorporated in it. In addition to that, there should be references and there will be in that plan to the things in which we are referring to to include the report that you have got in front of you.

The CHAIRMAN. The gentlewoman's time has expired.

Representative Kiggans, you are recognized for 5 minutes.

Ms. KIGGANS. Thank you Mr. Chair. Thank you so much to our panelists and Mr. Secretary for taking time to be here and for what you are doing to support our veterans.

I represent Virginia's Second District, so home to a large Navy population, large veteran population. It is so nice to have my neighbor and colleague, Congressman Scott, here. Our VA Medical Center actually sits in his district. So very, very nice to welcome him.

You know, I wanted to thank you also for the work you are doing with mental health. That is certainly a priority of mine.

I do not know how many of us who sit on this committee have had the privilege of actually working at a VA facility as a nurse practitioner. I spent 3 months working in the Hampton VA when I was a new nurse practitioner. One of the reasons I left was because I did not touch patients. I did a lot of administrative work. I was losing my clinical skills, so—and I would walk around on my lunch break and see buildings full of people, and I did not know what those buildings were doing, what those people were doing. I spent some time and would find the one geriatrician who we had on staff and shadow her for—over my lunch breaks just to keep up my clinical skills. She was overwhelmed. The physicians there were overwhelmed. The nurses there were overwhelmed. They were doing the bulk of the work of actually touching patients, talking to patients, caring for patients. Those are the people we needed more of. I did not know what was happening in all the other buildings. I still do not even want to go back there.

I applaud your efforts with this restructuring. I know change is hard. I know you have to be brave and it takes courage and you are going to take some heat for that, but thank you. The picture I saw, and again, I was just a lowly nurse practitioner, but there was so much room for improvement. I think the time is now to do that.

I wanted to bring my questions a little bit closer to home and ask about the Hampton VA. I know we had a lot of leadership changes there over the past couple years. We still do not have a director position that is filled. It would be great to put new leadership in place. I know we did a lot of work just to change, you know, the current leadership that we felt was kind of a root part of the problem. What are you doing and can you tell me the timeline for that leadership replacement?

Mr. BARTRUM. Thank you for that question, ma'am. You are absolutely right. We are in the process of putting out a advertisement. I am anticipating from our HR team that the advertisement will go out this week, at the latest next week. Then we will start the process for advertising for a new leader at Hampton and a number of other sites as well.

Mr. GOINS. To that end, just so I can try to help quell some of the fear that I can detect in your voice, we do that nationally, so that is what the undersecretary is talking about. However, there is a process to get it done. In the meantime, if there is an issue with Taquisa Simmons' detail needing to expire or needing to be extended, we are committed to make sure that we have long term leadership longevity prior to that selection. She will either be extended or we will go through a process to find a qualified leader in that place.

Ms. KIGGANS. It would be great to put permanent leadership in place. I think if we are looking for culture shift or looking for just, you know, a direct new direction to solve some of the problems we have there. It is a great facility, but I just want to make sure that permanent change is made.

Secretary COLLINS. Yes. Congresswoman, I also want to say, and this is to everybody on the committee, we are—one of the things

that was disheartening to me when I first came in was how many interims we had sitting around executive leadership teams across the country. I have made a very concerted effort to change that at all of our facilities, where you are getting at least the director, the executive director, the chief of staffs, those are permanent, so they can make real changes. What we are having to do right now, though, is, frankly, because we have not done a good pipeline, we are having to move some people in to fill gaps while we develop that pipeline. That is my top goal, is to get those permanent.

Ms. KIGGANS. Okay, thank you. I appreciate prioritizing that.

Then my other question is about our great new facility, our North Battlefield Clinic in Chesapeake. I know, Mr. Secretary, you were there at our ribbon-cutting. Thank you for coming down for that. I understand why we did not open our doors and have all of the providers and all the places and that we were working on building up that patient base and it made sense to me. I know that our goal was January to have it at, you know, max capacity for staffing, and that we are now in February and we are not quite there. I know, you know, we have addressed it. I think my colleague, you know, Congressman Scott has addressed it as well.

Can you tell us what the timeline is for adequate staffing or full staffing, I guess I should say, at that facility? It is a beautiful new building. I know that our veterans are using it. I know there is a provider shortage on the nurses and physician side, but what are we doing to make sure that facility is fully staffed?

Secretary COLLINS. Everything we possibly can. I think that is the issue that I appreciate what you said there at the very end because that makes it very determinant. We will hire as we need. There is 534 allocated positions built. We have built those positions out. There is 335 that are encumbered, 199 that are vacant. Out of those 199, 166 are in active recruitment right now, 27 are pending, 5 are pending, just getting back to us. Let me also state that that facility is now doing every service it was provided to do. They are doing the service, and we will ramp up the amount of service as we are able to hire and get away from other, you know, facilities to hire these people. It is doing what it is supposed to be doing. This is where we are at.

Ms. KIGGANS. Great. Thank you for prioritizing that as well.

I yield back.

The CHAIRMAN. The gentlelady yields back.

For the—advising the committee members, Representative Ramirez, you are going to get 5 minutes. Everybody else, we are going to cut it down to three. Everybody will have the opportunity to at least ask questions before they are going to call votes. We have got that hard out. I have talked with the ranking member, and he is in agreement with that, and so we are going to do it that way.

You are recognized for 5 minutes.

Ms. RAMIREZ. All right. Thank you, Chairman and Ranking Member. I will keep it tight. Mr. Secretary, it is good to see you again.

I want to get straight into some of what we have seen in this past year. We know that VA workers have been stripped of nearly all their labor rights. The Department is struggling to staff and deliver services to veterans. Proven programs have been gutted while

promising new, more effective solutions. The U.S. Department of Homeland Security (DHS) is kidnapping and deporting veterans and executing VA employees in broad daylight, and yet folks seem unbothered. I have come to believe that is because employee retention and satisfaction, quality service delivery, consistent outcomes, and veteran protections are not actually the goals of the VA. The truth is that it does not seem like you care about those things. Your mission, I will be frank, from what I am seeing is you care about pleasing this President and advancing his privatization to profit agenda.

Look, I want to take your words after Alex Pretti was executed by DHS. You used your statement to blame Minnesota State and local officials for a murder perpetrated at the hands of Federal agents. At a time when accountability, integrity, honesty, and courage were needed, Secretary, you peddled some of the same trash that DHS was peddling, even though your responsibility is to lead the VA, not to do the job of DHS.

I want to ask you a couple questions. Secretary, did you talk to Secretary Noem or the President or anyone in the administration about Alex Pretti, yes or no?

Secretary COLLINS. No. I have not talked to anyone about that in the administration.

Ms. RAMIREZ. Okay. Well, let me ask you if you would have, would you have talked to them about how he cared about the Nation's veterans as he took care of them in hospitals?

Secretary COLLINS. I am not going to engage in hypothetical conversations.

Ms. RAMIREZ. Okay. Well, let us—so you have not talked to them and you are not going to talk about hypothetical standing up for Alex. Mr. Secretary, let us see if there is some care now. Would you call for Secretary Noem to resign given her execution of a VA employee?

Secretary COLLINS. I have said all on this issue that I am going to say and that would be my answer.

Ms. RAMIREZ. Okay, you have nothing else to talk about it.

Secretary COLLINS. Asked and answered. Asked and answered.

Ms. RAMIREZ. Okay, got it. I want to then pivot and talk to you about deported veterans. Let us take your words on VA's role in targeting noncitizen veterans. In a letter dated January 13th, at the same time that you recognize that your mission is to serve all veterans, you also admitted that you are sharing noncitizen data consistent with interagency agreements. Has your agency assisted in the deportation of noncitizen veterans, Mr. Secretary, yes or no?

Secretary COLLINS. That comes from a report that has nothing to do with sharing the legal status of veterans. It actually helps us—

Ms. RAMIREZ. Secretary, has your agency helped—

Secretary COLLINS. I am not going to—

Ms. RAMIREZ [continuing]. deport veterans?

Secretary COLLINS. I am not answering any—

Ms. RAMIREZ. Oh, you are not going to answer.

Secretary COLLINS. You want an answer or not?

Ms. RAMIREZ. I do, but you do not seem to—

Secretary COLLINS. You want an answer or not? Then yes-no is not an answer. You have been here long to figure that out.

Ms. RAMIREZ. Then it tells me that you are trying to cover up the fact you are assisting.

Secretary COLLINS. No, it says that you have your own opinion.

Ms. RAMIREZ. I am moving on and I am reclaiming my time.

Secretary COLLINS. Well, I can sit here and talk unless you want an answer.

Ms. RAMIREZ. Let us continue. Mr. Secretary—

The CHAIRMAN. The gentlewoman is reclaiming her time.

Ms. RAMIREZ. Let me ask you another question. Are you ensuring that deported veterans are still receiving their benefits? Are deported veterans still receiving their benefits? That is a pretty simple yes or no. Yes? No?

Secretary COLLINS. On that question, I will be frank with you, on that question depending on their legal status and everything, how they would actually get veterans benefits, we will have to see what that actually says.

Ms. RAMIREZ. We do not know.

Secretary COLLINS. I am not going to—

Ms. RAMIREZ. Okay, then let me move on. I only have—

Secretary COLLINS. Unlike you, I am actually answering honestly.

Ms. RAMIREZ. I have a minute and 26 seconds. Actually, I am being very honest. It was a yes or no. You do not know if they are getting their benefits or not.

I want to talk about VA workers now. Secretary Collins, let us take your words on VA workers. At the same time that you said VA employees need to be singularly focused on veteran care and services, you dragged VA employees as too often fighting against the best interests of veterans. In your crusade against VA labor you have illegally terminated collective bargaining rights, ended unpaid parental leave, and terminated the use of Family and Medical Leave Act (FMLA) for in-law care. Yet people seem to be running to work at your VA.

I almost applauded you for reducing the time to hire a VHA employee from 109 days in 2024 to 47 days as of last month. Look, I took a closer look at it and I realized that it is smoke and mirrors. Unlike your predecessor, who measured the time to hire as the number of days it takes for a new hire to start the job, you are measuring the number of days it takes for an applicant to receive a tentative job offer. That is why we cannot trust anything that is coming out of your office.

It is clear, Secretary Collins, that you do not care about Alex Pretti. You certainly cannot even respond a yes or no basic question about deported veterans or the workforce. You have no commitment to accountability, to integrity, or to honesty. You cannot be trusted to do the reorg of the VA because just like that time to hire board, you peddle lies, half truths, and misinformation. Look, this is what I am going to say to you. I only have 2 seconds.

The CHAIRMAN. The gentlewoman's time has expired.

Ms. RAMIREZ. You will be held accountable.

The CHAIRMAN. The gentlewoman's time has expired.

Representative Hamadeh, you are recognized for—we are going to go to—I am sorry, I need to tell the timer this. Staff's conversation we are going to go back to 5 minutes. Staff had agreed back and forth, so we are going 5 minutes. We will go as far as we can go. You are re-recognized.

Mr. HAMADEH. Thank you, Mr. Chairman. Secretary Collins, thank you for being here today.

First of all, I would like to say something that you are not hearing enough of. Thank you for your service to our veterans. I hear the great work and the improvements that are happening in my district and what you are doing to reorganize the Veteran Health Administration is not—you know, it is necessary, it is responsible, and it is long overdue.

Now, for years now, the committee has been handed report after report by the GAO and the IG from the Commission on Care, all saying the same thing, that the VHA's management structure is broken. Too many layers, too many redundant bureaucracy. What should be decisions that take a day becomes one that takes even months. Now you and the administration are finally doing something about it. Certain members of this committee want to pretend like the sky is falling. Well, Mr. Secretary, let us get some facts on the record.

Now, this chart behind me compares two lines over the same time period. The VHA's workforce increased by about 14 percent between the Fiscal Year 2019 and Fiscal Year 2024. The patient encounters, it grew by just 6 percent. Workforce expanding at more than twice the demand for care. That is not a staffing crisis. That is an imbalance.

Mr. Secretary, this chart speaks for itself, but I want to give you the chance to speak to it directly. Can you walk through this committee about what this data tells us about VHA staffing?

Secretary COLLINS. I can, and I am going to also get you some more color on that. Also I want to say for this committee, first and foremost, and it is been said many times, the only thing that I have on my agenda is the veteran, period. That is what started the change to good at the VA last year when I said the only thing that is going to come first is veterans first. Our workers now have a purpose and our workers know what they are doing and they have actually improved. I am proud of that. I am not going to take nameless names and programs that have been gutted, supposedly, that have not been given a chance to answer to.

This is an issue, though, that we have that is the heart problem of where we are. In this town, it is throw money and people and everything gets better. That is just not the way it is. Fourteen percent over 6, it actually is worse in some areas. I could go list by list by everybody. You had some that increased 30 percent in FTE counts, but yet they actually went negative in actual touches of people. This is something we faced in the field. Greg has had to deal with this, and he is one of the reasons that we came forward on how we deal with this going forward and why this restructuring is needed.

Mr. GOINS. Thank you, Mr. Secretary. One of the things that is very objectively clear, and this goes back to Ranking Member Takano's question earlier about does the VA have enough employ-

ees or enough staff? The short answer is at a totality level, probably pretty close. What is not true, though, is that there is an absolute imbalance. There are places where we do need more physicians and there are places where we have plenty of staff. The short answer is if we do not go through with an evaluation from a demand basis. We do not have an ability at a national level to address resource needs where there are growing veteran populations. That has never been able to be done in the past at an enterprise level.

Mr. HAMADEH. In other words, making sure the tax dollars are not tied up in excessive administration overhead, but instead redirected to frontline service, modern equipment, and facilities that actually serve the veteran.

Now, you are undertaking a new Request for Proposals (RFP) for entire Veterans Community Care Network, VCCNs. Correct?

Secretary COLLINS. We are in the process. It is in RFP now, so I can speak to what we had as you had the hearing on last week. I will speak to that, right.

Mr. HAMADEH. What confidence can you provide to this committee that the next generation of Third Party Administrator (TPA) contracts that the administrators will be held accountable for basic network integrity?

Secretary COLLINS. I cannot tell you how long I have been waiting for that question to come from this committee. I very much—because many of us have done this for years and I was a part of this committee and there is only about four of us on this committee that can say this actually voted for choice and actually voted for mission, which set this up. What we did not know at that time was because we were trying to get help from a bad situation of wait times and issues, we set it up as quickly as possible. Frankly, I can just say from a bigger perspective, we had very little takers on helping us.

We ended up with the Veterans Access, Choice, and Accountability (Choice) Act was a disaster. The John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Network (Mission) Act has put us into two vendors, third party access. There was nothing in the contracts that were holding accountable. Well, let me rephrase that. There was, but VA just did not hold them accountable.

One of the reasons that I am confident in this RFP that is out right now and when it goes through is that we have basically 10 years of failure to learn from. We have 10 years of why this does not work, that we incorporated those problems into this so we can hold them accountable, do better management, and make sure that we are doing not only what is best for the veteran, but what is best for the VA as well. I have full confidence when this comes out that we are going to have much more participation. We are also going to have 10 years.

I will go back to where we ranking member and I agree on, history does teach us things. This one is a big one where history has taught us things that we need to add on to it.

Mr. HAMADEH. Thank you, Mr. Secretary.

The CHAIRMAN. The gentleman's time has expired.

Representative Kennedy, you are recognized for 5 minutes.

Mr. KENNEDY. Thank you, Chairman. Good morning.

Mr. Secretary, you are asking Congress to accept a VHA reorganization that had moved 4-to 5,000 employees while the workforce is already strained by the deferred resignation program, attrition, and hiring disruptions. The VA has the data of the workforce. I requested back in August a detailed description of the employment changes and impact in western New York for the Buffalo VA in the healthcare system for VAs. I received a response from you in October that was vague and did not answer any of the questions outlined regarding staffing levels. Will you commit to me today to provide the data that I asked for back in August to my office?

Secretary COLLINS. We are working that right now and can discuss that as far as staffing levels go.

Mr. KENNEDY. Is that a yes? You will—

Secretary COLLINS. I just that we will get it to you, yes.

Mr. KENNEDY. You will give me—you will provide me—

Secretary COLLINS. That whole thing, yes.

Mr. KENNEDY. The detailed description I asked for was occupation, job title, grade level, facility, reason for departure, whether the employee was retirement eligible, participated in that deferred resignation program, or whether the employee was terminated. The idea that it has been about 6 months, Mr. Secretary, that I have not gotten a response and you are asking us to buy into this reorganization is unacceptable. Please.

Mr. ENGELBAUM. Yes, Representative, we can commit to getting the data and the information. One of the things I wanted to highlight and just highlight really the issues that we have been facing collectively and I think Representative Kiggans really kind of mentioned it. There she was a trained nurse that was doing administrative work. When you talk about what somebody does and what positions we have, we do not even know what they are doing. The ability from a bottom-up delivery of medical centers, actually restructuring and reorganizing and identifying their requirements and outlining their personnel we will be able to look and identify.

Up to this point, we have not had the ability to do that. We were not tracking people hired, people all over the place, people were nurses not doing nurse jobs. This is exactly what we are tackling. We will get you that information.

Mr. KENNEDY. Thank you. I would like to enter both of these letters into the record, Mr. Chairman.

The CHAIRMAN. Without objection.

Mr. KENNEDY. I do want to focus on the workforce impacts already hitting the Veterans Health Administration. The reorganization, again, comes at a time where tens of thousands of employees have been lost in the last year, doctors, nurses, mental health professionals, police officers, forcing facilities to close hundreds of beds because of the lack of staff. The VA has eliminated vacant positions, pushed full steam ahead with changes that risk driving even more experienced staff out the door, and failing to provide Congress up to this point, and we will take you at your word here today, that you will provide clear, detailed workforce data.

I would like all of the data, quite frankly, obviously for my own purposes in Buffalo, at the VA in western New York. I think it is important that every member of this committee at least has infor-

mation regarding their own VA to the same effect that my letter outlines.

Secretary Collins, for each of the VA's three administrations, the VA, the VHA, National Cemetery Administration (NCA), what is the total amount of paid salary, benefits, and terminal leave under the deferred resignation program? What accounts were used to cover those costs?

Mr. ENGELBAUM. I would just say, Representative, the standard personnel accounts were utilized for those folks. We budget—when you look at the, you know, FTEs that are budgeted for personnel throughout the year, that was the resources that were used. Those people remained on VA rolls through the end of the year or through the termination, whenever they left the service. Their traditional salary was utilized as far as our standard personnel budgets.

Mr. KENNEDY. Was there money that was diverted from other accounts without informing this committee?

Mr. ENGELBAUM. I think I just answered that it was the standard personnel accounts that would have been used to pay them in any regard. Yes, the answer is no. There was no diversion. It was their standard personnel accounts that were already programmed for.

Mr. KENNEDY. Okay. Well, we do not have that information because you never provided it. Again, that information is vital for us to not only make these determinations, but to be supportive of this restructuring.

Secretary COLLINS. Congressman, can I answer one part of your question? Your western—you mentioned your western New York facility.

Mr. KENNEDY. Yes, sir.

Secretary COLLINS. Right. It had, over the past 5 years, it is had a 7 percent increase in FTE and a negative 6 encounters. It is actually went backward. That is just one of the—

The CHAIRMAN. The gentleman's time is expired.

Dr. Miller-Meeks, you are recognized for 5 minutes.

Ms. MILLER-MEEKS. Thank you very much, Mr. Chair. I thank Secretary Collins for being here as well.

Mr. Secretary, this reorganization is supposed to correct decades of weak oversight and inconsistent leadership across VHA regions. As we saw, one of the purposes and the momentum for the Mission Act was because of VA deaths and waiting lists that occurred, some up to 9 months for diagnosis and treatment of cancer. That led to reorganization, if you will, or the Mission Act, implementation of the Mission Act, but yet there was no accountability. Can you give this committee your word that you will avoid promoting any VA employee with a poor performance history or documented oversight failures into senior roles under the new structure?

Secretary COLLINS. That is one of the things, and I appreciate the discussion here because you are getting—I know that everybody believes that we are taking this in a big picture, but I am traveling—this is the multiheaded snake, so to speak. I am having to address the facility needs. I am having to address leadership needs. Yes, we are putting into place now to where I actually have a structure that can actually do that, that can actually get us to

a position where we can have, you know, strong leadership and mentoring as we go forward. That is our intent and purpose of this.

Ms. MILLER-MEEKS. The reason I asked that question is under the previous administration, under the Biden administration, very early in my time in Congress, we had a hearing in this room in February 2024 after a young female whistleblower had contacted the minority party, had not had any action, contacted Chairman Bost. Chairman Bost then requested information from the Secretary. After 45 days and a personal phone call, had no information. We had to subpoena to get the information.

Now, the whistleblower was reporting on sexual harassment by her senior leadership. This was senior leadership of the Office of Resolution, Management, Diversity, and Inclusion (ORMDI), which has a zero tolerance policy for sexual harassment. No investigation was taken. Through emails and texts that came out after being subpoenaed, we found that the Secretary had, in fact, arranged for a soft landing for the assistant secretary responsible for ORMID, and, in fact, that person was effectively promoted into another job. Was the senior leadership of ODMI, one of them, and then another retired.

In testimony, Secretary McDonough said, there is no question that I failed in this instance. None of those individuals were held accountable, and this poor woman was made to suffer and was disbelieved in her allegations of sexual harassment.

Mr. Secretary, if this reorganization is truly about accountability, will you commit today that no individual with a substantiated record of mismanagement in prior OIG, GAO, or internal VA reviews will be appointed to lead any offices that have decision-making powers and, therefore, institute accountability at the VA?

Secretary COLLINS. Yes, my goal is to, Congresswoman, is to do exactly that, take into account the entire record and going forward as we go forward.

Ms. MILLER-MEEKS. Thank you, sir. Mr. Secretary, in your testimony, you specifically cited OIG reports as a foundation for this reorganization plan. Are you applying the same standard to personnel decisions and reviewing past OIG findings when selecting candidates to lead the new VISNs, HSA, and operations?

Secretary COLLINS. We are taking into account everything that we can to find the best possible people in that regard as we go, you know, forward in this. I think that is going to be, you know, our guiding light. Are we actually getting the right people in the right places?

Ms. MILLER-MEEKS. Thank you for that. Prior to what I heard earlier with one of our colleagues on the other side of the aisle, I have worked in the VA, both as a nurse and a physician. I have applied for jobs at the VA, so both nurse, physician, and military veteran. Let me just say it took 9 months for that application at the VA, by which point in time I had dozens of offers elsewhere. Let me just say that 47 days is a monumental achievement and thank you for that. Thank you for working on hiring at the VA because it is a morass and we are losing good people at the VA because we can—in the previous administration, could not process applicants or give them job offers rapidly enough. I know of two other physicians who had that same problem.

Secretary COLLINS. That is something we are——

Ms. MILLER-MEEKS. Thank you so much.

Secretary COLLINS. I appreciate it. That is something we are working on right now. When I was in uniform—just a week ago, we had a lady who got a year later, got all—said, hey, we are ready to talk to you now. We are fixing that, 30 days or less.

The CHAIRMAN. The gentlewoman's time is expired.

Quick piece of housekeeping here. In accordance with the committee rules, I ask unanimous consent that Representative Wasserman Schultz from Florida be permitted to participate in today's committee hearing. Without objection, so ordered.

Representative Budzinski, you are recognized for 5 minutes.

Ms. BUDZINSKI. Thank you, Chairman Bost, Ranking Member Takano, for holding this hearing, and thank you to Secretary Collins and your team for being here.

You know, I want to just kind of cut to the chase here. I really think over this last year, what you have done to the VA is really hollow it out. This is cutting to the bone. It is not trimming fat. It is really hitting VA employees, union employees, the hardest. You have stripped their collective bargaining rights, damaging their morale and dignity, leaving employees wondering if their jobs will be cut next to. I just want to point out none of that is done to service our veterans.

This is not happening as work is slowing down, of course, within the VA. It is happening while VA experiences the largest expansion of VA healthcare and benefits in decades, thanks to the passage of the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act. It is happening as VA is restarting one of the largest and most complex EHR deployments in modern history in just over 2 months.

I want to point out, I have been asking, when is the VA going to nominate a Chief Information Officer (CIO), something that would be a critical leadership position to ensuring success of this EHRM program. We still do not have that. That is a really important leadership position.

Now you are proposing this massive reorganization without consulting Congress first. I have serious concerns with how this reorganization could impact that already ambitious rollout. I support efficiency, but it should not be and it should never jeopardize success and most certainly not at the expense of our veterans or VA employees.

Mr. Secretary, I am concerned about your plans to initiate a VHA-wide reorganization at the same time as you have accelerated the deployment of EHRM. I am looking at an email, and I can show it to you, from the GAO that says that you have canceled your standing meeting with GAO, an independent body who performs critical oversight on the EHRM program, because, quote, "your leadership and resources are strained." Is that true?

Secretary COLLINS. We will take meetings as need be, but the things that we get, we will meet with GAO and we meet with those regularly. We are answering every GAO or every OIG report that we get.

Ms. BUDZINSKI. They have made recommendations on solutions that will help to make the EHRM deployment successful and you have decided to just shut down meeting with them.

Secretary COLLINS. I would disagree with that. Most of the GAO reports, in fact, almost all of them dealing with the EHRM, dealt with a system that does not exist anymore. They said what was wrong with the system that was rolled out in Washington State, which was, and I will admit to you right here, was an absolute, utter mitigated disaster.

Here is the issue. If you have a new program coming in in which you have redone and reshaped how you are doing it, there are lessons that we learned, like standardization issues, standard—the problem we had in Washington State was is we allowed every hospital to decide what they wanted to do. Every doctor got to decide how they wanted it set up.

Ms. BUDZINSKI. That is great. I only have 2 minutes, Mr. Secretary.

Secretary COLLINS. I am trying to explain—

Ms. BUDZINSKI. Out of respect, we just provided you with the email from the GAO. I am hoping that what this will shed a light is that it is helpful to reengage the GAO and work with them on solutions to make sure that the EHRM program is successful.

Secretary COLLINS. I look forward when it is rolled out. I am sure that they will have plenty of—

Ms. BUDZINSKI. They have—

Secretary COLLINS [continuing]. as it is rolled out because there is nothing really to report—

Ms. BUDZINSKI. Okay.

Secretary COLLINS [continuing]. on right now.

Ms. BUDZINSKI. Okay. There is a lot to ask of your workforce, a workforce that I will note has gone through a lot of changes over the last 6 years and I do worry. You brought up some of the cases in Washington State with the EHRM program and the struggles with that. They were not the only ones to identify and deal with many of the issues with this new system. What do you have to say to the hardworking employees who are now facing even more change with this reorganization, especially when many of their problems with Oracle have not been addressed?

Secretary COLLINS. That is such an open-ended question that they have been addressed. We have—in fact, my deputy undersecretary—my deputy secretary is in the facilities this week again. He is there almost every other week. They are addressing this as it goes along. Any issues that come up, we are solving those as we go forward.

We have made a situation now in which it is working, it will work because it is not a choice not to work. I think that is the biggest—when you take the lessons of the past, I agree with you on that. The lessons of the past were nonstandardization, non-looking-at-it, and now we are looking at how we do it better.

Ms. BUDZINSKI. I am just concerned that we have not fully resolved the problems of the past. We are going to be expediting 13 new Go Live sites with about 164 more Go Live sites within 2031, and you are decimating your own workforce. I think that is a real problem and not setting the VA up for success. Do you know how

many Information Technology (IT) support specialists you have lost since January 2025?

The CHAIRMAN. The gentlewoman's time has expired.

Ms. BUDZINSKI. That is unfortunate.

The CHAIRMAN. Representative Self, you are recognized for 5 minutes.

Mr. SELF. Thank you, Mr. Chairman.

Mr. Secretary, you have told us about the growth of the VISNs, the unintended growth of the VISNs in terms of employees. We now have 5 VISNs and 15 new health service areas. It is not lost on me that equates to the number of VISNs that we have today. I want to talk about potential unintended consequences of this because I think this is good. Let me preface this, but I want you to talk to us about it because there are people on this committee whose worldview is bigger is better, bureaucracy is better. Can you—I hope that we do not have 5 super VISNs and 15 VISNs at the end of the day through growth.

How are you going to organize this plan so that that does not happen and it is all in execution so that in the future we do not have the super VISNs and VISNs? It is an open-ended question. Please tell us.

Secretary COLLINS. Yes, here is the top end and I am going to let the team finish this. Top end is they do different things, okay? The HSAs and VISNs do not do the same thing at all. There is a purpose for that and a reason for that as we go forward. John.

Mr. BARTRUM. I really appreciate your question, sir. I think this is a great question that gets at the heart of what we are doing here.

This reorganization streamlines how we do our operations. Right now, if you look at the current operation, every program office comes up with their own policies and then each VISN comes up with their own policy on top of that and then each facility turns that into their own policy. What we are doing in streamlining this is we are creating not just the HSAs, which will help with the execution of focusing down in the markets, but, more importantly, and what we have not talked about are the operations center. The medical operations center will ensure consistency across policy. If a policy is determined on whatever at the senior level of the VACO for a national program, the medical operations center will then put consistency guidelines out that will go down to each of the VISNs, the five VISNs and the HSAs, to the facilities so that it's consistently applied, so that we don't get one VA is one VA. We get all of VA being the same VA as we as we move forward.

Greg, do you want to talk about how that challenges our facility directors and our ability to serve veterans?

Mr. GOINS. Yes, sir. I think there is an element here that has been missing in our discussion that is really important to answer the question you asked directly. We have heard from everyone that has looked at a VISN structure. Does not matter where you come from or where you sit, that the roles and responsibilities are not clearly defined. The way in which we make sure that our organization does not balloon the way that Congressman Bergman has described bureaucracy as a rose bush, it is a great metaphor, thank you for that, sir, is by clearly defining roles, responsibilities, and

boundaries. When we do that, it does not allow those organizational entities, like a VISN or an HSA or even a program office, as you heard the undersecretary say, to define their own roles and responsibilities that then facilitate a massive growth in those units unchecked. The roles and responsibilities are part of this reorganization.

Mr. BARTRUM. Sir, if I could just add one more thing. This is a conversation, not a final plan that we presented in December. We said, this is the structure that we are doing. We are moving out. This is the transition. As the Secretary committed to, and we always will do, is follow the law. When we get to that final plan, we will be submitting that over as a final plan. It may look somewhat different than what we have seen because we are getting input and we are continuing to get input from the field as we continue to evolve. It is an iterative process.

I would just—there is been some assertions here that we identified in December what we were doing and we started the implementation. What we identified in December is the start of a discussion and a dialog that says, we all recognize this needs to change. Here is the structure and the framework of how we are going to change it. We are continuing to have that dialog today and continuing tomorrow until we send over the notice. We will continue to talk even after that point. It is a iterative, ongoing developmental process.

Mr. SELF. It looks to me like the vital issue here is that the HSOs—HSAs cannot have their own interpretation of VA guidance.

Mr. BARTRUM. Correct.

Mr. SELF. That looks to me, Secretary, to be key.

Secretary COLLINS. Yes. This was the biggest issue for me, is—and I will go back to something I think I even shared last year. I had a veteran come up to me who had moved from Salt Lake to Hampton Roads actually, Representative Scott. Moved over there, was getting treatment, he is an amputee, was getting treatment at Salt Lake, came to Hampton, and the Hampton doctor said, the VA does not do that. He said, this is the VA, correct? He said, yes. He said, but we do not do that. That, in essence, is the whole genesis of thought behind the upper level——

The CHAIRMAN. The gentleman's time has expired.

Secretary COLLINS [continuing]. the reason why you do it. That is why we do it.

The CHAIRMAN. The gentleman's time has expired.

Dr. Conaway, you are recognized for 5 minutes.

Mr. CONAWAY. Thank you, Mr. Chairman. Thank you, Mr. Secretary, for presenting yourself to this committee today.

You know, I am sorry, I am going to have to start out with a rather pointed topic here. You may know that 90 percent of the people in the country have seen the killing of Mr. Pretti. A number of statements have been made by the administration about his death that are very concerning, certainly to the family, whose loved one has been defamed by members of the administration. I am compelled to ask you, Secretary, does the VA employ domestic terrorists, yes or no?

Secretary COLLINS. That is a question that is aimed at an answer that I have already given. I am not going to indulge——

Mr. CONAWAY. Reclaiming my time. I am sorry.

Secretary COLLINS. I am not going to indulge in this.

Mr. CONAWAY. Reclaiming my time. Your colleagues have labeled Mr. Pretti, a VA nurse, one of your employees, a hero to many, as a domestic terrorist. Is he a domestic terrorist?

Secretary COLLINS. As I have already answered to this committee, I have answered and made my statements of condolences to the family. I am not answering and I am not going to entertain these questions.

Mr. CONAWAY. The Vice President and Kristi Noem and Stephen Miller have certainly mishandled this situation by calling a domestic terrorist. They have called him an assassin. Did they handle this, his killing, appropriately, in your view?

Secretary COLLINS. Asked and answered.

Mr. CONAWAY. Kristi Noem herself has even walked back and said—walked back this charge that was made. You know, you lead a large organization with employees that are hurting in the wake of this killing. While you have reached out to the family and that is certainly commendable, it would be helpful to show just some of the courage that our many veterans have shown in their service by standing up and calling out what is wrong, particularly with respect to Mr. Pretti and his life's work.

Can you say on the record whether or not Mr. Pretti was a domestic terrorist or an assassin? Will you stand up for him and show just a little bit of the courage that our veterans show every day?

Secretary COLLINS. Excuse me. I have showed the courage of a 27-year veteran sitting in front of you and will not be spoke down to. I have asked and answered the question.

Mr. CONAWAY. Now, moving on. I think your inability to answer a question about Mr. Pretti and his life is certainly disturbing and I think it is unfortunate.

Let us move on to the VA reorganization. Looked at your plan and had some briefings on this. As I understand it, back in the 1990's, there was a big reorganization, the last large reorganization that was done. The VISN system, this integrated service networks, were created, 18 of them. To deal with the large, complex nature of the VA—

Mr. GOINS. There was originally 23, sir.

Mr. CONAWAY. Twenty-three. Well, thank you. It was even more than that. You are reducing that 22 down to 5. As I understand it, you are breaking up that five into three administrative areas, is that right, in each of these five VISNs? Am I describing that the right way?

Mr. GOINS. Clinical oversight areas. If I can just tell you, when the VISNs were first created, the 23 that were created, it was considered an industry best practice. What ends up happening over time in the public sector, unlike the private sector, private sector moves on. They actually started emulating us. Then over time they also recognized there were better ways to do business and did not do it.

Mr. CONAWAY. Thank you. I need to reclaim my time. It seems to me we are adding in a layer of bureaucracy and the issue without necessarily doing things better, that could not be done under

the current system, and you are doing so at a time when 30,000 employees have been laid off. In my own county, Burlington County, it takes over 2 months to get an appointment for just primary care, longer for mental health services. Another county, Hamilton, they have a similar issue where it takes about a month to get a primary care clinic and about a month and a half to get mental health services. This is in the wake of a decimation of the employee force. We have 1,000 less physicians, we have 3,000 less nurses.

Of course, you are focusing as rightly on direct care. How can you get that direct care to people if we do not have the nurses and the doctors to do the care? It shows up in these numbers. These are your numbers as of February 4th about the wait times there. How do you justify the cuts to services that are occurring?

I just have to share one story about this issue. I spoke to my colleagues about—who work in the VA system. There is an institution out in Colorado, a patient languishing in the emergency room. They had the doctor, they had the Operating Room (OR), what they did not have were the OR techs and the nurses to actually deal with and definitively treat someone—

The CHAIRMAN. The gentleman's time has expired.

Mr. CONAWAY [continuing]. that needed amputation because they had an infection in their leg, so.

The CHAIRMAN. The gentleman's time has expired.

Mr. CONAWAY. It matters. Employees matter.

The CHAIRMAN. General Bergman, you are recognized for 5 minutes.

Mr. BERGMAN. Thank you, Mr. Chairman.

Anybody here want to offer a definition of what a camel is? It is a horse designed by a committee. Okay. I have seen several parts of the camel displayed today. Since, Mr. Goins, referenced my rose bush comment earlier, I want to make sure that when you think about the most majestic animal in the world, it is a horse, strength, compassion, awareness. Our veterans are those magnificent men and women who serve. Over time, not through necessarily intent, but maybe just lack of focus, the Veterans Administration through its organization has begun to look like a multiple-humped camel.

In my office I have the chart that you gave us of the new organization, the chart of the current organization that you are transforming because you are doing it for the right reasons. Those of us, I think, who ran for Congress, especially as veterans, we served for the right reasons. We serve now for the right reasons. I would like to, because I have 3 minutes and 40 seconds left, yield any or all of that to you, Mr. Secretary, to make any comments that you would like in the rest of my time.

Secretary COLLINS. General, I appreciate that. In the sense of—because let us just—you know, I think there has been a lot of discussion today that does miss each other as we go forward.

The interesting issue is we have talked about, one, I want to go back to one that has been said several times that we have laid off or got rid of, however you want to look at it. The 30,000 number was all voluntary early retirement or bureau. We did not fire any of them. They—that is a voluntary issue. Let us just keep that where that is.

We have discussed the issues of why we are doing this, and also this duplicative nature of an HSA and a VISN. I cannot describe this possibly any better than to say the HSAs and the VISNs are as different as the quarterback and the center. It is not duplicative to have a quarterback and a center on the field at the same time. In fact, it is necessary to have the quarterback and the center on the field at the same time. To look at this plan and say it is a—it is adding layers has really not, honestly, I think, looked at the perception of what we are doing now in the VISN system, which is broken and has been admitted to by most everybody that looks at it over the years.

What we are trying to do here is empower center directors, chiefs of staffs at the local—and executive directors, the folks at the base level, to make decisions. I spoke to another general recently and I said, sir, let me ask you a question. I said, are you tip of the spear when you are back at headquarters making decisions or is it the units that are in the field knocking on doors? He looked at me and said, that is a dumb question. I said, no, it is not. I said, if you just help me here. He said, of course, they are tip of spear. I said, so you are not. I said, well, we have that reversed in the VA because our center directors right now were ones that would have to end up sending up—I heard this so many times, and when I would go to—and I go to hospitals, I would say, well, what happened to that idea? They said, well, we sent it up and they found your camel committee. It never got back to them. They never had an answer. They were paralyzed into what they were doing. Thus you developed over 170 different hospitals, ambulatory centers that did it differently because they could not get clear answers.

The VISN was supposed to add that in, but it did not because after a while they become so bogged down in the different functions of what they do. When you look at it from an operating perspective, this is the—sort of the opening up.

I will go back to what I said in my opening statement. Part of what we are doing here is giving, frankly, more information, starting it earlier than is even required under our 510(b), you know, need. We are starting this last month. We are still working it as we are speaking here today. We are still looking and making sure that we have the right areas in the right places, so that we can give a finalized plan, which we are actually going to give out in pieces probably. We are not going to—we are going to actually show it as we are making progress, to give you more transparency into the process.

What I will not tolerate, though, is the status quo. Also to continue this issue of when you looked at it, like we just said a few minutes ago, we have facilities that FTE counts are higher now after 5 years than their actual encounters with patients. We have to be able to readdress where we are putting our workforce at the same time as we are working within our system of both direct care and community care.

Mr. BERGMAN. I guess I will yield back and just say, sounds like you are running a Marine Corps type operation, and I am proud of you for doing that. Thank you.

I yield back.

The CHAIRMAN. The gentleman yields back.

Dr. Dexter, you are recognized for 5 minutes.

Ms. DEXTER. Thank you, Mr. Chair. Thank you once again, Secretary Collins, for being here with us.

Off the top I also want to take a moment to acknowledge the murder of Alex Pretti. Throughout my career as an ICU physician, including working at the VA, I worked with dedicated professionals just like Mr. Pretti. We critical care clinicians are the ones who literally run into rooms when someone is dead or dying and try to revive them or bring them back. Alex Pretti, until the last moments of his life, was protecting people and the principles that this country is built upon.

The VAs across this country are understaffed, overstressed, and now grieving. Secretary Collins, your failure and the failure of the agency to honor his memory and the impact on VA workers is both a disgrace and further undermines trust and leadership for the public servants who are committed to caring for our veterans. The employees of your agency feel threatened, silenced, and now deeply harmed by the lack of acknowledgment that one of their own was murdered at the hands of the U.S. Government, the country our patients sacrificed to protect.

I ask you to please reflect on the long-term impacts of how you address the murder of Alex Pretti for the people working in it and caring for the VA's across this country. Please hold yourself accountable to your overstressed workforce and the veterans who sacrificed to protect this country and the Constitution.

As you know, and I am sure that whatever you are writing is very important.

As you know, I am a physician, and I also was the chair of the board of the largest multispecialty physician group in the Northwest. I know how hard it is to run a complicated organization as much as I can. Not as complicated as the VA, but I know that changing structure in an organization is challenging, and it requires a culture that is dedicated to making that change possible and effective. I am worried, deeply worried, that this labor-intensive and costly endeavor that you are embarking upon at a time when the VA is already overstressed and understaffed is destined for failure unless you can really lean into the culture and supporting the people who have to make this possible.

I am going to leave that because I am going to run out of time. I want to go back to about 2 weeks ago, Secretary, your colleague Mr. Topping was in front of our committee to testify on the new community care contracts. During that hearing, I shared that my office is waiting for the VA's response to a September 22, 2025, letter that was urging the Department to take action to provide our veterans with better data on wait time and drive times to care in the community as opposed to those through the traditional VA system. Mr. Topping promised a response on where the VA's letter was, and my staff is still waiting.

Secretary Collins, do you feel it is appropriate for members of this committee to wait over 4 months for a response to a simple letter about how we can better serve our veterans?

Secretary COLLINS. I think that getting you a timely and proper response is needed by everybody. We are trying—I am trying my best to do that in all cases. I think the issue here, you know, is

looking at it was a question directed him. I will have to go back and look at that actual letter, but I do not have it in front of me. I agree, we need to get you an answer.

Ms. DEXTER. I appreciate that. That is similar to the answer I got from Mr. Topping. I appreciate that my team has stayed on top of this as well. I just have a challenge that if we cannot get an answer to a simple letter, that being able to reorganize the entirety of the VA health system is going to be a challenge that we cannot rise to.

I also want to believe you that the VHA can undergo a reorganization. I agree with you that the status quo is not acceptable for our veterans, but it has to improve the care for our veterans. While you are losing staff, whether, you know, it is because of early retirements or not, it is extraordinarily difficult to get through that. My skepticism is not because I want your agency to fail. It is because I know that the time and the capacity and the leadership that is necessary may extend past the time that we actually have with this administration. Things continue to pendulum. How are you going to get that done in that amount of time?

Secretary COLLINS. Well, I think that one of the things is actually in my conversations with employees, and especially getting their input from our directors and center directors, they are actually excited about this because for the first time, they are actually having somebody at the top that says what they have been feeling for years, and that is they are being over neglected and looked at. I would also just have to say as a reminder that the VA is a healthcare system just like the one you used to run as well. I am sure you lost employees as well, just like we do, and we hire employees as we can. That is what we are continuing to do and we have never stopped.

Ms. DEXTER. The ability to retain employees, and this is incredibly important, and your commitment to them is going to drive that. I appreciate that and yield back.

The CHAIRMAN. The gentlewoman yields back.

Dr. Morrison, you are recognized for 5 minutes.

Ms. MORRISON. Thank you, Mr. Chair.

Secretary Collins, in May, you gave this committee your word that you would not fire any VA staff responsible for providing care to veterans. Since the announcement of this massive reorganization, I have already heard two direct accounts, the impending reorganization leading to canceled promotions for critical support staff and the dismissal of concerns regarding access to care. Under your leadership, applications to work at the VA have fallen 57 percent. A spokesperson for the VA confirmed planned cuts to 25,000 unfilled positions, which will strain the workforce caring for our veterans.

Trust me when I tell you almost every healthcare worker in America can tell you exactly what it is like to be overworked, short-staffed, and overwhelmed. In August, the VA inspector general found that the Minneapolis VA had 130 different categories of positions facing severe staffing shortages, including 78 clinical positions.

I sent you a letter in September requesting details about the employee departures we have seen since last year, which you still

have not responded to. In your testimony, you stated, quote, “Staffing and operations at VA medical centers and clinics will not change as part of this reorganization.” Given reports of existing severe staffing shortages and negative impacts from this reorganization effort, will you commit to addressing the severe staff shortages that threaten access and quality of care for our veterans? Just a yes or no, please, sir.

Secretary COLLINS. There is no yes or no. Minneapolis is 7 percent more in FTEs since 2019 and two—

Ms. MORRISON. Mr. Secretary, I am asking you to commit to addressing that.

Secretary COLLINS. No, you made the statement that we are overstaffed—understaffed, 7 percent more FTEs since 2019—

Ms. MORRISON. I will take that as a no, sir.

Secretary COLLINS [continuing]. and only 2 percent—

Ms. MORRISON. I reclaim my time. Mr. Secretary, the crisis of morale in your agency has reached a fever pitch in Minneapolis. Minnesota has been overrun by masked, lawless Federal agents who are terrorizing our communities. It has resulted in untold human and economic damage, including the killing of two American citizens. One of the people we lost was VA nurse Alex Pretti. Alex Pretti was the best of us. Like his colleagues at the Minneapolis VA, he was a dedicated, hardworking care provider who honored the sacrifice of the veterans he cared for by helping deliver on the promise our country made to our veterans for their service. Alex’s parents described him as a kind-hearted soul, who cared deeply for his family and friends and also the American veterans whom he cared for.

Mr. Secretary, you said you have not spoken with ICE. I have spoken directly with ICE on the ground in Minnesota and they clarified that State and local officials are cooperating with ICE regarding violent criminals. This has been the case long before Operation Metro Surge. In fact, they told me that the idea that there is no cooperation is completely false.

Do you dispute ICE’s account on the ground in Minnesota, yes or no?

Secretary COLLINS. I have no idea what you are talking about because it is not my department.

Ms. MORRISON. That is true, Mr. Secretary. You are responsible for the VA, not immigration operations, not investigating shootings by Federal agents, the Veterans Administration. Please help me understand your official statement. What evidence do you have to blame the violent death of one of your employees on State and local officials? Do you have any evidence?

Secretary COLLINS. I have stated my statement on Alex Pretti, and I am not going in—I mean, there is nothing else for me to say.

Ms. MORRISON. You retract part of your original statement?

Secretary COLLINS. Asked and answered.

Ms. MORRISON. Senior officials in the Trump administration have slandered Alex Pretti as a domestic terrorist, an assassin, that he wanted to do maximum damage, and massacre law enforcement. No official has retracted those abhorrent and ridiculous statements.

Mr. Secretary, it would go a long way for the grieving staff at the Minneapolis VA if you corrected your statement blaming State

and local officials, which, by the way, also actively undermines the work of local law enforcement and made a deliberate effort to honor Alex for his service and care of veterans. Alex Pretti was a beloved nurse, son, brother, and friend, and will be remembered as an American hero. It is profoundly disappointing that you refuse to correct the record and reject the hateful lies spewed by this administration about Alex and stand up for your employee. Veterans and those that care for them deserve VA leadership that honors their service and sacrifice with words and actions. If you cannot stand up for Alex Pretti, how can any VA employee trust that you will stand up for them?

Mr. Chair, I yield back.

The CHAIRMAN. The gentlewoman yields back.

Mr. Scott, you are recognized for 2-1/2 minutes.

Mr. SCOTT. Thank you, Mr. Chairman. I appreciate the opportunity to participate.

Mr. Secretary, when the North Battlefield Outpatient Clinic opened in my district in April of last year, I expressed concern that the clinic would be opening with only 150 staff members. You called me a liar. Then in the same article that you called me a liar in, you said that it would be opening with 150 employees. I said it was 150 employees. I am lying. I guess you are lying when you say 150.

You have indicated in a previous answer that the staffing is still incomplete. Can you give us an idea—you were supposed to be fully staffed by January. It is now February. When it will be—when will the facility be fully staffed?

Secretary COLLINS. Congressman, we started with 150 and we are up to 355 now. As I said earlier, we have 166 in active recruitment, and all functions that that facility was supposed to be doing are currently being done.

Mr. SCOTT. When do we expect it to be fully staffed?

Secretary COLLINS. When we get the 166 hired.

Mr. SCOTT. Okay. The Hampton VA psychiatric ward, I have been told, has 40 inpatient beds, but only 20 available for veterans due to lack of staff. Is that true? Is there a timetable for fully staffing? If you do not know, just get back to me.

Mr. GOINS. Yes, I will have to get back to you, but I do want to offer context. Inpatient mental health wards across the whole country, public and private, have been dwindling for years because most of the care is being delivered on an outpatient basis now, as much as it can be. I do not know the details on Hampton.

Mr. SCOTT. We have the beds there. Let us see.

Mr. Secretary, do you believe the decisions made by the administration regarding hiring freezes, proposed layoffs in the tens of thousands, termination of collective bargaining agreements, and other personnel actions have adversely affected your ability to recruit personnel?

Secretary COLLINS. I think the bigger problem of taking personnel and others into the VA is the same as any other hospital system that you have in your district. I think we face the strange struggles as everyone, and that is, you know, finding the right people, having enough come out, and actually being able to pay a competitive wage for finding that.

Mr. SCOTT. Thank you, Mr. Chairman. I appreciate the opportunity to participate.

The CHAIRMAN. Representative Wasserman Schultz—

Secretary COLLINS. Congressman, can I just say this?

The CHAIRMAN. His time has expired.

Secretary COLLINS. Congressman, it is good to see you. I have not seen you in a while. It is good to see you.

The CHAIRMAN. Representative Wasserman Schultz, you are recognized for 2 minutes and—

Ms. WASSERMAN SCHULTZ. Thank you, Mr. Chairman. I really hope I can get an extra minute or so since this will be my only appearance here and I am asking a straightforward question.

Mr. Secretary, last week your staff, and forgive me for dispensing with the niceties, last week your staff, including Mr. Goins, who is with us here today, briefed our subcommittee on the major elements of this reorganization. One new piece of information provided to us was a draft cost estimate. It showed that there will indeed be a cost where I was previously told that this would end up being cost neutral.

As the ranking member on the Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Subcommittee, eventually it will be mine and Judge Carter's responsibility to find the resources to fund this reorganization if we decide that it is worth funding or to approve any funding that you plan to transfer internally to pay for this reorganization. I look forward to the report that you are statutorily required to submit to the Appropriations Committee so we can see on paper exactly what your plan entails, including robust and appropriate justifications.

Now, recognizing that you are in the early stages and that your cost estimates are preliminary, to better understand your assumptions, based on your estimates there will be a tremendous upgrade upfront cost in the first year, around \$521 million, but with some potential savings along the way, a final net cost of around 312 million over the course of a 5-year period. Assuming that you are planning on doing this immediately in this fiscal year, is that correct?

Secretary COLLINS. We intend to begin part of this with inside our current—as I have told you before, with inside our current authorizations on appropriations.

Ms. WASSERMAN SCHULTZ. In the Fiscal Year 2026 bill, which has already been signed into law and we did not appropriate any funding for a reorganization of VHA, where are you proposing that the \$521 million comes from?

Secretary COLLINS. Yes, as you have had your briefings with the Office of Management (OM), this is going to come out of our regular account funds. We are just moving people here. That is not accounting for this in that situation. We will have more information as we go forward on this.

Ms. WASSERMAN SCHULTZ. Do you expect that you will be sending the committee a reprogramming request for approval?

Secretary COLLINS. For money?

Ms. WASSERMAN SCHULTZ. Mm-hmm.

Secretary COLLINS. Probably. That one is not at this point. We are living within the guidelines that you gave us and we appreciate what you gave us.

Ms. WASSERMAN SCHULTZ. The fencing based on their current budgets.

Secretary COLLINS. We do not project that there is a—that is going to trigger in that.

Ms. WASSERMAN SCHULTZ. Will we see an updated cost estimate with detailed justification in the Fiscal Year 2027 budget request?

Secretary COLLINS. That is being put together now, yes.

Ms. WASSERMAN SCHULTZ. Okay. I want to express concern about the proposed savings of \$1.7 billion from personnel actions resulting from this reorganization. Part of it moves administrators into clinical roles which will result in pay cuts for many.

The CHAIRMAN. The gentlewoman's time is expired.

Ms. WASSERMAN SCHULTZ. Mr. Chairman, if you can give me an extra couple of minutes, I would appreciate it.

The CHAIRMAN. I would appreciate—I would like to do that. At the very beginning of the meeting, I told them we had a hard stop at 1—or at 12:30. It is exactly that. Votes have been called and you can submit them for the record. We are even going to have—we are going to submit our closing statements for the record.

Mr. TAKANO. Mr. Chairman, I do want to point out this is only the second time that he has appeared before our committee, the Secretary, since he was sworn in.

The CHAIRMAN. We have——

Mr. TAKANO. Secretary Wilkie showed up three times in 2019 alone.

The CHAIRMAN. We will have more hearings. We will have more hearings.

Mr. TAKANO. I do not know what is more important than this hearing.

The CHAIRMAN. We will have more hearings. I ask unanimous consent——

Mr. TAKANO. I heard he has an appointment at the White House.

The CHAIRMAN.—that all members have 5 legislative days in which to revise and extend their remarks, including extraneous material.

Mr. TAKANO. I want to know when we are going to have a continuation of this hearing.

The CHAIRMAN. Hearing none, no objection——

Mr. TAKANO. Clearly, there are——

The CHAIRMAN.—so ordered.

Mr. TAKANO [continuing]. more things we need to hear from the Secretary.

The CHAIRMAN. We are adjourned.

[Whereupon, at 12:30 p.m., the committee was adjourned.]

A P P E N D I X

PREPARED STATEMENTS OF WITNESSES

Prepared Statement of Douglas Collins

Chairman Bost, Ranking Member Takano, and distinguished Members of the Committee, I appreciate the opportunity to present the VA plan to improve the Veterans Health Administration's (VHA) management structure in order to strengthen care for Veterans nationwide. Joining me today are VA Under Secretary for Health John Bartrum, VA Assistant Secretary for Human Resources and Administration Mark Engelbaum, and VHA Acting Chief Operating Officer Gregory Goins.

Let me start by addressing some misleading and inaccurate descriptions we have heard about this effort. This is not a reduction in force (RIF), and this is not an effort to diminish direct care for Veterans. This is a reorganization designed to eliminate excessive VA administrative overhead and redirect more resources directly to the field.

In other words, this is something that will lead to better results for the Veterans, families, caregivers, and survivors we serve.

The current VHA leadership structure is burdened with redundancies that slow decision-making, create confusion, and foster competing priorities – each of which undermines the quality of care for Veterans. The current structure also lacks clear accountability, leading to the frustration we hear from Veterans and staff regarding VA operations.

But you do not have to take my word for it. This is the same conclusion we have heard for years from VA's Office of Inspector General (OIG), the Government Accountability Office (GAO), and many in Congress – all of whom have repeatedly underscored the need to reorganize VHA.

For instance:

- In 2016, GAO identified “deficiencies in VHA's organizational structure and recommended significant restructuring, including eliminating and consolidating program offices and reducing VHA central office staff.”¹
- That same year, the Commission on Care strongly recommended a new VHA governance model.²
- In 2019, GAO³ noted VHA's lack of a comprehensive policy to define Veterans Integrated Service Network (VISN) roles and responsibilities.
- In 2024, OIG said: “...weaknesses in VA's governance and oversight have affected many aspects of program performance and operations.”⁴

Chairman Moran said last year that, “The VA needs reform. If the status quo were working, we would not have spent 2 weeks hearing from VSOs on way the VA needs to improve.”⁵

And House Committee on Veterans' Affairs Chairman Mike Bost said, “Simply put, this outdated structure created in the mid-1990's no longer aligns with the scale, complexity, geographic demands, or performance management requirements of the modern VHA.”⁶

So there is widespread agreement that VHA needs reorganization and reform, and that is exactly what we are doing. Here are our goals:

- Improve health care quality for Veterans;
- Empower local hospital directors;

¹ <https://www.gao.gov/assets/690/680170.pdf>

² https://permanent.fdlp.gov/gpo69908/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf

³ https://files.gao.gov/reports/GAO-19_462/index.html

⁴ https://www.vaoig.gov/sites/default/files/document/2024-03/sar_90_final_3_14_2024_6.pdf

⁵ <https://www.veterans.senate.gov/2025/3/chairman-moran-leads-hearing-with-va-vsos-to-review-pending-legislation>

⁶ <https://veterans.house.gov/news/documentsingle.aspx?DocumentID=7823>

- Eliminate duplicative layers of bureaucracy; and
- Ensure consistent application of VA policies across all medical facilities.

Here is how we will get there: We will establish clear lines of authority and accountability to ensure that everyone is focused on what they need to do to improve our services to Veterans.

No more overlapping responsibilities, no more confusion:

- The VHA Central Office will have responsibility for setting policy goals and conducting financial management, oversight, and compliance.
- Our VISNs, along with a new operations center, will take policy direction from VHA Central Office to develop operational, quality, and performance standards that will guide VA's nearly 1,300 medical facilities.
- These changes will provide clearer guidance and greater decision-making authority for VA health care systems, which deliver health care through more than 170 medical centers and nearly 1,200 outpatient sites.
- Staffing and operations at VA medical centers and clinics will not change as part of this reorganization.

You are going to hear all kinds of scary stories saying this is bad for VA, but I want to emphasize again: we are simply acting on more than a decade of advice from people and organizations who study this for a living and have been calling for change.

Those calls went unheeded for years, but those days are over. Under President Trump's leadership, we have a mandate to make VA work better for the men and women we are charged with serving, and that is exactly what we are doing.

The reorganization at VHA will help us build on the historic achievements VA has already made during the second Trump Administration. These include the following:

- Reducing the backlog of Veterans waiting for VA benefits by nearly 60 percent since January 20, 2025, after that backlog grew 24 percent under the Biden Administration;
- Eliminating the backlog of Veteran families waiting for VA health care;
- Opening 25 new health care facilities, expanding access for Veterans across the country; and
- Permanently housing nearly 52,000 homeless Veterans in Fiscal Year 2025, the highest total in 7 years.

Our reorganization of the VHA will position us to achieve even more historic gains for Veterans in 2026 and beyond.

With that, I am happy to take your questions.

STATEMENTS FOR THE RECORD

Prepared Statement of Kenneth Kizer

Testimony of
Kenneth W. Kizer, MD, MPH, DCM
to the
U.S. House of Representatives Committee on Veterans Affairs,
Hearing on
“Opportunities for Veterans Health Administration Restructuring”
Cannon House Office Building, Room 360
February 11, 2026

Thank you, Chairman Bost, Ranking Member Takano, and members of the Committee for asking me to provide testimony to be considered in your deliberations about the proposed reorganization of the Veterans Health Administration (VHA) and the Veterans Affairs (VA) Healthcare System.

In offering these comments, please know that I am not representing any government agency, private organization, or other entity. I have been advised by Committee staff that you have sought my input because I am the person who originally conceptualized and then operationalized the VHA's current Veterans Integrated Service Network (VISN) structure in the 1990s during my five-year tenure as VA's then Under Secretary for Health. My input was also solicited because I have extensive experience with organizational change, both within and outside of the government.

I am currently a Distinguished Professor Emeritus at the University of California, Davis, School of Medicine, and a Senior Scholar with the Clinical Excellence Research Center at Stanford University, as well as a senior advisor to several private sector entities. I am a veteran, a physician with board certification in several specialties, and a health system executive with some 50 years of combined professional experience that spans state and federal government, the military, the private sector, academia, and philanthropy. I am a member of the National Academy of Medicine and a Fellow of the National Academy of Public Administration. Over the years, my views on health system performance and management, among other things, have been sought by organizations throughout the United States and by foreign countries on five continents. I am pleased to offer my views to you on the proposed VHA reorganization.

Key Observations About Organizational Change Efforts

As a frame of reference and context for my later comments about the proposed reorganization of the Veterans Health Administration, let me first summarize several important research findings and experiential observations about organizational change. These provide a useful context that should be kept in mind when contemplating any substantive organizational restructuring, whether such an

initiative is called a reorganization, transformation, or something else. It is especially important to be mindful of these real-world experiential findings when considering a change that will affect the functioning of an organization, such as the VHA, that directly impacts the lives of millions of vulnerable people, as well as how billions of dollars of taxpayer funds are spent.

I particularly call out seven key findings.

1. **A large majority of organizational change efforts fail.** Studies have repeatedly shown that organizational change efforts have a high failure rate; that is, most reorganizations fail to achieve their desired outcomes. The data in this regard have been quite consistent since John Kotter published his landmark study about organizational change in 1995.¹ He found that 70 percent of organizational change efforts fail. More recently, McKinsey found that only 23 percent of re-organizations were considered successful.² Earlier this year, Bain & Company reported similar findings. Importantly, Bain & Company noted that organizational redesigns often “fall short because leaders focus on structure while underinvesting in how work actually gets done.”³
2. **Organizational change efforts are disruptive of operations and consume large amounts of resources.** Major organizational change efforts, even those that are most carefully developed and genuinely necessary, are essentially always disruptive of normal operations and require substantial resources. Re-organizations invariably cause confusion and uncertainty, disrupt the usual processes for getting work done, break established relationships, cause stress and anxiety among employees (often more than layoffs), and impede productivity. Re-organizations are well known to increase inefficiency, at least temporarily, and are often very demoralizing for employees.

Experienced leaders generally agree that solutions tailored to the root causes of problems should be sought whenever possible. Such “surgical” solutions are usually preferable to structural re-organizations unless there are compelling organizational design problems that must be fixed. For these and other reasons, re-organizations also consume a lot of resources and almost always end up costing more and taking longer than planned.

¹ Kotter JP. *Leading Change: Why Transformation Efforts Fail*. Harvard Business Review. 1995. Kotter JP. *Leading Change*. Harvard Business Review Press. Boston, MA. 2012.

² McKinsey & Company. *The secrets of successful organizational redesigns: McKinsey Global Survey results*. July 1, 2014.

³ Bain & Company. January 29, 2026.

3. **Most organizational performance deficiencies are not due to structural problems.** Most organizational performance problems stem from unclear strategy or aims, ambiguous or unclear policy, capability gaps, misaligned incentives, dysfunctional procedures, cultural conflicts, insufficient or insufficiently trained personnel, inadequate resources, or any number of other functional or “physiologic” problems, rather than faulty organizational anatomy. The failure to understand the difference between functional deficiencies (and their root causes) and structural problems is one of the reasons why so many attempted re-organizations fail. Put differently, re-organizations so often fail because the cause of the symptoms or problems is incorrectly diagnosed.
4. **Use of change management key practices increases the likelihood of success.** It is well established that the use of change management key practices enhances the likelihood of successfully achieving the desired outcome(s) of any organizational change effort. Conversely, failure to utilize these practices minimizes the chances of success. Table 1 lists the key organizational change practices cited by GAO in 2002 and which they have repeatedly used over the years in assessing numerous government agency reorganizations. Kotter and others have identified other key practices that increase the likelihood of successfully re-organizing or transforming an organization.⁴
5. **New leaders have a propensity to undertake reorganizations because it is a quick and visible way to create an impression that problems are being addressed.** It has been repeatedly observed over the years that new leaders often embark on re-organizations because restructuring is highly visible and creates an illusion of progress, even though such structural solutions may not address the root causes of performance problems.

Politically appointed leaders in government agencies often exhibit this behavior. That may be because major re-organizations typically take 2-3 years to fully implement, which is often longer than the tenure of the government leaders who launch the organizational change. Government leaders have often moved on before the re-organization they initiated gets implemented and, thereby, avoid accountability for any failures in their plans.
6. **The timing of re-organizations is important.** In view of the operational disruption typically caused -- and the resources consumed -- by organizational restructuring, it is critically important to consider other

⁴ Ibid. Kotter JP. 1995 and 2012.

challenges or demands facing an organization when deciding whether to launch a re-organization. As already noted, large re-organizations usually take 2-3 years, or longer, to complete. Leaders need to carefully consider the overall environment in which the organization is functioning and whether there are other priorities that should take precedence over restructuring. Questions like the following should be carefully addressed: Is it the right time to initiate a major restructuring of the organization? Would less disruptive solutions address the functional problems? Will the restructuring impede or interfere with progress achieving other critically important priorities? What happens if the other priorities are not achieved?

7. **A clearly articulated transformation plan is critically important.** A consistent observation about organizational change is the importance of having a clear and focused transformation or re-organization plan that includes a vision for the organization, a clear delineation of the new organizational structure and functions, and a new accountability system.⁵ The need and value of broad employee and other stakeholder input to the plan is also a major success factor in successful organizational transformations.

⁵ Ibid. Young G. 2000.

Table 1. GAO's key practices for successful mergers, acquisitions, and transformations*

1. Ensure top leadership drives the transformation. Leadership must set the direction, pace, and tone and provide a clear, consistent rationale that brings everyone together behind a single mission.

2. Establish a coherent mission and integrated strategic goals to guide the transformation. Together the mission and goals define the culture and serve as a vehicle for employees to unite and rally around.

3. Focus on a key set of principles and priorities at the outset of the transformation. A clear set of principles and priorities serve as a framework to help the organization create a new culture and drive employee behaviors.

4. Set implementation goals and a timeline to build momentum and show progress from day one. Goals and a timeline are essential because the transformation could take years to complete.

5. Dedicate an implementation team to manage the transformation process. A strong and stable team is important to ensure that the transformation receives the needed attention to be sustained and successful.

6. Use the performance management system to define responsibility and assure accountability for change. A "line of sight" shows how team, unit, and individual performance can contribute to overall organizational results.

7. Establish a communication strategy to create shared expectations and report related progress. The strategy must reach out to employees, customers, and stakeholders and engage them in a two-way exchange.

8. Involve employees to obtain their ideas and gain their ownership for the transformation. Employee involvement strengthens the process and allows them to share their experiences and shape policies.

9. Build a world-class organization. Building on a vision of improved performance, the organization adopts the most efficient, effective, and economical personnel, system, and process changes and continually seeks to implement best practices.

*General Accounting Office. *Mergers and Transformation: Lessons Learned for a Department of Homeland Security and Other Federal Agencies*, GAO-03-293SP. Washington, DC. November 2002.

Historical Context and the 1990s Reorganization of VHA

Since its founding as a dedicated safety net health system for veterans in 1924,⁶ the Veterans Healthcare System has been restructured several times to address changing needs and circumstances. Three large system-wide reorganizations are especially notable: (1) in 1930, when all veteran benefits programs were consolidated to create the Veterans Administration; (2) in the late 1940s to meet the needs of the 12 million World War II veterans; and (3) in the late 1990s to address structural and widespread operational problems. Several less extensive reorganizations have also taken place over the years to address other situational circumstances.

In 1994, I was recruited into VA as the first Under Secretary for Health to come from outside the organization in more than 30 years. My charge from both the Congress and the Administration was to re-engineer the system to address a dysfunctional and cumbersome organizational structure and numerous system-wide operational problems, including among other things, fragmented, disjointed and overall poor-quality care. Working closely with the Congress and the Administration, the VHA organizational transformation that I engineered sought especially to make superior quality of care predictable and consistent throughout the system, to improve access to care, to make VA health care value equal or superior to care provided in the private sector, and to make VHA a high reliability organization. Multiple documents of various kinds discuss the strategies and tactics pursued to accomplish these goals.⁷

Establishment of the Veterans Integrated Service Network (VISN) organizational structure was one key component of the 5-pronged re-engineering strategy that included: (1) reorganizing care delivery assets for the primary purposes of increasing accountability, creating a reasonable management span of control, and improving efficiency of operations and utilization of resources; (2) implementing structures, policies and procedures aimed at better integrating and coordinating services; (3) improving the quality of care; (4) modernizing VHA's information management infrastructure, including implementation of a systemwide electronic health record; and (5) aligning system finances with desired outcomes, which included establishing a new resource allocation methodology (the Veterans Equitable Resource Allocation or VERA) to take account of geographic shifts in the location of the veteran population. Subsidiary or corollary strategic aims and objectives included, among other things, catalyzing innovation in care delivery,

⁶ Public Law 68-242, World War Veterans Act of 1924

⁷ *Vision for Change*. Department of Veterans Affairs 1995. *Prescription for Change*. Department of Veterans Affairs. 1996. Kizer KW, Dudley A. Extreme Makeover: Transformation of the Veterans Health Care System. *Annual Review of Public Health*. 2009;30:313-330. Young GY. *Transforming Government: The Revitalization of the Veterans Health Administration*. Washington, DC. PricewaterhouseCoopers Endowment for the Business of Government. 2000.

encouraging health promotion and disease prevention, and encouraging public-private partnerships. The VISN structure was modeled after an organizational design of integrated service delivery that was beginning to be adopted by leading health systems in the private sector, albeit not on the magnitude or scale of the VA health system. The VISNs became the scaffolding around which a new way of doing business and a new culture were constructed.

The performance improvements this re-engineering produced were both rapid and dramatic and were tangibly demonstrated in many and diverse ways, including by systemwide enrollment more than doubling within 4 years – that is, Veterans very quickly voted with their feet. Ironically, because of the rapid growth of VA's enrolled population due to the operational improvements in VA healthcare, the Bush Administration cut off new enrollments for category 7 and 8 veterans in 2003,⁸ although this decision was reversed some years later.

The VHA's transformation of the late 1990s has been described and discussed in multiple books and hundreds of peer-reviewed professional journal articles, as well as in myriad reports by the Government Accountability Office, Congressional Budget Office, VA Office of Inspector General, and various consulting organizations. Literally hundreds of research studies have documented VHA's improved quality of care, operational efficiency, and access. It also has been the subject of multiple doctoral dissertations and similar academic reports.

In these myriad reports, the VA Healthcare System's transformation has been characterized as the largest and most successful healthcare turnaround in U.S. history, or by similar verbiage. And it has been regularly used as a case study in healthcare executive training programs. (See, for example, the Harvard Business Review case study published in 2006.⁹)

Perhaps one of the best validations of the strategies used to accomplish VHA's transformation is that over the past 30 years much of American healthcare, despite different financing mechanisms and missions, has pursued substantially similar change strategies and tactics as were pioneered by VHA 30 years ago. Integrated delivery networks (IDNs) analogous to the VISNs are now the preferred operating model of private health systems throughout the U.S.

When I left the VA in 1999, I viewed VHA's transformation as a work in progress, notwithstanding its already demonstrable success. In the quarter century since I left VA, the original principles and goals of that re-engineering effort have been variously and inconsistently pursued or re-affirmed. To cite just one example,

⁸ Per the enrollment system created by the Eligibility Reform Act of 1996.

⁹ Edmondson AC, Golden BR, Young GJ. 2006. *Transformation at the Veterans Health Administration*. N9-607-035. Boston, MA. Harvard Business School.

efforts to evolve VHA into a high reliability organization were continued for some time after I left VA but were later abandoned, only to be relaunched anew in 2019 by Dr. Richard A. Stone, the then Acting Under Secretary for Health.

While the overall improvements in quality of care, efficiency, and access resulting from VHA's re-engineering in the late 1990s are very well documented, it has to be acknowledged that the continued evolution of the system that was then envisioned only partially occurred. And, regrettably, there have been significant managerial missteps over the years, some of which I have written about in articles published in respected professional journals.¹⁰

VHA's overall superior quality of care has been and continues to be well documented by academic studies and reports in professional journals. Nonetheless, there continue to be robust opportunities for improving overall systemwide performance, especially with regard to the consistency of high quality care being provided, ease of access to care, and assuring demonstrable accountability at all levels of the organization. Importantly, the Covid-19 pandemic, new policies and priorities associated with the expansion of Community Care, and new patient populations (e.g., PACT Act) have also created novel challenges for the VHA. Implementing a responsive, high quality, and cost-effective Community Care program in which providers have demonstrable expertise in Veterans' specific healthcare problems is one area that should be a top priority for VA leadership.

As I have written about elsewhere, VHA "is now challenged with both operating a national direct care system while also being a large and rapidly growing health insurance plan for an enrolled population mostly having health insurance coverage from one or more payors additional to VA." and "The skills, functionalities and support systems needed to be an effective and efficient provider of health care are different from those required of a prudent purchaser of care, and VA has not yet developed the requisite benefits coordination and data infrastructures necessary to effectively support care management of its multiply insured enrollees, or to ensure prudent care purchasing."¹¹

Implementing the necessary infrastructure to support Community Care should be among VA leadership's highest priorities.

Likewise, addressing the duplicative spending associated with VA-Medicare Advantage enrolled veterans is another problem that should be a high priority, if for no other reason than the large amount of public funds that currently are going to

¹⁰ Kizer KW, Jha A. Restoring Trust in VA Health Care. *New England Journal of Medicine*. 2014; 371(4):295-297. Kizer KW, Kirsh SR. The Double Edged Sword of Performance Measurement. *Journal of General Internal Medicine*. 2012;27(4):395-397.

¹¹ Kizer KW. Curbing the Growing Fragmentation of Veterans' Health Care. *JAMA Health Forum*. 2025;6(12):e254148.

subsidize private Medicare Advantage plans through such dual enrollees. In 2023, VA spent \$22.7 billion on MA-enrolled veterans for services that were also paid for by the Centers for Medicare and Medicaid Services (CMS).¹² In recent years, such duplicative federal spending has grown to well over \$100 billion in the aggregate.

Without question, the VA Healthcare System is one of the most complex and difficult to manage healthcare organizations in the world. The system's large size and national scope, in and of itself, presents enormous management challenges. In addition, no other healthcare system treats patients with as many highly sensitive conditions, many of them exacerbated by or acquired through military service and, thus, largely unknown outside of the VHA. Further, and this point cannot be overestimated, no other healthcare system in the U.S. is statutorily mandated to fulfill so many different core missions, which include providing medical care for eligible Veterans, educating and training more than 40 types of healthcare professionals, conducting research to improve Veterans care, preparing for public health emergencies and providing contingency support for the military and private healthcare sectors, and combatting homelessness. These disparate missions can complement each other but also create a management setting requiring the best of both clinical, public health, and administrative management and leadership.

Having good leadership is critical to the success of any organization, big or small, and leadership problems are a recurring challenge in all enterprises. Indeed, if exercising effective leadership were easy, then our libraries and bookstores would not be filled with so many volumes extolling the secrets of effective leaders and promising to produce better leaders.

Because the VA Healthcare System is the most managerially complex healthcare organization in the nation, having highly skilled and expert leadership is especially critical for its successful management. In this regard, I do not believe that VA has done enough in the past, nor does enough now, to develop, nurture, and grow the leadership and teach the managerial skills needed in its workforce to address the system's challenges and to fulfill the sacred trust and promise the nation has made to its military veterans. Teaching and consistently improving organizational management and leadership skills should be a top priority for VA's leadership.

Rather than spending scarce resources on an unclear and unnecessary organizational restructuring plan, energy and time should be devoted to creating and implementing a much more robust, healthcare-specific leadership

¹² Trivedi A, Jiang L, Meyers D, Schwartz A, Kizer KW, Yoon J. Spending by Veterans Affairs for Medicare Advantage enrollees, 2019-2023. *JAMA Health Forum*. 2025;6(12):e255653. Kizer KW, Ibrahim S. Medicare to Veterans Affairs Cost Shifting – A Challenging Conundrum. *JAMA Health Forum*. 2024;5(12):e244319.

development program than VHA now has – and especially since so many experienced VHA leaders have left VA in the past year. This leadership program needs to be tailored specifically to the issues, challenges, and circumstances that VHA leaders confront in managing a national, government funded and administered healthcare system with multiple missions and a very special patient population. These are not the same skills that may be learned in typical private sector healthcare executive training programs.

Finally in this regard, I should note that having been a medical practitioner, state regulator of healthcare, health system leader, healthcare payor, and consultant in, or for, the private healthcare sector for much longer than I was with VA, I am mindful that no healthcare system always “gets it right.” There are no perfect healthcare systems. Leadership failures and errors of care occur in all health systems. And all health systems grapple with the vexing question of how some of the best policy initiatives and practices fail to be adopted at the frontlines of care.

As the spouse of a now deceased patient who had several serious chronic health conditions, as well as being a patient myself, I have had the opportunity to observe these failures and problems at the front lines of care in some of the most renowned healthcare institutions in the nation. Sadly, I have witnessed first-hand egregious lapses in the care provided by these vaunted organizations. I mention this merely to underscore the reality that healthcare broadly is very much a work in progress and has myriad opportunities for improvement in every setting.

Committee Staff Questions

In conversations with Committee staff, several questions were posed to me to consider in my testimony. My interpretation of those questions and my responses are noted in the paragraphs that follow.

1. Does the VISN structure continue to be the preferred organizational structure for the VA Healthcare System?

In a word, “yes”.

The original selection of 22 VISNs in 1995 was based on experiential information available at that time indicating that an integrated delivery system needed between 200,000 and 400,000 users and a broad mix of care delivery assets rooted upon robust primary care to achieve truly integrated, coordinated, and continuous care in an efficient manner. It was understood that these numbers might vary based on the disease burden of the population, geography, climate, and possibly other factors. With that foundation in mind, the catchment areas of the original VISNs were determined on patient-focused criteria such as the prevailing

patient referral patterns between and among clinicians and facilities, the ability of each VISN to provide a continuum of primary to tertiary care with VHA's then existing care delivery assets, and, to a lesser extent, on state or county jurisdictional boundaries, which often have no significance from the perspective of healthcare. Establishing 22 VISNS was a point-in-time pragmatic judgment based on these criteria. It was expected that the number of VISNs would change over time as circumstances changed and as the system evolved. And this is what has happened.

Because it is often not recognized, I should also note that the VISN structure was intended to provide some redundancy of internal oversight to facilitate accountability for outcomes, quality, and costs, as well as adherence to established policies and procedures. If oversight and accountability were to fail at the local level, then it could be exercised at the regional (i.e., VISN) level. If it fails at both local and regional levels, then it could be exercised at the national level. In something as critical as publicly funded healthcare for Veterans, it is important to have some redundancy of oversight designed into the system. Of course, VHA also has an unparalleled number of entities providing external oversight, with this committee being one of those many entities.

The fact that so much of the rest of American healthcare has established, or is in the process of establishing, integrated delivery networks analogous to the VISNs should reassure the Committee that the conceptual underpinnings of and rationale behind the VISN structure are quite sound.

2. Are the performance and accountability problems that have been detailed by Secretary Collins as the justification for restructuring the VHA due to the VISN structure?

In a word, "no".

Structures are not independent of the people who work in them, nor of the leaders and managers whose job is to ensure that staff achieve desired outcomes, whether that be in quality of care, cost management, or other domains. It has been my experience that lapses or failures in leadership, unclear strategies and aims, ambiguous policies or poor execution of established policies and procedures, and/or insufficient delineation of roles and responsibilities, among other reasons, are much more likely explanations for performance or accountability problems than organizational structure. The organizational management research literature supports this view. So do many of the reports that are cited to support the proposed reorganization plan.

It is important to remember that all too often performance problems are incorrectly attributed to organization structural issues when, after careful analysis, lapses in leadership and poor execution of policies and procedures are instead the

actual root causes of various problems. It is critical not to confuse problems in leadership or adherence to policies with issues of structure.

3. Does VHA's current VISN structure present insurmountable barriers to addressing the problems called out by the GAO and others?

In brief, "no".

Instead of launching a disruptive and resource intense re-organization, it would make more sense to embark upon more "surgical" or tailored solutions to the problems called out by GAO and others.

4. How can the right balance be achieved between having national, systemwide standardization while assuring the kind of regional or local flexibility that facilitates local leaders and care providers address what are often unique situational circumstances and to innovate?

Finding the right balance between systemwide standardization and local or regional flexibility is one of the most difficult challenges confronting the leadership of any large health system - or any large service provider, for that matter. While some organization-wide standardization is needed in large organizations, local and regional flexibility that allows managers and service providers to address unique or unusual local circumstances is also needed. This is an especially difficult challenge for VHA because the system is national – indeed, the only national healthcare system in the U.S. It must provide care in many very different settings and circumstances which often present quite different challenges.

Having said this, however, I would note that it is imperative that VHA have significant standardization of its policies and procedures and processes of care so that both caregivers and patients, as well as health system leaders, know what they can reasonably expect regardless of where they are in the system.

Perhaps the most prominent example of VA's failure to standardize over the past 30 years, in my judgment, is what occurred with VistA, VHA's once highly acclaimed electronic health record. An electronic health record is in many ways the glue that holds a health system together, and VA leadership should not have allowed so much facility-based "customization" of VistA to occur over the years, causing an originally standardized systemwide EHR to essentially morph into 170 versions of VistA that ended up creating digital chaos.

As a now outside observer of the VA Healthcare System, albeit one who has and continues to see it through multiple different lenses, it appears to me that the system might benefit from increased standardization in some areas. Conversely, it

would benefit from continued flexibility in areas where there is no demonstrable benefit or value achieved by standardization.

5. Has VHA optimally leveraged its diverse and wide-ranging assets and its advantages as a national healthcare delivery system to optimize care delivery?

Notwithstanding some gaps and vulnerabilities, the VA Healthcare System has enormous human, technological, intellectual, educational and training, investigational, and policy assets that few, if any, other health systems have. Regrettably, too often, VA has not capitalized on its many assets and fully used them to its advantage in caring for Veterans.

Let me offer just one possible example of how these various resources could be used to address a Veterans' care problem.

VHA continues to face significant shortages of mental health caregivers, as does the rest of American healthcare. To address this ongoing problem, VHA could use its various caregiving and educational tools to launch a multi-pronged mental health care enhancement initiative that aligns these resources and tools around a goal of increasing the system's mental health care capacity. In so doing, it needs to be understood that: (1) no one strategy can fill the need for mental health care providers; (2) the private sector can be of only limited help since it is generally in a far worse state than VHA; and (3) there are no quick fixes. This mental health enhancement initiative would have both short- and long-term goals aimed at better utilizing existing mental health care assets and developing new assets. Tactics that might be utilized in this strategy – all of which are within VHA's control to do - include:

- Reassign existing GME and other training slots to increase mental health care trainees/providers. A similar strategy was pursued in the late 1990s to increase the number of primary care providers in VHA, increasing the number of funded GME positions for primary care specialties from 34% of the total (>9,000 positions) in 1994 to 49% in 2000.
- As a national system of care, rethink how assets in better resourced areas might be utilized or deployed in ways to aid shortage areas, taking advantage of time zone differences, telehealth and other technologies, VHA's lack of state licensure restrictions, and other things.
- Extensively leverage technology to support, extend and augment providers (e.g., telehealth, mobile device apps, and virtual reality/immersive technologies).

- Develop in-house training programs that would empower non-mental health care providers to expand their competence in taking care of mental health patients.
- Establish new types of mental health care providers to fill gaps in services. (Remember that the specialty of clinical psychology was born in the VHA.)
- Develop and fully utilize partnerships with community care organizations and providers. This means much more than just sending Veterans to Community Care providers; some examples of innovative community partnerships are mentioned in the 2023 National Academies of Sciences, Engineering, and Medicine workshop report that was prepared for VHA.

Among the many other potential opportunities in this vein, I would especially call out expanding use of telehealth and immersive technology, pioneering application or uses of machine learning and augmented/artificial intelligence, and systemization of expanded function clinical call centers

6. Given other events and circumstances, is now the right time to undertake a major restructuring of the VHA?

In a word, “no”.

I do not believe this is the right time to undertake a major re-organization of VHA, nor, for that matter, that such is even needed. The problems called out by GAO and others should not be ignored or left unaddressed, but – as already stated – these problems are related more to shortcomings in policy and procedures and strategy and aims, than structure. Several other problems – such as successfully implementing a new electronic health record, implementing a new third-party administrator community care contract, fixing wasteful and duplicative VA-Medicare Advantage spending, implementing a much-needed community care infrastructure, and growing leadership skills – should take precedence over re-structuring the VHA.

Addressing the variability in administrative procedures and clinical outcomes across the VISNs should be a priority. As a broad statement, and understanding that some variability in performance is to be expected across the VISNs and VAMCs, I believe there probably should be more systemwide consistency and uniformity in the processes of care and administrative procedures so that both patients and caregivers know they are in the same healthcare system regardless of where in the country they receive care or how they otherwise interface with the VA.

Achieving greater administrative consistency should begin with clearly defining managerial and leadership roles and responsibilities and clarifying when

and for which matters consistency or standardization is necessary or advantageous, and why. Importantly, this is not to say that all administrative variability is bad. In some things, it may not matter whether there is consistency or not. The key is knowing when and where it does matter, and why, and then developing standard operating procedures and policies for those matters.

Of course, even with managerial and leadership roles clarified, it is necessary to have appropriately skilled and experienced people in leadership and management positions to effectively carry out those roles and responsibilities. This is why attention needs to be directed towards growing leadership skills, especially given the exodus of so many experienced VHA leaders and managers during the past year.

Similarly, ensuring consistent high-quality care across the VISNs, which includes convenient and easy access, should be VACO's immutable top priority, and continuous quality improvement should be built into and inherent to the fabric of the organization. Quality improvement should be integral to everything that is done. Of course, improvement begins with having accurate measurement of performance and ensuring that what truly matters is being measured. There are numerous specific tactics that can be utilized to drive improved and consistent quality of care, and VACO should have a robust menu of these tactics that can be applied or utilized in different situations or circumstances, as needed and appropriate to the circumstances.

Perhaps a good example of the kind of desirable consistency that the VHA has achieved is found in its pharmaceutical management program.

When I started my tenure as Under Secretary for Health in 1994, the most frequently voiced problem and source of frustration that Veterans complained about was the different pharmaceuticals available at different VAMCs. No two VAMCs had the same formulary of drugs. Having so many local drug formularies not only frustrated patients but also jeopardized quality of care and did not make managerial or fiscal sense. To address this variability, over the course of two years we created and implemented a national formulary. Subsequently, as a result, Veteran complaints dropped dramatically, and it facilitated increased efficiency of dispensing and mail order distribution, as well as improving quality of care in multiple ways. The National Formulary also allowed VA to negotiate better prices for drugs from the pharmaceutical companies. It is worth noting that VHA's consolidated mail out pharmacy program was the first healthcare service anywhere to consistently operate at a six-sigma level of excellence.

7. Access to care remains a critical issue for veterans. What strategies are most effective for improving access to care within the VISN

system? How can VISNs ensure that veterans in both urban and rural areas receive timely and high-quality healthcare services?

Convenient and easy access is an essential component of high-quality care. Ensuring access to high-quality healthcare services begins with having adequate numbers of appropriately trained and skilled staff. Without sufficient staff, the VHA cannot provide timely access, nor high-quality care, notwithstanding the potential for technology to support and augment staff. The Community Care program, which was intended to supplement, not supplant VA's in-house care, is an essential adjunct to VHA's direct care system. As discussed elsewhere, however, it needs substantive improvements.¹³

As far as technology is concerned, I am optimistic that various established and emerging technologies can be used to facilitate convenient access, especially expanded use of telehealth and use of individual mobile device apps, as well as regionalized multi-purpose clinical contact centers (i.e., VA Health Connect).

I am also enthusiastic about how some private health plans are harnessing machine learning and artificial intelligence (AI) technologies to identify high risk or especially vulnerable patients that, once identified, can then be enrolled into intensive case management programs to ensure they have continuous easy access to needed services. It has been asserted that AI may even be more astute at identifying these vulnerable patients than traditional primary care teams.

Based on what I hear from Veterans and VA caregivers alike, perhaps the biggest leap forward in improving access to VA care would be to have a reliable and easy to use patient scheduling system, along with state-of-the-art telephone systems. Given how foundational these technologies are to access, it is very concerning that they continue to be prominent sources of frustration for both Veteran users of VHA and caregivers. Ideally, any improved scheduling system would include mechanisms and means for Veterans to self-schedule their appointments.

Conclusion

In conclusion, it is unclear how and why a major structural re-organization of VHA is likely to fix various functional problems that have been called out by GAO and others, including myself, especially when the proposed re-organization has so few details about what exactly will change and how it may affect day-to-day clinical processes, Veterans' care, and other functions of the organization. It would be much

¹³ Kizer KW, Perlín JB, Guice K, Granger E, Friesen D, Safran DG. *The Urgent Need to Address VHA Community Care Spending and Access Strategies. A "Red Team" Executive Roundtable Report.* 2025.

more prudent to consider whether a re-organization is needed after other solutions to identified problems have been tried. It is also critical that the construction of any detailed plan for broad transformation of the system be informed by widespread employee and other stakeholder input and is available for wide review before being considered for implementation.

That concludes my testimony. Thank you for the opportunity to provide comments to you. I hope that my comments are helpful as you continue to provide oversight of the Veterans Healthcare System.

Letter to Douglas Collins from Timothy Kennedy

TIMOTHY M. KENNEDY
26TH DISTRICT, NEW YORK

WASHINGTON OFFICE
423 CANNON HOB
WASHINGTON, DC 20515
(202) 225-3306

DISTRICT OFFICE
726 EXCHANGE STREET, SUITE 601
BUFFALO, NY 14210
(716) 852-3501

800 MAIN STREET, SUITE 3C
NIAGARA FALLS, 14301
(716) 262-1274



Congress of the United States
House of Representatives
Washington, DC 20515

COMMITTEE ON HOMELAND SECURITY
RANKING MEMBER, SUBCOMMITTEE ON
EMERGENCY MANAGEMENT AND TECHNOLOGY
SUBCOMMITTEE ON TRANSPORTATION AND
MARITIME SECURITY

HOUSE VETERANS' AFFAIRS COMMITTEE
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
SUBCOMMITTEE ON OVERSIGHT AND
INVESTIGATIONS

REGIONAL WHIP, NEW YORK STATE
GO-CHAM, NORTHERN BORDER GAUCUS

August 5, 2025

The Honorable Douglas A. Collins
Secretary
Department of Veterans Affairs
810 Vermont Ave NW
Washington, D.C. 20420

Secretary Collins,

I write with extreme concern regarding the high number of departures of mission-essential jobs that appear to be connected to the Trump administration's executive orders on reducing the federal workforce, and request detailed, individual workforce data to assess the impact of the VA's workforce reduction policies in Western New York.

In March, the House Committee on Veterans Affairs discovered through a leaked memorandum that the Department would seek to eliminate more than 80,000 positions, reducing the VA workforce to pre-PACT Act levels, which you confirmed to national media. In July, you reversed course on the administration's plan to reduce the workforce from more than 80,000 to 30,000 by the end of the fiscal year. This means that in addition to the 17,000 employees you have already cut, you plan to reduce VA's workforce by more than 12,000 by September 30th.

In May, you testified before the House Committee on Veterans Affairs and assured Members that these cuts would not impact mission-essential positions, such as nurses, physicians, and claim examiners. Specifically, you stated "...the VA's staffing structure is aimed at finding ways to improve care and benefits for Veterans without cutting care and benefits for Veterans" and "we're going to maintain VA's mission-essential jobs like doctors, nurses, and claims processors, while phasing out non-mission essential roles..." This could not be further from the truth, as the June issue of the VA's Workforce Dashboard shows that the net losses for veteran-facing employees since you have taken office are estimated at 7,500, compared to the Biden Administration, which added 8,700 employees.¹ This number includes mission-essential jobs, specifically: 1,720 registered nurses, 1,147 Medical Support Assistants (MSA), 604 physicians, and 1,081 veteran claim examiners.

The data clearly shows that these cuts have resulted in mission-critical employees leaving for "lack of trust or confidence in senior leaders," "job stress or pressure," and "desired alternative

¹ VA Workforce Dashboard, Issue 26 (June 27, 2025).
<https://www.va.gov/EMPLOYEE/docs/workforce/VA-Workforce-Dashboard-Issue-26.pdf>

work schedule not offered,” which is most certainly related to the privacy concerns for telehealth therapists due to the administration’s return-to-office policy. By terminating positions that handle administration, billing, and facility operations, the administration has forced mission-essential employees to carry out this work in addition to caring for our veterans.² As an occupational therapist, I know these losses are not because providers don’t care, it is because they are overwhelmed and cannot keep up.

As the sole representative from Western New York serving on the Committee and given that the region is home to the Buffalo VA Medical Center and one of only two post-9/11 GI Bill Processing Centers, I am requesting a more detailed understanding of the current workforce situation in my district. Specifically, I ask for individual-level data on all employee departures from January 1, 2025, through August 5, 2025, within the Western New York Healthcare System³, the Buffalo VA Regional Benefit Office, and the Western New York National Cemetery. The data should include, for each departing employee:

- Occupation
- Job title
- Grade level
- Facility/location
- Reason for departure
- Whether the employee was retirement-eligible
- Whether the employee participated in the Deferred Resignation Program (DRP)
- Whether the employee was terminated

This information is critical to understanding workforce trends and ensuring the needs of veterans in Western New York continue to be met.

Ensuring that veterans in Western New York have access to timely, high-quality care and benefit services remains my top priority. The ongoing reduction of mission-essential staff and its clear connection to the administration’s workforce policies raise serious concerns about the VA’s ability to meet its obligations to our nation’s veterans. The people I represent deserve a full and transparent accounting of how these policies are affecting the services they rely on. I urge your prompt attention to this request and look forward to your detailed response.

Sincerely,



Timothy M. Kennedy
Member of Congress (NY-26)

² “Sense of doom”: Morale plunges as some VA health workers fear worsening shortages, staffing cuts, <https://www.cnn.com/2025/07/01/politics/veterans-affairs-collins-cuts-shortages-morale>

³ VA Western New York Healthcare System Locations, <https://www.va.gov/western-new-york-health-care/>

Douglas Collins Response to Timothy Kennedy



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

October 27, 2025

The Honorable Timothy M. Kennedy
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kennedy:

Thank you for your August 5, 2025, letter regarding the Department of Veterans Affairs (VA) workforce.

Since my nomination hearing, I have consistently praised the exceptional work our staff performs each day on behalf of the Nation's Veterans. Following a comprehensive review of our workforce, it became clear that VA was overstaffed in certain areas, with Veterans underserved and critical needs unmet. To address this imbalance, I implemented a series of voluntary measures—such as hiring freezes, the Deferred Resignation Program (DRP), and the Voluntary Early Retirement Authority (VERA) that were aligned in overstaffed areas. These measures allowed us to right-size our workforce without resorting to a large-scale reduction in force.

Importantly, these adjustments have not affected Veterans' care or benefits. More than 300,000 employees were in occupations that were exempt from DRP and VERA, and as a result, Veterans have continued to receive timely, high-quality services. These reforms have contributed to a 43% reduction in the claims backlog and meaningful progress toward implementing the electronic health record system.

The Department remains committed to transparency with Congress throughout this process. VA has held three update briefings with staff from the House and Senate Committees on Veterans' Affairs and House and Senate Appropriations Subcommittees on Military Construction, Veterans Affairs, and Related Agencies on our workforce efforts and progress, and these briefings will continue as needed.

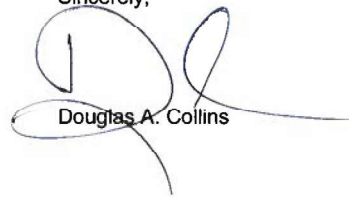
At present, VA is completing necessary realignments and is in the process of completing detailed organizational charts and unit manning documents, something that has been highlighted as a deficiency by Congress, the Government Accountability Office, and the VA Office of Inspector General for many years. I anticipate this information will be available and provided to Congress in a matter of weeks. I appreciate your patience as we work to ensure an open and transparent VA that is committed to the Veterans we serve.

Page 2.

The Honorable Kennedy

Thank you for your continued support of our mission.

Sincerely,

A handwritten signature in blue ink, consisting of a large, stylized 'D' followed by a cursive 'A' and 'Collins'. The signature is written over the printed name 'Douglas A. Collins'.

Douglas A. Collins

Prepared Statement of the American Podiatric Medical Association



**American Podiatric Medical Association
Written Comment of Brooke Bisbee, DPM, President
to the
U.S. House Committee on Veterans' Affairs
Opportunities with VHA Reorganization**

February 11, 2026

Chairman Bost, Chairwoman Miller-Meeks, Ranking Member Takano, Ranking Member Brownley, and members of the Committee, thank you for the opportunity to submit a written comment on the opportunities and challenges regarding the current reorganization of the management structure of the Veterans Health Administration (VHA).

The American Podiatric Medical Association (APMA) represents the vast majority of the more than 15,000 licensed podiatric physicians and surgeons, also known as doctors of podiatric medicine (DPMs), or podiatrists, in the United States. As experts in the treatment of lower-extremity conditions, podiatrists play a critical role in the VHA through interdisciplinary programs such as the [Prevention of Amputation in Veterans Everywhere \(PAVE\)](#) and the [High-Risk Eye and Limb Preservation Program \(HELPP\)](#), by helping to prevent amputations and preserve each veteran's mobility, independence, and quality of life. However, reorganization changes and staffing shortages in the U.S. VHA are threatening timely access to care for clinically complex patients with unique foot and ankle needs.

Long-term Impacts of Workforce Reductions

While APMA acknowledges there are opportunities to reduce inefficiencies in the VHA, we are concerned about the impacts of reorganization on veterans' access to foot and ankle care. The reductions last year left prolonged shortages of VHA support staff who play a critical role in aiding agency functions, including hiring healthcare providers. In 2025, the VA workforce was reduced by approximately 30,000.¹ In addition to these losses, a VA directive issued in December 2025 to each of the 18 VHA regional offices established strict staffing caps at local VA medical centers and clinics that would reduce healthcare positions by 10%.²

¹ Kornfield, Meryl, and Hannah Natanson. "VA Looks to Abruptly Eliminate Tens of Thousands of Health Care Jobs - The Washington Post." VA Plans to Abruptly Eliminate Tens of Thousands of Unfilled Health Care Jobs, The Washington Post, 13 Dec. 2025. www.washingtonpost.com/politics/2025/12/13/va-veterans-affairs-job-cuts-trump/.

² Kornfield, Meryl, and Hannah Natanson. "VA Looks to Abruptly Eliminate Tens of Thousands of Health Care Jobs - The Washington Post." VA Plans to Abruptly Eliminate Tens of Thousands of Unfilled Health Care Jobs, The Washington Post, 13 Dec. 2025. www.washingtonpost.com/politics/2025/12/13/va-veterans-affairs-job-cuts-trump/.

The directive prevents facilities from filling critical holes in the health-care workforce, which stands in contrast with the VA's public statements that the reorganization initiative would not lead to significant changes in staffing levels.³ APMA members in the VHA have also expressed significant concern about the ongoing staffing shortages and their impact on access to care. Without adequate support staff, physicians risk burnout. These challenges may drive young physicians to seek opportunities in the private sector, limiting the talent pipeline entering the VHA.

Addressing VHA Workforce Vacancies

In the past year, the VHA has struggled to maintain physician staffing across its health delivery network. A 2025 VA Office of Inspector General (OIG) report identified severe staffing shortages at the facility level, with a 50% increase in severe occupational shortages from FY 2024.⁴ Furthermore, 94% of facilities in the report cited severe occupational shortages for Medical Officer occupations, which include podiatrists.⁵ Without substantial support staff levels, the VHA will not have the capacity to recruit and hire physicians, including podiatrists, to fill these gaps.

The VHA has also faced long-standing physician recruitment challenges due to relocation barriers and competition with the private healthcare sector. According to the VA's November 2025 workforce report, job applications have fallen by 57% from 2024.⁶ To reverse the current trend, APMA supports policies that expand workforce incentives, like continuing professional education (CPE) reimbursements in the VHA. The *VA CPE Modernization Act* (H.R. 657) would expand CPE reimbursement eligibility for VA podiatrists. According to APMA's recent Compensation Report, 83% of hospital-employed podiatrists receive a continuing education allowance, with an average allotment of over \$3,500.⁷ This bill would also help increase the annual CPE reimbursement level for allopathic and osteopathic physicians, which is currently capped at \$1,000 per year and has remained unchanged since the benefit was first enacted in 1991. The legislation would expand access to veteran-centric training and education while strengthening incentives that bolster recruitment and retention in the VHA.

Conclusion

APMA recognizes the importance of modernizing VHA processes to improve care outcomes and guarantee efficient use of federal health funds. However, Congress must ensure there is proper agency

³ "VA Launches Veterans Health Administration Reorganization." VA News, 15 Dec. 2025, <https://news.va.gov/>.

⁴ U.S. Department of Veterans Affairs, Office of Inspector General, Office of Healthcare Inspections. *OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2025*.

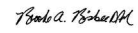
⁵ U.S. Department of Veterans Affairs, Office of Inspector General, Office of Healthcare Inspections. *OIG Determination of Veterans Health Administration's Severe Occupational Staffing Shortages Fiscal Year 2025*.

⁶ VA Workforce Dashboard, U.S. Department of Veterans Affairs, 30 Nov. 2025, department.va.gov/employees/wp-content/uploads/sites/63/2025/12/VA-Workforce-Dashboard-Issue-31.pdf.

⁷ *American Podiatric Medical Association. 2025 Podiatry Compensation Report*, APMA & Marit Health, 2025, p. 36. Web. 16 Feb. 2026. https://www.nxtbook.com/nxtbooks/apma/podiatrycompensationreport_2025/index.php#p/36.

infrastructure that supports comprehensive access to care for veterans. If we can be of assistance, please contact Ben Melano, Director of Government Affairs, at bmelano@apma.org.

Sincerely,



Brooke A. Bisbee, DPM
President

Questions for the Record Submitted by Mark Takano, Debbie Wasserman Schultz and Bobby Scott

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 COMMITTEE ON VETERANS' AFFAIRS
 ONE HUNDRED NINETEENTH CONGRESS
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February 25, 2026

The Honorable Douglas A. Collins
 Secretary
 U.S. Department of Veterans Affairs
 810 Vermont Avenue, NW
 Washington, DC 20420

Dear Mr. Secretary:

Thank you for appearing as witnesses before the House Committee on Veterans' Affairs Oversight hearing titled, "Opportunities with VHA Reorganization" that was held on February 11th, 2026.

As a follow-up to the hearing, Ranking Member Mark Takano has requested that the Department of Veterans Affairs respond to the attached questions for the record.

The Committee requests a written response no later than Wednesday, March 18th, 2026, so they may be made part of the record. If you have any questions, please let my staff know.

Sincerely,



MIKE BOST
 Chairman
 House Committee on Veterans' Affairs

Cc: The Honorable Mark Takano, Ranking Member, House Committee on Veterans' Affairs

Enclosures: Questions for the Record submitted by Ranking Member Mark Takano

119th Congress
U.S. House of Representatives
House Veterans' Affairs Committee
Full Committee Oversight Hearing
"Opportunities with VHA Reorganization"

QUESTIONS FOR THE RECORD
Submitted February 25, 2026

From Ranking Member Mark Takano

Physician Pay Waivers

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?

Accountable Officials

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.

Travel Costs

3. It is our understanding that, in his role in developing the VHA reorganization plan and 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.
 - a. 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.
 - b. 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.?
4. How much has VA spent thus far on travel for senior leaders from across the country who have flown to 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.

Non-Recurring Maintenance Projects

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?

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?

Reorganization Best Practices

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 that federal agencies could implement to drive successful organizational 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.

Approval of New Positions

8. 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 Jan. 12, 2026, which raises questions about the department's claims that these are "unneeded" or "excess" positions.

¹U.S. Government Accountability Office, "Highlights of a GAO Forum - Mergers and Transformation: Lessons Learned for a Department of Homeland Security and Other Federal Agencies," [GAO-03-293SP](#) (Washington, D.C.: Nov. 14, 2002).

- a. 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.
- b. 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?

Cost of Deferred Resignation Program

- 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).
 - a. What is the total amount of salary, benefits, and terminal leave paid to individuals who participated in DRP?
 - b. What amount had to be transferred from other accounts to cover these costs, and from which accounts were those funds transferred?
 - c. 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.

From Rep. Debbie Wasserman Schultz

Personnel Cost Savings:

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?

Stakeholder Engagement:

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?

From Rep. Bobby Scott

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?
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?
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?
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?

- a. Have you reduced number of vacancies by just eliminating the positions?
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?

