TESTIMONY OF

DR. ALEX RICH, PhD, MPH

DIRECTOR OF DATA & ANALYTICS, COMMON DEFENSE

BEFORE THE

SUBCOMMITTEE ON HEALTH

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

ON

PENDING AND DRAFT LEGISLATION

June 30, 2026

Chairman Miller-Meeks, Ranking Member Brownley, and distinguished Members of the Subcommittee, Common Defense thanks you for this opportunity to testify regarding our positions on pending legislation before this committee. Common Defense is a veteran-led progressive grassroots organization dedicated to engaging, training, and mobilizing veterans to elect accountable leaders and defend the American values now endangered by polarization and inequality. Our advocacy continues a long American tradition of ensuring that those who bear the burdens of war are not forgotten when they return home.

H.R.4805: The WINGS Act

To direct the Secretary of Veterans Affairs to conduct a study on the long-term physiological and psychological effects of military aviation veterans who served as aviators in the Armed Forces, and for other purposes.

The *WINGS Act* directs the Secretary of Veterans Affairs to conduct a comprehensive, longitudinal study on the long-term neurological and psychological effects of high-performance military aviation, including G-force exposure, on military aviators.

This is an important and overdue area of research. Military aviators are a population with distinctive and cumulative physiological exposures that are not well captured by existing VA research frameworks, and the neurological consequences of sustained G-force stress remain poorly understood[1]. Common Defense supports the intent of this legislation and offers two recommendations for the Committee's consideration.

First, Common Defense recommends amending the bill to explicitly include U-2 pilots among the qualifying population. Although U-2 pilots would likely fall under the bill's target population by virtue of their use of T-38 aircraft to maintain flying currency, the primary health concern for these aviators is not G-force exposure. It is hypobaric exposure at extreme altitude. A 2010 case documented a U-2 pilot who experienced progressive neurological decompression sickness mid-flight, with symptoms including color vision loss, hemianopsia, hearing loss, and loss of situational awareness severe enough that ground controllers lost radio contact and the pilot nearly crashed on landing[2]. A persistent brain lesion was identified on MRI afterward. Research has documented that these risks extend beyond acute incidents, and that U-2 pilots with repeated hypobaric exposure demonstrated measurably lower neurocognitive performance than the control group pilots[3]. That community warrants explicit inclusion in both the study and the registry to ensure their distinctive exposure profile is captured and not overlooked in a framework designed primarily around G-force stressors.

Second, Common Defense recommends expanding the scope of the study to include maintenance personnel. The men and women who keep high-performance aircraft airworthy are exposed to a substantial and under-examined set of occupational hazards: chemical solvents, jet fuel, jet exhaust, harmful noise levels, and the sustained physiological stress of long hours in demanding conditions. The neurological effects of this work are not well understood, and recent reporting[4] suggests this is an important area of research regarding the long-term health of those whose hard work and dedication makes military aviation possible.

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[1] Rhind, S. G., Shiu, M. Y., Vartanian, O., Allen, S., Palmer, M., Ramirez, J., Gao, F., Scott, C. J. M., Homes, M. F., Gray, G., Black, S. E., & Saary, J. (2024). Neurological biomarker profiles in Royal Canadian Air Force (RCAF) pilots and aircrew. Brain Sciences, 14(12), 1296. https://doi.org/10.3390/brainsci14121296

[2] Jersey, S. L., Baril, R. T., McCarty, R. D., & Millhouse, C. M. (2010). Severe neurological decompression sickness in a U-2 pilot. Aviation, Space, and Environmental Medicine, 81(1), 64–68. https://doi.org/10.3357/ASEM.2303.2010

[3] McGuire, S. A., Tate, D. F., Wood, J., Sladky, J. H., McDonald, K., Sherman, P. M., Kawano, E. S., Rowland, L. M., Patel, B., Wright, S. N., Hong, E., Rasmussen, J., Willis, A. M., & Kochunov, P. V. (2014). Lower neurocognitive function in U-2 pilots: Relationship to white matter hyperintensities. Neurology, 83(7), 638–645. https://doi.org/10.1212/WNL.0000000000000694

[4] Campbell, A. (2025, October 27). The business of killing: Newly released data reveals Air Force suicide crisis after years of concealment. *The Intercept*. https://theintercept.com/2025/10/27/air-force-suicide-deaths-maintainers/

Common Defense supports H.R. 4805 *with amendments.*

Discussion Draft

To direct the Secretary of Veterans Affairs to seek to enter into a memorandum of understanding with the Secretary of Health and Human Services to avoid duplicative, improper, or erroneous billings or payments for hospital care and medical services furnished under the laws administered by the Secretary of Veterans Affairs.

This draft legislation directs the Department of Veterans Affairs (VA) to seek a memorandum of understanding with the Department of Health and Human Services (HHS), establishing reciprocal data-sharing between the Veterans Health Administration (VHA) and the Center for Medicare & Medicaid Services (CMS). Under the proposed MOU, VA would transmit enrollment and care data (including billing and diagnostic codes) on veterans receiving VA care, and CMS would return a list of veterans concurrently enrolled in Medicare, Medicaid, or Medicare Advantage (MA). The stated purpose is to reduce duplicative, improper, or erroneous payments for VA-furnished care. The MOU would be effective for a two-year period, and VA would be required to report to the Veterans' Affairs Committees on the MOU's effectiveness.

Common Defense does not oppose data coordination between federal agencies in principle. However, this bill does not solve the problem it seeks to address. The underlying issue is that MA plans are receiving billions of dollars in *capitated* payments for veteran enrollees who receive most of their care through VA- not through their MA plan[5]. This bill creates no payment rights for VA, establishes no mechanism for recovering those funds, and imposes no obligation on MA plans to adjust payments or reimburse VA for care it has already furnished. To put simply: when veterans enrolled in MA plans get most of their care through VA, the MA plan collects the payment without delivering the care.

The reporting requirement compounds this concern. Requiring VA to assess the effectiveness of an MOU that contains no payment mechanism does not create accountability. It provides future administrations with an opportunity to claim the problem has been addressed when nothing about the underlying payment structure has changed. The appropriate remedy is the one Congress has in front of it: H.R. 4077, t*he GUARD Veterans' Health Care Act*, which would give VA the direct authority to bill Medicare Advantage plans for care furnished to dual-enrolled veterans. That legislation provides an enrollee-level solution to an enrollee-level problem. This draft legislation does not.

Common Defense opposes this draft legislation *as currently written*.

[5] Center for Medicare Advocacy. (2025, August 7). Issue brief: Closing the VA-Medicare Advantage payment loophole. https://medicareadvocacy.org/issue-brief-closing-the-va-medicare-advantage-payment-loophole

Discussion Draft: Veterans Care and Cost Coordination Act of 2026

To direct the Secretary of Veterans Affairs to seek to enter into a memorandum of understanding with the Secretary of Health and Human Services and to provide for coordination between the Secretaries in the administration of the Veterans Community Care Program and certain health plans under the Medicare program, and for other purposes.

This discussion draft builds on the same MOU framework as the previous draft legislation, but with a broader goal of "coordinating the costs, care, and management" of VA-furnished services; a mandate with significantly more administrative reach. Common Defense has serious concerns about two operative provisions that have nothing to do with billing integrity.

Section 2(c) directs VA to use Center for Medicare & Medicaid Services (CMS) data to inform utilization management under the Community Care Next Generation Procurement Contract, and requires VA to "inform veterans of beneficial or follow-up to services furnished pursuant to the Medicare program or a Medicare Advantage (MA)." That is not care coordination. It is a statutory directive for VA to use federal enrollment data to steer veterans toward private managed care. The veterans this provision targets are already receiving VA care. Requiring VA to actively point them toward Medicare and MA services as follow-up or alternatives inverts the proper relationship between VA and private insurance coverage.

Section 2(d) amends the Social Security Act to require CMS to use VA-transmitted data when developing county-level estimates used to set MA benchmark payments. The goal of reducing excess MA payments for veterans whose care is largely VA-financed is legitimate, but a county-level benchmark adjustment is poorly matched to the problem. MA benchmarks operate at the county level and apply broadly across geographic areas[6]. Overpayments largely occur at the individual beneficiary level, where a specific veteran enrolled in a specific MA plan is receiving most of their care from VA, not from their MA plan[7]. A county-level benchmark adjustment is too blunt an instrument to address that, and the bill gives HHS no guidance on how to use the data or]adjust the payments.

Both the problem and the solution point back to H.R. 4077, which establishes a direct billing authority to resolve overpayment issues at the level where they. It targets the individual veteran, not a county average, and it does so without building new administrative structures that redirect veterans away from VA care.

Common Defense opposes this draft legislation *as currently written*.

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[6] Congressional Research Service. (2026, March 12). Medicare Advantage (MA): Proposed benchmark update and other adjustments for CY2027 in brief (R48882). Congress.gov. https://www.congress.gov/crs-product/R48882

[7] Ma, Y., Phelan, J., Jeong, K. Y., Tsai, T. C., Frakt, A. B., Pizer, S. D., Garrido, M. M., Dorneo, A., & Figueroa, J. F. (2024). Medicare Advantage plans with high numbers of veterans: Enrollment, utilization, and potential wasteful spending. Health Affairs, 43(11). https://doi.org/10.1377/hlthaff.2024.00302

Discussion Draft

To direct the Secretary of Veterans Affairs to coordinate with the Secretary of Health and Human Services in administering the Veterans Community Care Program, and for other purposes.

This draft legislation, as currently written, represents the most direct threat to veterans' access to VA care of the three before the Subcommittee today.

This bill directs VA to seek an MOU with HHS establishing reciprocal data-sharing between VHA and the Center for Medicare & Medicaid Services (CMS) for veterans concurrently enrolled in VA and Medicare or Medicare Advantage (MA). VA must then use that data in two ways: to ensure VA does not furnish "duplicative" health care or make erroneous payments for dual-enrolled veterans, and to identify specialized MA plans for special needs individuals offering benefits the Secretary determines are important for veteran health care. The bill also authorizes the establishment of dual eligibility coordination offices within both VHA and CMS.

The anti-duplication directive in Section 1(b)(1)(A) is the central problem. VA is required to use CMS data to ensure it does not furnish "duplicative" health care to veterans who are also enrolled in Medicare. The bill does not define what "duplicative" means. Under stringent interpretation, the term could be applied narrowly to prevent genuinely redundant services, such as ordering the same MRI or lab work twice. Under a broader interpretation, it could be used to deny VA care whenever a veteran's Medicare or MA plan covers a similar service. Nothing in this bill prevents the latter reading. There are no guardrails, no due process protections, and no requirement that a veteran be notified before VA declines to furnish care on duplication grounds.

Critically, the bill contains no language affirming that enrollment in Medicare or Medicare Advantage does not diminish a veteran's entitlement to receive care through VA. That protection does not exist anywhere in this legislation. Veterans cannot afford to dismiss this oversight **as an open door to privatization.**

The MA plan identification requirement compounds the concern. Like the prior discussion draft, this bill directs VA to use shared federal data to steer dual-enrolled veterans toward MA Special Needs Plans. The benefit categories listed - TBI rehabilitation, hearing aids, hyperbaric oxygen therapy, complementary and integrative health services - represent precisely the kinds of specialized care VA exists for to provide to veterans. Directing VA to identify private MA plans offering these benefits, rather than strengthening VA's own capacity to deliver them, moves in exactly the wrong direction.

Taken together, these provisions would accelerate the erosion of VA's role from primary care provider to payer or provider of last resort for veterans who hold MA coverage. That outcome would represent a fundamental breach of the commitment this country made to those who served.

Common Defense opposes this legislation *as currently written.*

H.R. 9446: VA Health Care Capacity Assessment Act

To direct the Secretary of Veterans Affairs to report biennially on staffing of medical facilities of the Department of Veterans Affairs.

The VA Health Care Capacity Assessment Act reauthorizes the biennial staffing report originally mandated by Section 301 of the *Veterans Access, Choice, and Accountability Act of 2014* (P.L. 113-146). That mandate lapsed in 2023. This bill restores it at a moment when the need is more urgent than at any point since the Phoenix scandal that prompted it.

VA leadership executed an unprecedented wave of over 26,000 job cuts throughout the VHA in early FY 2026. Common Defense identified over 10,000 instances[8] in which a cut in a particular occupation code occurred at a parent facility that had reported a severe staffing shortage in that career field in a VA OIG's report released just months before the cuts began[9]. We also found a consistent pattern of mental health staffing cuts at facilities already reporting long wait times for new patients seeking mental health appointments.

The VA's own reports made the stakes clear before the cuts began. The FY 2025 OIG report documented a 50 percent year-over-year increase in severe staffing shortages, with **57 percent of facilities reporting severe shortages of psychologists** - the most common clinical shortage identified. A congressionally mandated report released months later projected 38 percent growth in demand for mental health services between 2023 and 2033. Secretary Collins then proceeded to cut more than 2,300 mental health positions, including over 400 psychologists.

This bill should be reauthorized with a single amendment: requiring annual rather than biennial staffing assessments. The cuts we have documented make clear that a two-year reporting gap is too long.

Common Defense supports H.R. 9446 *with amendments*.

Discussion Draft: VHA Personnel Transparency and Accountability Act

To amend the VA MISSION Act of 2018 to require the publication of certain information regarding staffing and vacancies in the Veterans Health Administration, and for other purposes.

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[8] Common Defense Education Fund. (2026, April). VHA data: VA healthcare data for every congressional district. vhadata.org. https://vhadata.org

[9] U.S. Department of Veterans Affairs, Office of Inspector General. (2025, August 12). OIG determination of Veterans Health Administration's severe occupational staffing shortages: Fiscal year 2025 (Report No. 25-01135-196). https://www.vaoig.gov/sites/default/files/reports/2025-08/vaoig-25-01135-196.pdf

The *VHA Personnel Transparency and Accountability Act* would require the VA to publish staffing data at the facility and occupation code level on a monthly basis. The VA already monitors staffing ratios at this level of detail — it simply does not publish that data. Wait times are visible. Staffing is not. As a result, when veterans face long waits for care, Congress lacks the data needed to determine whether those waits reflect deliberate decisions by VA leadership to understaff facilities. This bill closes that gap.

Mental health care shows why this matters. The VA's target for outpatient mental health care is 7.72 mental health full-time equivalent employees (FTEEs) per 1,000 patients engaged in outpatient mental health care[10]. Independent research supports that target ratio as the inflection point for quality, access, and satisfaction measures in VA mental health care[11]. The VA has known that it was missing mental health staffing targets at some facilities for years. In the first quarter of 2020, only 42.4% of facilities met the VA's 7.72 target ratio[12]. The VA reported to Congress that 2025 Q3 staffing ratios ranged from a low of 4.6 to a high of about 14.6 mental health outpatient clinical FTEEs per 1,000 mental health patients (U.S. Department of Veterans Affairs, 2026). Congress needs to know what that distribution looks like and what action is being taken to address the facilities that are below the VA's staffing targets.

The MISSION Act currently requires the publication of quarterly reports of funded and unfunded vacant positions at the facility level by occupation code. It does not require publication of the total number of encumbered full-time equivalent positions in each occupation code at each facility. Tracking VA leadership's staffing changes relative to reported severe staffing shortages is too difficult right now. Congress cannot conduct adequate oversight of VA staffing levels without this information.

The VA's existing system for public reporting of wait times provides an excellent example of why detailed facility-level data is so important. Facility-level reporting of VA wait times on the Access to Care website[13] provides a critical check on the use of summary statistics to obscure problems within the VHA. VA leadership tends to report aggregated summary statistics that do not reflect the reality on the ground in many individual facilities. This is especially evident in the way that Secretary Collins addresses mental health wait times:

> *RICHARD BLUMENTHAL: Well, then you can see that the wait times have increased…*
> *DOUG COLLINS: And - well, actually…*

[10] U.S. Department of Veterans Affairs, Veterans Health Administration. (2020, April). VHA directive 1161: Productivity and staffing in clinical encounters for mental health providers.
[11] Smith, C. A., Boden, M. T., & Trafton, J. A. (2023). Outpatient provider staffing ratios: Binary recursive models associated with quality, access, and satisfaction. Psychological services, 20(1), 137–143. https://doi.org/10.1037/ser0000449
[12] Kearney, L. K., Smith, C. A., & Miller, M. A. (2020). Critical Foundations for Implementing the VA's Public Health Approach to Suicide Prevention. Psychiatric services (Washington, D.C.), 71(12), 1306–1307. https://doi.org/10.1176/appi.ps.202000190
[13] U.S. Department of Veterans Affairs, Veterans Health Administration. (2026, June 12). *Health care access & quality information*. https://www.accesstocare.va.gov/

BLUMENTHAL: ...Sometimes to 50, 60 or 70 days.
COLLINS: Actually, that's not true. And as of January 21, the national average for mental health care for new patients is 18.8 days. The national average for established patients is 5.8 days. That is the actual numbers[14]

Relying on national averages leaves out critical information. The VA has not published the data or methodology on which Secretary Collins based his figures. Publishing that data and methodology would provide important clarity. In the meantime, the wait times published on the VA's Access to Care website provide the ability to see beyond summary statistics. For simplicity, the remainder of this testimony will focus on reported average wait times for new patients seeking appointments labeled "mental health individual" in the VA's system. These patients are often in vulnerable positions at the very beginning of their journeys toward improved mental health. National average wait times don't mean much to them. The wait times they personally experience make all the difference.

When you hear someone citing a national average wait time statistic, think about the coldest place you've ever been. That could be a house in Central Maine in January that has a central fireplace and a lot of temperature variation between rooms. That house might have an average temperature that sounds comfortable. The reality behind that average is probably rooms that range from 85 degrees near the fireplace to 20 degrees below zero out in the garage. We should worry about the people in the garage.

Maine is a telling example. The VA's Access to Care website has reported mental health individual appointment wait times for new patients at eight Maine facilities between October 25, 2025 and June 22, 2026. Across 1,396 daily reports published on the VA's own website, the average wait time was 50.7 days and the median was 45.8 days — nearly three times the 18.8-day national average Secretary Collins cited to Senator Blumenthal.

At Common Defense, we collect wait times from the Access to Care website[15] each morning, tracking data on 1,210 facilities. On the day Secretary Collins cited for the national averages in his testimony, 21 January 2026, 741 of those facilities posted non-null new patient wait times for the appointment type "mental health individual."[16] Of those facilities, 491 (66.3%) reported average wait times that were over the VA's 20-day-or-less target for mental health care. There were 225 facilities that reported wait times of over 40 days, meaning that over 30% of non-null reports that day were over twice the VA's target wait time (and more than twice the figure that Secretary Collins quoted to Senator Blumenthal). On that same day there were 31 facilities that reported wait times of over 90 days for a veteran to get their first individual mental health appointment.

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[14] Lawrence, Q. (2026, May 4). White House says it's cut VA wait times, but new study paints more complicated picture. NPR. https://www.npr.org/2026/05/04/nx-s1-5801588/white-house-says-its-cut-va-wait-times-but-new-study-paints-more-complicated-picture

[15] U.S. Department of Veterans Affairs, Veterans Health Administration. (2026, June 12). *Health care access & quality information*. https://www.accesstocare.va.gov/

[16] Rich, A. (2026). VA new patient mental health individual wait times [Data set]. GitHub. https://github.com/alexF3/VA_newPt_mhi_hill_testimony

On the date of Secretary Collins's national average statistic, the Garner VA Clinic in North Carolina posted a new patient "mental health individual" appointment wait time average of 137.7 days. This is a clinic close to where I live that has consistently struggled with 'mental health individual' wait times for new patients. The median wait time reported by the Garner Clinic between 25 October 2025 and 22 June 2026 was 131.4 days, though over that time it went as low as 99.8 days and as high as 171 days. The national average number doesn't do a lot of good for the veterans depending on the Garner Clinic for their mental health care.

This legislation would help Congress understand the staffing issues driving wait time problems like that. In the Spring, the VA provided Congress with a one-time extract of the over 26,000 VHA positions that Secretary Collins cut between November 2025 and January 2026. More than 2,300 of those job cuts were in mental health care. From the extract provided to Congress, we can see that Garner lost 21 mental health roles (U.S. Department of Veterans Affairs, Veterans Health Administration, 2026):

7 Physicians (Regular Ft)s
4 Social Workers
3 Staff Psychologists
2 Clinical Psychologists
2 Nurses
1 Peer Specialist
1 Marriage and Family Therapist
1 Physician

Each of these positions was occupied by a qualified caregiver who served veterans in that community until some point in 2025. Each one of those positions is still needed in a facility that reports making veterans wait for 3-4 months for their first individual mental health care appointment. None of those positions have a chance of being restored without adequate Congressional oversight.

In August 2025, just months before that wave of job cuts, Garner's parent facility, The Durham VA Health Care System (VISN 6, Station 558) reported severe staffing shortages in Psychiatry, Psychology, Social Work, Marriage Family Therapists, Licensed Professional Mental Health Counselors, Nurses, and many more fields[17]. Just a few months later, instead of sending help, VA leadership cut positions in those roles.

Our analysis revealed more than 10,000 instances in which a parent facility reported a severe staffing shortage in a particular occupation in the VA OIG's August 2025 report and then had a job cut in that very occupation just months later[18]. In April, Common

[17] U.S. Department of Veterans Affairs, Office of Inspector General. (2025, August 12). OIG determination of Veterans Health Administration's severe occupational staffing shortages: Fiscal year 2025 (Report No. 25-01135-196). https://www.vaoig.gov/sites/default/files/reports/2025-08/vaoig-25-01135-196.pdf

[18] Common Defense Education Fund. (2025, December). VHA data: VA healthcare data for every congressional district. vhadata.org. https://vhadata.org

Defense delivered more than 10,000 toy soldiers to the Congressional offices on whose watch these cuts occurred, one for each of the severe shortage cuts made in their district or state. Veterans need our elected officials to remember the unprecedented cuts that happened at the beginning of this fiscal year, to monitor the impact of those cuts moving forward, and to hold VA leadership accountable.

The data Common Defense has compiled tells a clear story: at too many facilities veterans wait too long, facilities are understaffed, and VA leadership has made cuts that contradict its own severe shortage designations. Yet the data tells an incomplete story without the tools to act on it. Congress has seen the wait times. Congress received a one-time extract of cuts. What Congress does not have, and must acquire to conduct meaningful oversight going forward, is a regular and reliable view of how each facility is staffed in each occupation. Without that, the next wave of cuts could happen just as quietly as the last one.

Common Defense supports the VHA Personnel Transparency and Accountability Act *as currently written.*

Conclusion

Chairwoman Miller-Meeks, Ranking Member Brownley, and distinguished members of this subcommittee, I thank you for opportunity to offer Common Defense's perspective on these critical matters before the subcommittee. For additional information regarding this testimony, please contact Mr. John Kamin, PMP, Deputy Director for Government Relations at Common Defense at (301) 246-6942 or john@commondefense.us

APPENDIX I
Congressional District Wait Times and Cuts

Extracted from VHAdata.org June 26 2026

PREPARED FOR

VA-02

Rep. Jennifer A. Kiggans (R)

Political appointees are slashing VHA healthcare for your veterans.

829 VHA JOBS CUT NEAR YOUR DISTRICT	**0** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**93,801** VETERANS IN YOUR DISTRICT (2023)

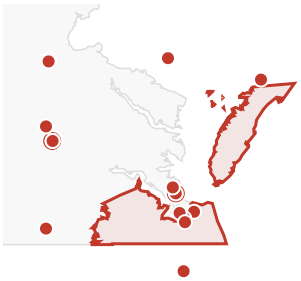
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

VIRGINIA'S 2ND CONGRESSIONAL DISTRICT

Rep. **Jennifer A. Kiggans** (R)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



VIRGINIA

Cuts No cuts

In August 2025 the VA Hampton Healthcare System in Virginia reported a severe staffing shortage in doctors.

Four months later, VA appointees cut 68 doctor positions there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 829 JOBS AT VA FACILITIES SERVING YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

93,801 VETERANS 2023*	**24,478** VA PATIENTS 26% of vet pop, 2023*	**$1.2B** VA SPENDING FY 2024	**0** DISTRICT CUTS Dec 2025
829 LOCAL CUTS 60-min drive catchment	**1,770** JOBS CUT STATEWIDE Virginia, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut tens of thousands of jobs around the country

They didn't tell the public or elected officials for months.

LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects VA-02.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Hampton VA Medical Center	Hampton, VA	**829**	**339**
1 facility		**829**	**339**

SECTION 3

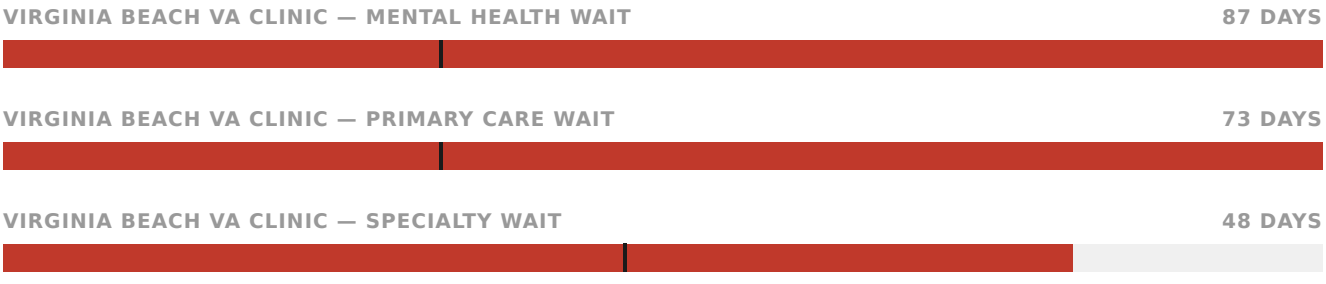
WAIT TIMES

Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 24, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Virginia Beach VA Clinic ✓ CBOC	73d	87d	—	—	48d
Portsmouth VA Clinic CBOC — Portsmouth, VA	39d	38d	—	—	32d
Chesapeake VA Clinic CBOC — Chesapeake, VA	37d	58d	—	—	35d
North Battlefield VA Clinic CBOC — Chesapeake, VA	50d	45d	18d	142d	96d
Hampton VA Medical Center VAMC — Hampton, VA	51d	30d	54d	101d	80d
Langley VA Clinic OPC — Hampton, VA	87d	—	—	58d	—
Albemarle VA Clinic CBOC — Elizabeth City, NC	41d	54d	—	—	8d
Emporia VA Clinic CBOC — Emporia, VA	—	29d	—	—	12d
Pocomoke City VA Clinic CBOC — Pocomoke City, MD	16d	68d	—	—	49d



PREPARED FOR

OR-03

Rep. Maxine Dexter (D)

Political appointees are slashing VHA healthcare for your veterans.

423 VHA JOBS CUT NEAR YOUR DISTRICT	**0** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**33,530** VETERANS IN YOUR DISTRICT (2023)

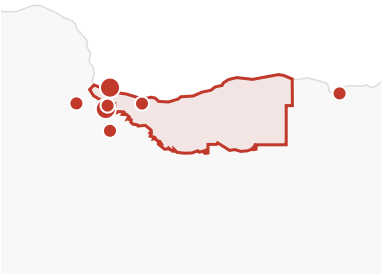
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

OREGON'S 3RD CONGRESSIONAL DISTRICT

Rep. **Maxine Dexter** (D)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



OREGON

Cuts No cuts

In August 2025 the VA Portland Health Care System in Oregon reported a severe staffing shortage in psychologists.

Four months later, VA appointees cut 10 psychologist positions there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 423 JOBS AT VA FACILITIES SERVING YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

33,530 VETERANS 2023*	**9,789** VA PATIENTS 29% of vet pop, 2023*	**$175M** VA SPENDING FY 2024	**0** DISTRICT CUTS Dec 2025
423 LOCAL CUTS 60-min drive catchment	**788** JOBS CUT STATEWIDE Oregon, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

⚠ APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut tens of thousands of jobs around the country

They didn't tell the public or elected officials for months.

LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects OR-03.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Portland VA Medical Center	Portland, OR	**423**	**255**
1 facility		**423**	**255**

SECTION 3

WAIT TIMES

Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

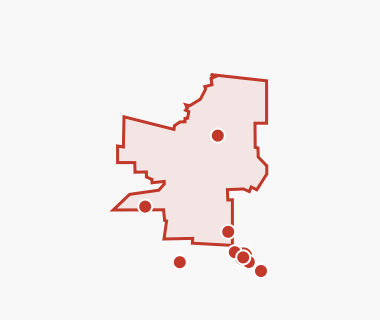
ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Fairview VA Clinic ✓ CBOC	40d	12d	2d	—	23d
West Linn VA Clinic CBOC — West Linn, OR	32d	126d	—	—	64d
Portland VA Clinic CBOC — Portland, OR	74d	—	—	—	37d
Vancouver VA Medical Center VAMC — Vancouver, WA	45d	46d	7d	114d	62d
Portland VA Medical Center VAMC — Portland, OR	45d	38d	8d	76d	58d
Hillsboro VA Clinic CBOC — Hillsboro, OR	57d	14d	—	—	44d
Loren R. Kaufman VA Clinic OPC — The Dalles, OR	27d	—	—	—	—
Salem VA Clinic CBOC — Salem, OR	36d	79d	—	—	54d

FAIRVIEW VA CLINIC — PRIMARY CARE WAIT 40 DAYS

ARIZONA'S 8TH CONGRESSIONAL DISTRICT

Rep. **Abraham J. Hamadeh** (R)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



ARIZONA

Cuts No cuts

In August 2025 the VA Phoenix Health Care System in Arizona reported a severe staffing shortage in psychologists.

Four months later, VA appointees cut 17 psychologist positions there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 414 JOBS AT VA FACILITIES SERVING YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

59,770 VETERANS 2023*	**17,678** VA PATIENTS 30% of vet pop, 2023*	**$454M** VA SPENDING FY 2024	**0** DISTRICT CUTS Dec 2025
414 LOCAL CUTS 60-min drive catchment	**907** JOBS CUT STATEWIDE Arizona, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut tens of thousands of jobs around the country

They didn't tell the public or elected officials for months.

LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects AZ-08.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Carl T. Hayden Veterans' Administration Medical Center	Phoenix, AZ	**414**	**166**
1 facility		**414**	**166**

SECTION 3

WAIT TIMES

Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Anthem VA Clinic ✓ OPC	16d	23d	—	—	26d
Thunderbird VA Clinic ✓ OPC	—	—	—	—	73d
Northwest VA Clinic ✓ CBOC	62d	82d	—	145d	32d
Phoenix Midtown VA Clinic OPC — Phoenix, AZ	—	—	—	—	41d
Carl T. Hayden Veterans' Administration Medical Center VAMC — Phoenix, AZ	6d	22d	6d	73d	42d
Southwest VA Clinic CBOC — Phoenix, AZ	12d	65d	—	—	36d
Phoenix 32nd Street VA Clinic CBOC — Phoenix, AZ	29d	33d	—	—	46d
Northeast Phoenix VA Clinic CBOC — Scottsdale, AZ	46d	62d	—	—	17d
Staff Sergeant Alexander W. Conrad Veterans Affairs Health Care Clinic CBOC — Gilbert, AZ	46d	53d	—	88d	40d
Mesa VA Clinic OPC — Mesa, AZ	—	46d	8d	—	55d
Casa Grande VA Clinic CBOC — Casa Grande, AZ	28d	71d	—	—	57d

PREPARED FOR

WI-03

Rep. Derrick Van Orden (R)

Political appointees are slashing VHA healthcare for your veterans.

119 VHA JOBS CUT IN YOUR DISTRICT	**42** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**47,089** VETERANS IN YOUR DISTRICT (2023)

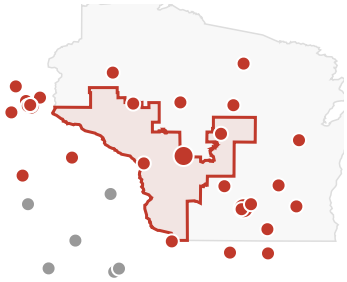
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

WISCONSIN'S 3RD CONGRESSIONAL DISTRICT

Rep. **Derrick Van Orden** (R)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



WISCONSIN

Cuts No cuts

In August 2025 the Tomah VA Health Care System in Wisconsin reported a severe staffing shortage in doctors.

Four months later, VA appointees cut 1 doctor position there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 119 JOBS IN YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

47,089 VETERANS 2023*	**20,052** VA PATIENTS 43% of vet pop, 2023*	**$342M** VA SPENDING FY 2024	**119** DISTRICT CUTS Dec 2025
285 LOCAL CUTS 60-min drive catchment	**710** JOBS CUT STATEWIDE Wisconsin, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

⚠ APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut 119 VA jobs in WI-03

42 of them were in occupations where those same facilities had reported severe staffing shortages.

They didn't tell the public or elected officials for months.

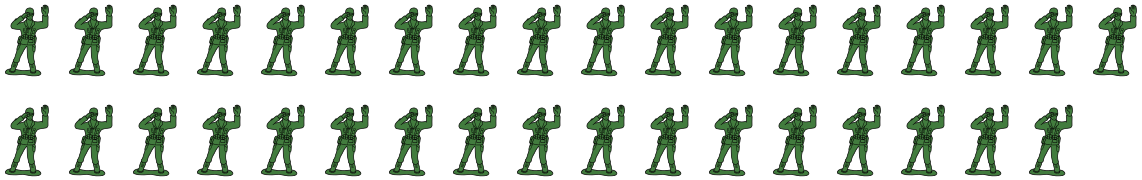
42

positions in already severely understaffed occupations were silently eliminated in this district. They're no longer there to look out for your veteran constituents.

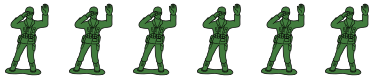
Each figure represents one position cut in a role where the same facility had already reported a severe shortage.

DOCTORS: 1

NURSES: 35



OTHER: 6



LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects WI-03.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Minneapolis VA Medical Center	Minneapolis, MN	**166**	**127**
Tomah VA Medical Center	Tomah, WI	**119**	**42**
2 facilities		**285**	**169**

SECTION 3

WAIT TIMES

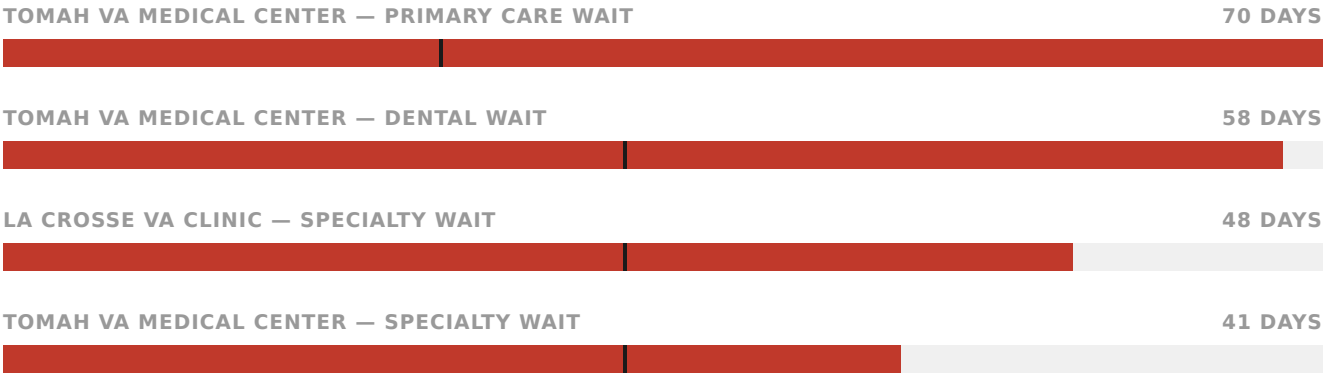
Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Tomah VA Medical Center ✓ VAMC	70d	18d	2d	58d	41d
La Crosse VA Clinic ✓ CBOC	32d	1d	0d	—	48d
Chippewa Valley VA Clinic ✓ CBOC	29d	8d	—	—	22d
Wisconsin Rapids VA Clinic ✓ CBOC	26d	21d	1d	—	36d
Baraboo VA Clinic OPC — Baraboo, WI	20d	64d	—	—	26d
Wausau VA Clinic CBOC — Rothschild, WI	23d	6d	—	—	29d
Dubuque VA Clinic CBOC — Dubuque, IA	42d	26d	22d	—	14d
Rice Lake VA Clinic CBOC — Rice Lake, WI	35d	5d	—	—	20d
Clark County VA Clinic OPC — Owen, WI	6d	17d	—	—	26d
Maplewood VA Clinic CBOC — Maplewood, MN	126d	48d	—	—	41d
Fort Snelling VA Clinic OPC — Fort Snelling, MN	—	—	—	—	2d
Minneapolis VA Medical Center VAMC — Minneapolis, MN	34d	33d	13d	51d	40d

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Minneapolis VA Clinic OPC — Minneapolis, MN	19d	21d	—	—	—
John H. Bradley Department of Veterans Affairs Outpatient Clinic CBOC — Appleton, WI	44d	20d	—	—	49d
Madison East VA Clinic OPC — Madison, WI	19d	13d	—	—	29d
Shakopee VA Clinic CBOC — Shakopee, MN	25d	25d	—	—	33d
Northwest Metro VA Clinic CBOC — Ramsey, MN	68d	30d	—	314d	47d
Rochester VA Clinic CBOC — Rochester, MN	16d	20d	—	—	44d
Madison West VA Clinic CBOC — Madison, WI	18d	—	—	—	1d
Decorah VA Clinic CBOC — Decorah, IA	15d	32d	—	—	39d



PREPARED FOR

MN-03

Rep. Kelly Morrison (D)

Political appointees are slashing VHA healthcare for your veterans.

212 VHA JOBS CUT NEAR YOUR DISTRICT	**0** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**32,845** VETERANS IN YOUR DISTRICT (2023)

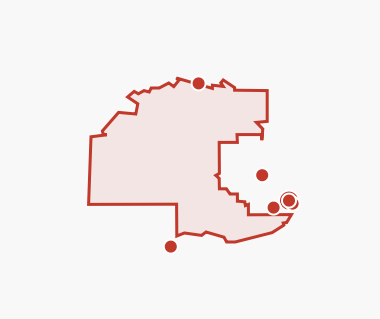
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

MINNESOTA'S 3RD CONGRESSIONAL DISTRICT

Rep. **Kelly Morrison** (D)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



MINNESOTA

Cuts No cuts

In August 2025 the Minneapolis VA Health Care System in Minnesota reported a severe staffing shortage in psychologists.

Four months later, VA appointees cut 1 psychologist position there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 212 JOBS AT VA FACILITIES SERVING YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

32,845 VETERANS 2023*	**9,476** VA PATIENTS 29% of vet pop, 2023*	**$148M** VA SPENDING FY 2024	**0** DISTRICT CUTS Dec 2025
212 LOCAL CUTS 60-min drive catchment	**212** JOBS CUT STATEWIDE Minnesota, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut tens of thousands of jobs around the country

They didn't tell the public or elected officials for months.

LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects MN-03.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Minneapolis VA Medical Center	Minneapolis, MN	**166**	**127**
St. Cloud VA Medical Center	St. Cloud, MN	**46**	**25**
2 facilities		**212**	**152**

SECTION 3

WAIT TIMES

Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Minneapolis VA Medical Center VAMC — Minneapolis, MN	34d	33d	13d	51d	40d
Northwest Metro VA Clinic CBOC — Ramsey, MN	68d	30d	—	314d	47d
Fort Snelling VA Clinic OPC — Fort Snelling, MN	—	—	—	—	2d
Shakopee VA Clinic CBOC — Shakopee, MN	25d	25d	—	—	33d
Minneapolis VA Clinic OPC — Minneapolis, MN	19d	21d	—	—	—
Maplewood VA Clinic CBOC — Maplewood, MN	126d	48d	—	—	41d
St. Cloud VA Medical Center VAMC — St. Cloud, MN	22d	0d	—	31d	44d

PREPARED FOR

NC-03

Rep. Gregory F. Murphy (R)

Political appointees are slashing VHA healthcare for your veterans.

211 VHA JOBS CUT NEAR YOUR DISTRICT	**0** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**75,437** VETERANS IN YOUR DISTRICT (2023)

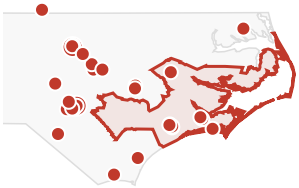
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

NORTH CAROLINA'S 3RD CONGRESSIONAL DISTRICT

Rep. **Gregory F. Murphy** (R)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



NORTH CAROLINA

Cuts No cuts

In August 2025 the VA Fayetteville Coastal Healthcare System in North Carolina reported a severe staffing shortage in psychologists.

Four months later, VA appointees cut 9 psychologist positions there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 211 JOBS AT VA FACILITIES SERVING YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

75,437 VETERANS 2023*	**30,172** VA PATIENTS 40% of vet pop, 2023*	**$1.3B** VA SPENDING FY 2024	**0** DISTRICT CUTS Dec 2025
211 LOCAL CUTS 60-min drive catchment	**775** JOBS CUT STATEWIDE North Carolina, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

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1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut tens of thousands of jobs around the country

They didn't tell the public or elected officials for months.

LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects NC-03.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Fayetteville VA Medical Center	Fayetteville, NC	**211**	**33**
1 facility		**211**	**33**

SECTION 3

WAIT TIMES

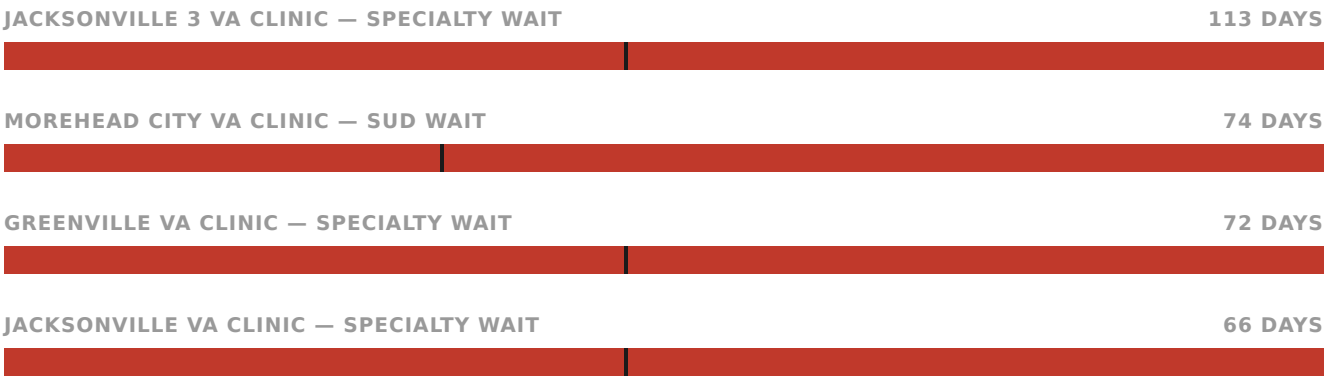
Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Jacksonville 3 VA Clinic ✓ OPC	—	—	—	—	113d
Jacksonville 2 VA Clinic ✓ OPC	41d	—	—	—	33d
Jacksonville VA Clinic ✓ CBOC	65d	12d	—	—	66d
Jacksonville 4 VA Clinic ✓ OPC	—	65d	30d	—	—
Havelock VA Clinic ✓ OPC	—	22d	—	—	0d
Cherry Point VA Clinic ✓ OPC	13d	—	—	—	—
Greenville VA Clinic ✓ CBOC	21d	65d	26d	45d	72d
Morehead City VA Clinic ✓ CBOC	11d	44d	74d	—	16d
Goldsboro VA Clinic CBOC — Goldsboro, NC	115d	62d	—	—	18d
Johnson Air Force Base VA Clinic OPC — Goldsboro, NC	—	—	—	41d	—
Wilmington VA Clinic CBOC — Wilmington, NC	81d	13d	35d	36d	41d
Fayetteville VA Medical Center VAMC — Fayetteville, NC	—	58d	32d	44d	45d

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Raeford Road VA Clinic OPC — Fayetteville, NC	—	—	—	—	23d
Garner VA Clinic HCC — Garner, NC	51d	116d	59d	—	48d
Cumberland County VA Clinic HCC — Fayetteville, NC	44d	17d	—	—	52d
Clayton-East Raleigh VA Clinic CBOC — Clayton, NC	24d	—	—	—	50d
Robeson County VA Clinic CBOC — Pembroke, NC	53d	16d	—	—	24d
Albemarle VA Clinic CBOC — Elizabeth City, NC	40d	54d	—	—	8d
Brier Creek VA Clinic OPC — Raleigh, NC	—	—	—	—	34d



PREPARED FOR

CA-26

Rep. Julia Brownley (D)

Political appointees are slashing VHA healthcare for your veterans.

106 VHA JOBS CUT NEAR YOUR DISTRICT	**0** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**32,633** VETERANS IN YOUR DISTRICT (2023)

LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

CALIFORNIA'S 26TH CONGRESSIONAL DISTRICT

Rep. **Julia Brownley** (D)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE

CALIFORNIA

Cuts No cuts

In August 2025 the VA Greater Los Angeles Healthcare System in California reported a severe staffing shortage in psychologists.

Four months later, VA appointees cut 1 psychologist position there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 106 JOBS AT VA FACILITIES SERVING YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

32,633 VETERANS 2023*	**7,744** VA PATIENTS 24% of vet pop, 2023*	**$248M** VA SPENDING FY 2024	**0** DISTRICT CUTS Dec 2025
106 LOCAL CUTS 60-min drive catchment	**2,129** JOBS CUT STATEWIDE California, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut tens of thousands of jobs around the country

They didn't tell the public or elected officials for months.

LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects CA-26.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
West Los Angeles VA Medical Center	Los Angeles, CA	**106**	**59**
1 facility		**106**	**59**

SECTION 3

WAIT TIMES

Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

- Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.
- ✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Captain Rosemary Bryant Mariner Outpatient Clinic CBOC — Ventura, CA	40d	111d	—	262d	46d
Sepulveda VA Medical Center VAMC — Sepulveda, CA	44d	71d	101d	33d	47d
West Los Angeles VA Medical Center VAMC — Los Angeles, CA	36d	56d	60d	29d	51d
Santa Barbara VA Clinic CBOC — Santa Barbara, CA	44d	303d	—	—	14d
Los Angeles VA Clinic CBOC — Los Angeles, CA	49d	70d	34d	40d	62d
San Gabriel Valley VA Clinic CBOC — Arcadia, CA	42d	99d	—	—	47d
East Los Angeles VA Clinic CBOC — Commerce, CA	11d	90d	—	—	15d
Gardena VA Clinic CBOC — Gardena, CA	32d	56d	—	—	4d
Bakersfield VA Clinic CBOC — Bakersfield, CA	42d	51d	—	32d	42d
Antelope Valley VA Clinic CBOC — Lancaster, CA	55d	97d	—	31d	37d

PREPARED FOR

MI-01

Rep. Jack Bergman (R)

Political appointees are slashing VHA healthcare for your veterans.

27 VHA JOBS CUT IN YOUR DISTRICT	**7** CUTS IN ALREADY SEVERELY UNDERSTAFFED ROLES
26,000+ VHA JOBS CUT NATIONALLY	**63,265** VETERANS IN YOUR DISTRICT (2023)

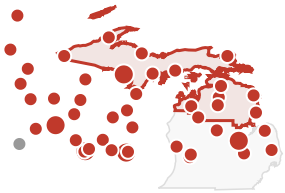
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

MICHIGAN'S 1ST CONGRESSIONAL DISTRICT

Rep. **Jack Bergman** (R)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



MICHIGAN

Cuts No cuts

In August 2025 the VA Iron Mountain Healthcare System in Michigan reported a severe staffing shortage in nurses.

Four months later, VA appointees cut 5 nurse positions there.

This is one example from more than 26,000 jobs that political appointees at the VA quietly cut from veteran healthcare facilities around the country at the end of last year.

SEC COLLINS CUT 27 JOBS IN YOUR DISTRICT IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

63,265 VETERANS 2023*	**26,619** VA PATIENTS 42% of vet pop, 2023*	**$509M** VA SPENDING FY 2024	**27** DISTRICT CUTS Dec 2025
31 LOCAL CUTS 60-min drive catchment	**263** JOBS CUT STATEWIDE Michigan, 2025		

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

SECTION 2

CUTS

NATIONAL PICTURE:

Secretary Collins quietly cut 26,000 VHA jobs at the end of last year.

APPOINTEES ARE CUTTING WHERE IT HURTS MOST

10,920 positions cut nationally in December — ordered by VA political appointees — at facilities that reported **severe staffing shortages** in the same career field.

1,441 DOCTORS	**4,229** NURSES	**244** PSYCHOLOGISTS
551 SOCIAL WORKERS	**49** COUNSELORS & THERAPISTS	

IN THIS DISTRICT

At the end of last year, political appointees cut 27 VA jobs in MI-01

7 of them were in occupations where those same facilities had reported severe staffing shortages.

They didn't tell the public or elected officials for months.

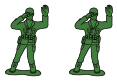
7

positions in already severely understaffed occupations were silently eliminated in this district. They're no longer there to look out for your veteran constituents.

Each figure represents one position cut in a role where the same facility had already reported a severe shortage.

NURSES: 5

OTHER: 2



LOCAL CUTS: FACILITIES WITHIN A 1-HOUR DRIVE

Cuts and severe shortage contradictions at all VA medical centers whose 60-minute drive-time catchment area intersects MI-01.

FACILITY	LOCATION	JOBS CUT	IN SEVERE SHORTAGE OCCUPATIONS
Oscar G. Johnson Department of Veterans Affairs Medical Facility	Iron Mountain, MI	**27**	**7**
Aleda E. Lutz Department of Veterans Affairs Medical Center	Saginaw, MI	**4**	—
2 facilities		**31**	**7**

SECTION 3

WAIT TIMES

Data for facilities within a 1-hour drive of this district.

ROLLING 30-DAY WAIT TIME AVERAGES FOR NEW PATIENTS: UPDATED: JUN 22, 2026

● Red wait times are above VHA targets: 20 days for primary and mental health care, 28 days for the remainder.

✓ Facilities with a green check are within the geographic boundaries of the district.

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Grayling VA Clinic ✓ CBOC	24d	34d	—	—	50d
Navy Corpsman Steve Andrews Department of Veterans Affairs Health Care Clinic ✓ CBOC	6d	96d	—	—	77d
Pfc. Justin T. Paton Department of Veterans Affairs Clinic ✓ CBOC	30d	38d	—	—	24d
Gladstone VA Clinic ✓ CBOC	38d	24d	—	—	21d
Manistique VA Clinic ✓ CBOC	16d	16d	—	—	67d
Colonel Demas T. Craw VA Clinic ✓ CBOC	16d	63d	—	—	47d
Lieutenant Colonel Clement C. Van Wagoner Department of Veterans Affairs Clinic ✓ CBOC	20d	0d	—	—	38d
Marquette VA Clinic ✓ CBOC	25d	36d	—	—	54d
Oscar G. Johnson Department of Veterans Affairs Medical Facility ✓ VAMC	22d	24d	—	66d	42d
Sault Saint Marie VA Clinic ✓ CBOC	26d	24d	—	—	57d

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Oscoda VA Clinic ✓ CBOC	19d	14d	—	—	33d
Hancock VA Clinic ✓ CBOC	42d	16d	—	—	51d
Ironwood VA Clinic ✓ CBOC	26d	21d	—	—	79d
Menominee VA Clinic ✓ CBOC	19d	20d	—	—	25d
Duane E. Dewey VA Clinic CBOC — Cadillac, MI	47d	38d	—	—	29d
Clare VA Clinic CBOC — Clare, MI	20d	54d	—	—	54d
Saginaw VA Clinic OPC — Saginaw, MI	—	36d	38d	—	30d
Aleda E. Lutz Department of Veterans Affairs Medical Center VAMC — Saginaw, MI	8d	32d	—	56d	35d
Saginaw North VA Clinic OPC — Saginaw, MI	—	—	—	—	22d
Rhinelander VA Clinic CBOC — Rhinelander, WI	31d	11d	—	—	45d

NAVY CORPSMAN STEVE ANDREWS DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE CLINIC — MENTAL HEALTH WAIT — 96 DAYS

IRONWOOD VA CLINIC — SPECIALTY WAIT — 79 DAYS

NAVY CORPSMAN STEVE ANDREWS DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE CLINIC — SPECIALTY WAIT — 77 DAYS

MANISTIQUE VA CLINIC — SPECIALTY WAIT — 67 DAYS

PREPARED FOR

IA-01

Rep. Mariannette Miller-Meeks (R)

Political appointees are slashing VHA healthcare for your veterans.

26,000+	42,645
VHA JOBS CUT NATIONALLY	VETERANS IN YOUR DISTRICT (2023)

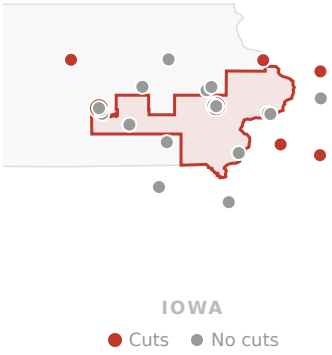
LEGISLATIVE ASK

We are asking Congress to require public staffing data, public demand data, and projected impact statements before VHA jobs are eliminated. This report details the cuts in your district and the wait times your constituents face today.

IOWA'S 1ST CONGRESSIONAL DISTRICT

Rep. **Mariannette Miller-Meeks** (R)

POLITICAL APPOINTEES ARE SLASHING VHA HEALTHCARE



16,301 veterans depend on VA care in this district. **Political appointees at the VA are working to silently starve VA healthcare.** Congress gets wait times data. VA political appointees won't release the staffing and demand data needed to understand them.

SEC COLLINS CUT TENS OF THOUSANDS OF VA JOBS ACROSS THE COUNTRY IN DECEMBER.

DISTRICT VA STATS SNAPSHOT:

42,645	16,301	$276M	0
VETERANS	VA PATIENTS	VA SPENDING	DISTRICT CUTS
2023*	38% of vet pop, 2023*	FY 2024	Dec 2025

* In 2025 the VA abruptly stopped providing veteran and veteran patient counts by congressional district as part of the GDX file. The newest file (FY2024) lacks that data.

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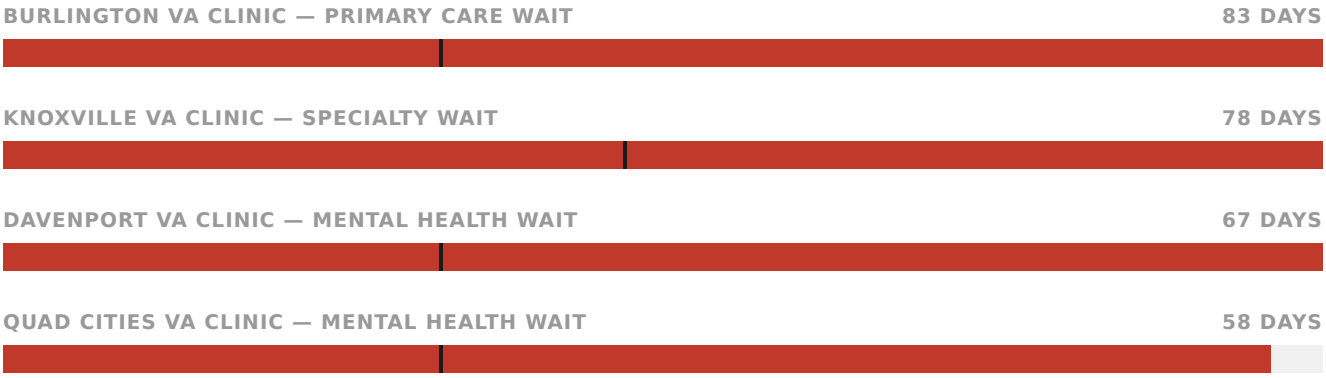
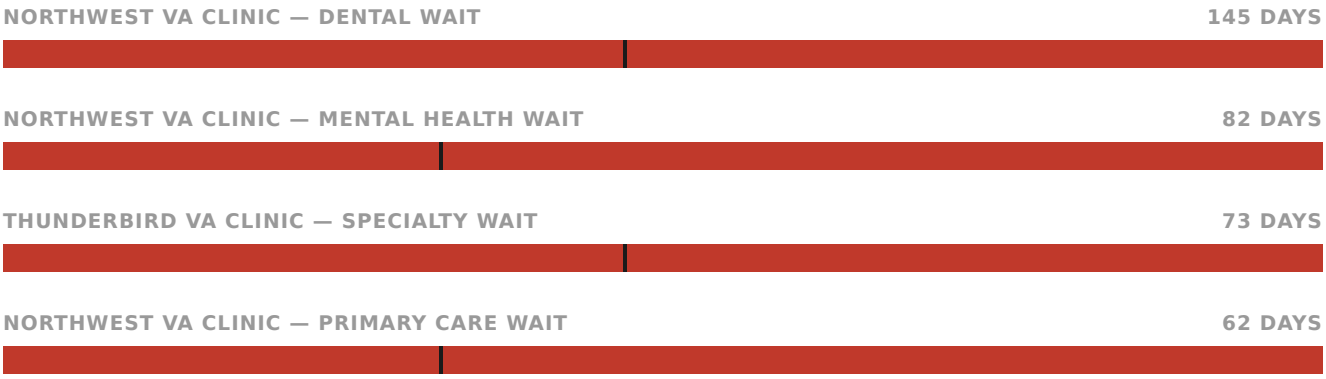
ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Iowa City VA Clinic ✓ OPC	—	—	—	41d	16d
Coralville VA Clinic ✓ CBOC	2d	44d	12d	—	16d
Iowa City VA Medical Center ✓ VAMC	55d	57d	13d	—	46d
Burlington VA Clinic ✓ OPC	83d	44d	—	—	4d
Knoxville VA Clinic ✓ CBOC	14d	12d	—	—	78d
Quad Cities VA Clinic ✓ CBOC	20d	58d	—	—	49d
Davenport VA Clinic ✓ OPC	—	67d	24d	—	—
Cedar Rapids VA Clinic CBOC — Cedar Rapids, IA	34d	51d	34d	—	36d
Ottumwa VA Clinic CBOC — Ottumwa, IA	25d	34d	—	—	78d
South Des Moines VA Clinic CBOC — Des Moines, IA	21d	92d	—	—	19d
Des Moines VA Medical Center VAMC — Des Moines, IA	62d	20d	7d	58d	61d
Dubuque VA Clinic CBOC — Dubuque, IA	42d	26d	22d	—	14d

ROLLING 30-DAY WAIT TIME AVERAGES — 60-MIN DRIVE CATCHMENT FACILITY	PRIMARY CARE	MENTAL HEALTH	SUD	DENTAL	SPECIALTY
Marshalltown VA Clinic CBOC — Marshalltown, IA	34d	18d	—	—	49d
Lane A. Evans VA Community Based Outpatient Clinic CBOC — Galesburg, IL	20d	101d	—	—	19d
Sterling VA Clinic CBOC — Sterling, IL	21d	13d	12d	—	28d
Quincy VA Clinic CBOC — Quincy, IL	18d	45d	—	—	46d
Freeport VA Clinic OPC — Freeport, IL	26d	12d	—	—	3d




NORTHWEST VA CLINIC — DENTAL WAIT
145 DAYS
NORTHWEST VA CLINIC — MENTAL HEALTH WAIT
82 DAYS
THUNDERBIRD VA CLINIC — SPECIALTY WAIT
73 DAYS
NORTHWEST VA CLINIC — PRIMARY CARE WAIT
62 DAYS