

**VETERANS AT THE FOREFRONT:
SECRETARY COLLINS ON THE FUTURE AT VA**

HEARING

BEFORE THE

**COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE**

ONE HUNDRED NINETEENTH CONGRESS

FIRST SESSION

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MAY 6, 2025
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TUESDAY, MAY 6, 2025

U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.

The Committee met, pursuant to notice, at 11:41 a.m., in Room SD-106, Dirksen Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Boozman, Cassidy, Tillis, Sullivan, Blackburn, Cramer, Tuberville, Banks, Sheehy, Blumenthal, Murray, Sanders, Hirono, Hassan, King, Duckworth, Gallego, and Slotkin.

**OPENING STATEMENT OF HON. JERRY MORAN,
CHAIRMAN, U.S. SENATOR FROM KANSAS**

Chairman MORAN. Good morning, colleagues. Good morning, Mr. Secretary. Welcome, and welcome to those in the audience, as well.

We have two votes starting at 11:30. I think most of us have now cast that first vote, so we will be interrupted on a rolling basis, I would guess, for the second vote.

Mr. Secretary, thank you. Thank you for testifying before this Committee. It is the first time in front of our Committee since you were sworn in to become confirmed as the Secretary of Veterans Affairs, and I thank you for your acceptance of my invitation and your willingness and the ease with which you agreed to come before the Committee at the appropriate time.

While the VA is operated by many hardworking and caring staff members—many of whom are veterans themselves—the bureaucracy at the VA has hampered some of the Department's successes. The current way of doing business at the VA is not always working for every veteran or military family.

I hear from Kansans, as I assume we do as Members of Congress. We talk to Kansas veterans regularly. We talk to their loved ones—as well as Kansans who work for the VA, in the medical facilities, regional offices, and veterans' cemeteries—about the challenges that they are facing. I look forward today to hosting you in Kansas and sometime in the near future where we will visit with those veterans and those VA employees.

This Committee has worked to improve the VA, to improve its services for the millions of men and women around the country who rely on the health care, benefits, and services that VA pro-

vides. Most of the time we have done that in a bipartisan way, and we have made progress.

The MISSION Act made the VA care more accessible and enabled veterans, particularly those in rural areas, to receive care closer to home. The MISSION Act improved what we started out as the CHOICE Act.

The PACT Act expanded health care and benefits to millions of veterans who were exposed to burn pits and other toxins during their military service.

Yet, as we always say in this Committee, more work remains to make this agency, this Department—the second largest bureaucracy in the Federal Government—perform to the levels that veterans, their families, and VA staff members deserve.

I believe that we share many of the same priorities, Mr. Secretary, including eliminating waste and reforming the VA to better serve our Nation's veterans.

During the last three months, there have been announcements about significant changes across the Department, including employee terminations, contract cancellations, and plans for large-scale reductions in force that could see the VA return to the top-line workforce numbers in place six years ago. That has caused understandable concern among veterans and VA staff, as well as many of us here on the dais. Mr. Secretary, I look forward to you addressing those concerns this morning. I think how this process is completed or how this process occurs is hugely important. And I have told you on the phone that it ought not be a set number that you are trying to reach, it ought to be about rightsizing the Department of Veterans Affairs.

The Department is at a critical juncture—perhaps that is always true—and I want to hear from you that the changes underway at the VA are backed by data, informed by veteran demand, focused on improving outcomes for the men and women that the VA serves, and will be carried out in close coordination with this Committee as well as with veterans, VA staff, and veterans' organizations.

As the VA undergoes restructuring, the Department must be well-staffed by a quality, accountable workforce and any efforts to rightsize the workforce must be done carefully and in a manner that treats the men and women who entered public service to care for veterans with gratitude and respect.

I believe that we can work together to achieve lasting and positive changes at the VA, that best serves our veterans, staff members, and survivors, done in a way that is the right way to do it.

Mr. Secretary, I indicated in one of our last conversations that if you are rightsizing the Department of Veterans Affairs, whether the numbers go higher or lower, that is not the issue, the issue is about the right size for taking care of those who served our country.

I thank you for being here this morning, as I said earlier, and with that, I yield to Ranking Member Blumenthal for his opening remarks.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman, and I want to thank you, Senator Moran, for again bringing us together for the bipartisan work that you and I have done together. This Committee has been more bipartisan than any in the United States Senate, so far as I am concerned, and it will continue to be so, in championing measures like the PACT Act, which, Secretary Collins, by the way, I just noticed is not mentioned once in your written testimony, which mystifies me.

Let me say at the very outset, I would like to enter a few items into the record. The first is an article published this morning by *ProPublica*, supported by hard evidence and in-depth conversations with VA staff. It outlines a number of examples of real-life impacts to veterans caused by the firings, freezes, and cuts in this Administration. It also outlines disturbing warnings of what is to come, documents with recommendation from DOGE, the DOGE tech boys—I call them the “DOGE Dopes”—that outline cutting 100,000 employees and closing as many as 17 VA hospitals.

I would also like to enter into the record a statement from Darren J. Petite, President of the AFGE Local 0025. His statement is a summary of the dozens of impact statements from VA employees that were provided to my office this morning. And in addition, *The New York Times* article on mental health care diminishing and degrading privacy available through telemental health care that is absolutely unacceptable. In Mr. Petite’s words, his statement represents, quote, “the collective voices of frontline public servants who have endured significant and unjustified hardships stemming from recent policy changes, management decisions, and failures to honor basic labor protections.”

Finally, I want to submit for the record an updated list of 41 requests for information and 19 letters of inquiry that have been sent to this Administration without substantive response, any sufficient response, or any response at all. If that is okay, Mr. Chairman, without objection.

Chairman MORAN. Without objection, so ordered.

[The information referred to appears on pages 65–98 of the Appendix.]

Senator BLUMENTHAL. We are here about accountability, which so far has been totally lacking. The absence of responses to our inquiries are simply unacceptable. You inherited, Mr. Secretary, a VA that was delivering a record amount of health care. Last year wait times decreased, despite a record increase in new patient appointments. You claimed the disability backlogs got worse, but the percentage of backlog claims actually is about the same, but increasing challenges in numbers. And the VA has decreased the time to process each claim, setting new records for productivity.

You inherited a VA that was setting new records for burials, and that is important to the servicemembers, the families that sadly have to provide those burials. The VA has been delivering more care, more services, more benefits, to more veterans, and doing it faster than ever before when you took over, and that is in no way to deny the importance of improvement. Call it reform. Call it revi-

sion. Improvement is absolutely necessary. But it should not be done with a chainsaw.

The head, the Commander of the Veterans of Foreign Wars, came before us, and he drew this analogy. When he was wounded in combat, the surgeon used a scalpel. He took the shrapnel out of his arm. He did not use a meat ax. He did not use a chainsaw. And that is the kind of improvement that we should work to achieve, with the input of those skilled and dedicated caregivers who are working hard in the VA right now, a third of them veterans, thousands of them already fired, and others potentially losing their positions in the future.

You have announced the cancellation of 800 contracts worth an alleged \$2 billion, only to rescind that statement once the harmful impacts of the cancellations were made public, and we protested. You arbitrarily fired thousands of VA employees, including Veterans Crisis Line employees, only to subsequently reinstate a number of them after public backlash, or after you learned that they were fired by mistake, and we protested. You have delayed the opening of facilities across the country, only to announce they would open in phases because of insufficient staffing. You have equated them to restaurants. You claim that is how it has always been done. But that is not true.

And so far as that 83,000 number is concerned, apparently you want to go back to the 2019 numbers, because since then some 80,000 VA workers have been added to the rolls. You should know, two-thirds of them are health care workers. If you slash those health care workers, VA quality and access will diminish. A number of them are VBA claims processors, a third of them. If you slash them, the times for PACT Act benefits will be delayed.

I think that oversight is absolutely necessary and improvement is always possible. But it should be done positively, without the slashing and trashing that right now you have advocated.

In the real world we know that support personnel are absolutely necessary—answering the phones, cleaning the surgical equipment, preparing the operating rooms, scheduling the appointments or fixing the IT systems. Those burdens will fall to others, or they will simply fall through the cracks if you slash and trash the VA.

In Connecticut, the VA is operating without a locksmith, because that position is not exempt from your hiring freeze. And the VA has ignored local requests for that exemption. There is no way for a VA facility to operate reliably and safely without good locks on the doors. Now that position may seem like a minor or trivial one, but every member of the VA team is necessary to make the team effective and efficient.

Now, we have already begun seeing the results and local impacts of staffing shortages. We have heard directly from veterans—my office has, colleagues have—service lines at numerous VA hospitals and clinics have been reduced. Mammogram appointments have been postponed. Prosthetic employees have been fired and services reduced. The availability of VA operating rooms as well as inpatient, recovery, emergency room, and long-term care beds have been reduced. Probationary staff in logistics and procurement have been fired, meaning critical medication and equipment deliveries have stalled. In some VA hospitals, senior and clinical staff are

now helping stock supplies. Medical center employees who manage research grant applications have been fired, leaving hospitals unable to apply for new research funding.

Countless employees are being driven away. You have 40,000 openings right now that you are recruiting to fill at the same time as you are firing 80,000. It makes no sense. How do you expect to recruit qualified, skilled, dedicated, new workers, whether they are physicians or counselors, nurses, when you are firing our probationary employees who are the future of the VA workforce or who have been promoted because they are performing with such excellence? Nonsensical.

So I think that you owe this Committee some explanation. You have refused to do it so far, in response to the 19 letters that I have written, along with colleagues, and the 21 other inquiries. There needs to be accountability. We need to avoid the potential disaster that is looming. And make no mistake—it is a disaster that is on the horizon, approaching us, as surely as a thunderstorm in the Nation's capital. And we need to avoid it. It will be a self-inflicted wound that disastrously affects all of our VA beneficiaries, whether they use health care or the PACT Act, and that is one reason why I have advanced the Putting Veterans First bill that would mandate rehiring all those fired VA employees and all the veterans who have been fired from the Federal workforce in other agencies. Give them the right to individual, personal determination, which should be their right under current law.

We need to make the VA a place that works better for veterans and their families. They deserve nothing less.

Thank you, Mr. Chairman.

Chairman MORAN. Senator Blumenthal, thank you.

Mr. Secretary, we now recognize you. Thank you for your presence, and we recognize you for your testimony.

**STATEMENT OF HON. DOUGLAS COLLINS,
SECRETARY, U.S. DEPARTMENT OF VETERANS AFFAIRS**

Secretary COLLINS. Thank you, Mr. Chairman. I appreciate that. And Ranking Member Blumenthal, and distinguished Members of the Committee, it is good to be back here.

Chairman MORAN. Mr. Secretary, would you pull the mic closer, please?

Secretary COLLINS. It is on.

Chairman MORAN. That is better.

Secretary COLLINS. So I am going to have to swallow it. Okay. There we go.

Since becoming VA Secretary, I have met many of the men and women who show up every day to work. It has been one of the greatest experiences of my life to see the deep dedication that they have to the veterans that they serve. And I have also listened to those VA employees and others who have expressed their concerns about what is going on and the stuff that they need to be able to do to perform their job. Most of those are a bureaucracy that has been out of control and a bureaucracy that has not been tamed in years.

You know, also, though, in the same period of time, since I have come to learn what many of you on this Committee realize: the VA

is in need of reform, and which I can probably quote every Member of this Committee who has stated in the past, multiple times, including even last year, that the VA needed reform, and needed it badly. We must do a better job serving our veterans, and getting to “yes” so veterans can get the benefits they have earned, and making sure the money Congress appropriates to the VA is not diverted to non-mission-critical or even wasteful programs.

Way back in 2024, Congress discussed many times reform in the VA, but it often was simply a thinly veiled request for more employees. But the Department’s history shows that adding more employees to the system does not automatically equal better results.

The Biden administration’s record is a perfect example. The last four years, which, again, I would be happy to talk about today, showed that this issue of money and people do not solve the problems. In fact, the number of VA employees grew by more than 52,000 full-time equivalents from fiscal year 2021 to fiscal year 2024. And did all those people make things better for veterans? No. In fact, VA performance actually got worse. VA wait times for primary care rose from 15.7 days to 24.3 days. Wait times for mental health care rose from 14.7 days to 20.4 days. Wait times for specialty care rose from 24 days to 38 days. And VA’s disability benefits backlog increased, and was at 260,000 when I took office at the first of February. I will say that we have decreased it by 40,000 since we have taken office.

Something has to change, and we are going to have to change it. President Trump looked at the problems. He has looked at the problems across it and said, “Let’s take care of our veterans, and do so in a way that takes care of our veterans, families, caregivers, and the survivors that we serve.”

And also I have never been shy about talking about and addressing tough issues, and I will not ignore the elephant in the room here today. As has already been discussed and we are aware, we are looking at Department’s structure and staffing across the enterprise. I said countless times, this review is aimed at finding ways to improve health care and benefits for veterans without cutting care and benefits for veterans. Our goal is to increase productivity, eliminate waste and bureaucracy, increase efficiency, and improve health care and benefits to our veterans.

We are going to maintain VA’s mission-essential jobs like doctors, nurses, claims processors, while phasing out non-essential roles like interior designers and other things. This is savings we can achieve that will be redirected to veteran health care and benefits. Our goal—and here is the key word—our goal, as we look at it as everything goes forward, is a 15 percent decrease. It is a goal. As the Chairman said, it could be less, it could be more. It is a goal that you have to look at. You have to start somewhere.

Year after year, the calls for VA reform come from every corner—the lawmakers, the media, watchdog groups like the inspectors general, Government Accountability Office, VSOs, and individual veterans across the country.

This year, we have finally embarked on a historic effort to reform the VA. We have been emphatic that we will not be cutting benefits and health care—only improving them—and I think the budget shows that. And we are engaging career subject-matter experts,

senior executives, and political leadership to restructure the Department so it works better for veterans—a scalpel, not a hatchet.

We are also doing, what all the veteran stakeholders agree needs to be done, and there has been some reaction. We have been met with a barrage of false rumors, innuendo, disinformation, and speculation implying firing of doctors and nurses, and forcing staff to work in closets and showers, and that there is “chaos” in the Department, none of which have been backed up, even articles from today. Why? Because we canceled some contracts, that work for the VA, that we should be doing in-house, and we let go less than one-half of 1 percent. That is what I am sort of amazed at some things you said. We have let go one-half of 1 percent of non-mission-critical employees.

To hear our critics tell it, the Department was absolutely perfect before January 2025. Everyone knows that is not true. The fact is that VA health care has been on the Government Accountability Office’s high-risk list for a decade. GAO says VA faces “system-wide challenges in overseeing patient safety, access to care, hiring critical staff, and meeting future infrastructure needs.” We are working hard to fix these and other issues, and we need your help. We want to work with Congress to fix the VA. But our shared goal needs to be making things better for veterans, not protecting the Department’s broken bureaucracy.

The Department of Veterans Affairs is not a Federal jobs program. It is an organization whose sole purpose is to serve veterans, and we must never lose sight of that. In just the first 100 days we are refocusing our core mission back on the veteran, not the VA itself. We are making sure that they actually get choice in the MIS-SION Act, which is what the law requires, which we have found over the past few years has been actually stifled at the VA. Instead of sending people to community care, they were actually encouraged to stay in the care inside the VA.

We brought back people from work. We have accelerated the deployment of our Electronic Health Records Management system, and yes, we have processed record numbers of disability claims, and we are redirecting hundreds of millions of dollars from non-mission-critical efforts to support our beneficiaries.

As we go forward, we are just getting started. There is a lot we can agree on. There may be some things that we disagree on. But the one thing about it, it will never change for me, Mr. Chairman, Ranking Member, and the rest of the Committee, is that we have got to take care of our veterans. And obviously the numbers that we have seen in the last few years have shown that we are not.

And with that I yield back.

[The prepared statement of Secretary Collins appears on page 57 of the Appendix.]

Chairman MORAN. Mr. Secretary, thank you. So in your time as the Secretary and the circumstances that you are under and engaged in, what do you assess as your most significant areas of concern for the VA, and what do you believe is working? Is there anything that you have learned that needs to be done differently?

Secretary COLLINS. Thank you, Mr. Chairman. I think one of the most interesting things for me in the first 100 days is constantly

fighting rumor and innuendo, much of which I am sure we will hear today that I am going to try and put to rest.

But one of the things is, I had to take it from a perspective of both being on the GAO list and looking at the past history, as I expressed to many of you during confirmation, is what is working right and what is not working right. And as we looked at this, what I found was a system, a bureaucracy, that was broken.

Here is an interesting stat for most of you that you may not know. I came into the office and it took me a week and a half before Human Resources Department could actually produce a list of all the employees that we have—a week and a half—because our systems were so broken and bureaucratically challenged.

You know, what I found out was we did not address any of the major concerns. Wait times, which I just outlined in my opening statement, have gotten worse. Backlogs got worse. All while we were adding people and all while we were adding money.

You know, the inefficiencies are interesting. I will just show you one example. Under the previous administration they were trying to consolidate payroll, and payroll across the board, we asked for a number from payroll, and we got 230,000 is our employee base. It is who we are paying. Well, we know, obviously, we had almost 470,000. The reason was we had 50 to 60 of our hospitals still doing their own payroll instead of it all being centralized where it could be done in an efficient manner, and make sure that we all have it where we need to go.

The HR system is in disarray. Our death by suicide number has not changed since 2008, yet we are spending \$588 million a year to look at that, and \$2.3 billion in counseling and care.

These are just the things that we have seen so far, and we have actually implemented to go forward and look at the things that we have got to fix and more forward on those. But to simply say that where we came in was okay and needed tweaks was just simply not true, and veterans in this room and other places know that.

Chairman MORAN. Mr. Secretary, you mentioned in your opening statement inspectors general.

Secretary COLLINS. Yes.

Chairman MORAN. I have indicated, I think in many conversations, and certainly hearings in which VA staff are witnesses, that the return of an inspector general is a high priority for me. What is the plan?

Secretary COLLINS. We are in favor of that, as well, and making sure that the White House—and we have encouraged the inspector general to be named, and look forward to that being in place. I mean, again, we are looking at it as a metric of how we can get better. Over the last 10 years, that has been the metric saying that we are at a high risk. So from my perspective we welcome the oversight to make sure that we are heeding the metrics that we need to do to take care of veterans.

Chairman MORAN. And so, Mr. Secretary, the impression that you leave is that the White House, the President needs to nominate someone. Is that where we are?

Secretary COLLINS. That is the next step in that, yes.

Chairman MORAN. Okay. I want to ask a specific question about community care. I appreciate your attention to the MISSION Act.

We have been trying, this Committee, that we believe it is particularly important for veterans at risk for suicide and mental health issues, veterans who are potentially victims of overdose deaths.

I wrote to the VA in January, urging Mental Health Residential Rehabilitation Treatment programs to be included under existing community care access standards, to immediately expand access to those lifesaving services to veterans across the country, in the community. Can you provide me with an update on your progress to add Mental Health Residential Rehabilitation Treatment programs to the MISSION Act access standards?

Secretary COLLINS. Yes, and I think that is going through right now and adding those as we go forward, making sure that the VA and the veteran is going through the programs that are suitable for the program it needs to be and also taking care of the needs of the veterans. So that is moving forward. We agree with you that any opportunity that we can take to give more service to veterans, especially in the mental health area.

Also, Mr. Chairman, there is something else to think about here, as well. One of the things that I did not mention earlier, is there seems to be, at times, a difference in how we deal with the VA as opposed to how we deal with health care, in general. And some of that, frankly, needs to change in the sense that the VA is the largest health care provider. But also we share the same challenges as the community does, as well, with doctor recruitment, nurse shortage, doctor shortages, mental health workers, and those. So we are working those in our areas to make sure that we do have good community partners in this regard and also hiring the best that we can. Also, we are leveraging partnerships with DoD, but also looking at our nonprofits and our VSOs, to see how they can help, as well. So it is a total approach to how we are looking at this and want to continue to do that.

Chairman MORAN. Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman. You know, I listened to you recite those problems that you encountered. Not a single one of them will be solved or addressed by slashing the VA workforce by 83,000 people. Putting those workers on the chopping block fails to address one single aspect of any of the problems that you have brought to this Committee, or that you encountered.

Are you aware, Mr. Secretary, that the VA changed the way it calculates wait times in 2022?

Secretary COLLINS. The information I gave you is as of our current VA system.

Senator BLUMENTHAL. The information you gave us is deceptive and misleading because the VA changed the way it calculates wait times in 2022. In addition, because it begins in 2021, at a time when a lot of VA patients were coming back to the VA after COVID in 2022, this information is fundamentally deceptive and misleading. I ask you to go back to the VA and correct it in a written submission to this Committee.

Mr. Chairman, I ask that we enter into the record an article that appeared in *The New York Times* entitled, "What Elon Musk Didn't Budget For: Firing Workers Costs Money, Too." If there is no objection.

Chairman MORAN. Without objection.

[The article referred to appears on pages 99–102 of the Appendix.]

Senator BLUMENTHAL. Are you aware of the costs that will result from firing those VA workers in compensation that has to be paid to them, when they have been wrongfully terminated?

Secretary COLLINS. Well, Mr. Ranking Member, if you look at that from a perspective, there is cost to moving forward. There have been some issues here. I think one of the—

Senator BLUMENTHAL. You do not have a number for us, do you?

Secretary COLLINS. No, because we have—

Senator BLUMENTHAL. Because you have not calculated—

Secretary COLLINS [continuing]. Less than one-half of 1 percent—

Senator BLUMENTHAL [continuing]. What it will cost to fire—

Secretary COLLINS [continuing]. Of people we actually—

Senator BLUMENTHAL [continuing]. Workers, and then reinstate them, when the courts tell you, as they will, that they have been wrongfully terminated.

Secretary COLLINS. We are talking about less than one-half of 1 percent, Mr. Ranking Member. You have thrown out numbers of thousands. This is exactly what I am fighting against. When you use numbers that—

Senator BLUMENTHAL. It may be a small part of your workforce, but they are the physicians.

Secretary COLLINS. No.

Senator BLUMENTHAL. They are the surgeons.

Secretary COLLINS. No. No. Mr. Ranking Member, I will not let you do that. I will not let you sit here and scare my veterans and scare my employees, because there has been no—I mean, you must have stuff that, you know, again you are looking at, making a prediction in the future because no one has discussed firing doctors or firing nurses. We have always said that we are going to keep front-line health care.

Now, if we want to continue to this message that these are out there when you have no knowledge of what you have just said except speculation—

Senator BLUMENTHAL. Well, let's begin with facts—

Secretary COLLINS [continuing]. And innuendos.

Senator BLUMENTHAL [continuing]. Right now.

Secretary COLLINS. That is facts.

Senator BLUMENTHAL. Will you submit to us, which you have failed to do, specific positions where workers have been fired already?

Secretary COLLINS. At this point in time—

Senator BLUMENTHAL. That is a yes or no.

Secretary COLLINS [continuing]. We submitted to that. You know, you also said something that I need to address real quickly.

Senator BLUMENTHAL. No, wait a second. Please answer my question. Will you give us the information?

Secretary COLLINS. We have given you the information—

Senator BLUMENTHAL. We have requested it again and again and again, what positions have you terminated and what is your plan for terminating in the future.

Secretary COLLINS. Okay. First off, we will get you the information, that your staff will check back. With the plans for the future, this is an interesting thing. I think what we are trying to do here is we are going through a process which I talked about in my opening statement, that deals with career employees, that deals with professional staff, and others, outside consultants, to see what is the proper size for our VA.

Senator BLUMENTHAL. You know, you are running out the clock—

Secretary COLLINS. Will you let me answer the question?

Senator BLUMENTHAL. I know what the tactic is.

Secretary COLLINS. Let me answer the question.

Senator BLUMENTHAL. We both know, because you served in the United States Congress too. You can fill the air with words.

Secretary COLLINS. You can if—

Senator BLUMENTHAL. What the veterans deserve is action and accountability. We have asked for this information repeatedly. You have said you are firing 83,000 people. If you fire the people who have been hired in the last 5 years, you will be firing physicians, nurses, surgeons, counselors, workers who are frontline. You cannot slash and trash the VA without eliminating those essential positions which provide access and availability of health care. It simply cannot be done. And you may give us a lot of verbiage here, but you are not giving us facts, and facts are essential to accountability. That is why you are supposed to be here. But you are not giving us the facts that we need.

Thank you, Mr. Chairman.

Secretary COLLINS. With all due respect, can I answer his question?

Chairman MORAN. You may answer.

Secretary COLLINS. Thank you. With all due respect, there is verbiage being said from the dais, as well, and I would like to say, as I have said already in this hearing, that there is a goal of looking at a 15 percent reduction. You have stated on several occasions already that I am saying we are going to fire 83,000 employees. That is wrong. I would appreciate that being corrected, because that is not true. I said we are looking at a goal of how many employees we have and how many employees that are actually working in the front lines, taking care. I have doctors and nurses right now that do not see patients. Is that helping veteran health care?

Senator BLUMENTHAL. Yes, it does.

Secretary COLLINS. No. No, it does not.

Senator BLUMENTHAL. It does.

Secretary COLLINS. Not when I need those doctors—

Senator BLUMENTHAL. A doctor who consults on a case—

Secretary COLLINS. Not when I need those doctors in a clinic.

Senator BLUMENTHAL [continuing]. A doctor who consults, a doctor who advises, a doctor who looks at radiology reports, a doctor who—

Secretary COLLINS. You are missing the point.

Senator BLUMENTHAL [continuing]. Is overseeing and assuring quality, absolutely yes.

Chairman MORAN. Senator Tuberville.

**HON. TOMMY TUBERVILLE,
U.S. SENATOR FROM ALABAMA**

Senator TUBERVILLE. Thank you, Mr. Chairman. Thank you, Secretary Collins, for being here. And thanks to the veterans that are here today. And I want to pass on the thanks from the 400,000 veterans in the State of Alabama. They have, for the first time, in just two months, have seen progress at a lot of the VAs in my state.

We have seen a record number of disability claims processed, employees finally returning to work, and an end to the DEI programs like treatment for gender dysphoria. You know, the days of business, as we all are noticing and hearing today, are over, and finally our veterans are being put first.

Let's talk about the budget a little bit, Mr. Secretary. Over the last 10 years, the VA's budget has more than doubled, and the number of employees at the VA has increased more than 100,000. But the number of veterans in our country is declining, and VA enrollment has changed.

[The information referred to appears on page 103 of the Appendix.]

The VA has become a bloated bureaucracy. I think most of us will agree with that.

Secretary Collins, why has the VA budget become so bloated over the last 10 years if the veteran population has remained stagnant?

Secretary COLLINS. Senator, I appreciate the question because it is also another number that we are leaving out there, as well, is that veteran population of actually enrolled in the VA has stayed steady at 9.1 million. And again, we can try and talk about numbers all we want here, but it has been 9.1 million steady for the last, you know, 10 years we look at this. So we are also losing veterans as a total population, but we are also not gaining in the enrollment of the VA.

What we tend to forget, and some people will say, well, we have had an increase in different programs. We have, but we also lose about 400,000 veterans a year to death, you know, natural causes. So, I mean, it is a priority of function. So what we are looking at here is there have been programs that have been increased, there has been a mandatory spending increase, and those have been the things that we look at.

I think what we are actually looking at here, though, is there has been a decision that it is easier to just put money and people toward issues without looking at is there any real-world aspect to that. Is there a return on investment?

I think as you talk to veterans, and I go out and talk to veterans, one of the things that we are having is that those amount of numbers and people are not equating into how we can actually function.

I mean, I appreciate the Ranking Member's service and I appreciate we just disagree on this, that when we have doctors and nurses and other clinicians who are not actually being clinicians and not reading charts or doing anything else, they are actually, you know, formulating policy or doing administrative work, when I have these many folks that need to be more in the clinics, then we are not helping the veteran. That is just something that is not happening.

When you are taking time to process disability claims that went up, and also not having the proper, you know, computer, the AI technology to help us do that. We are also putting out the issues that are slowing up. And then also we get in our way, because we are such a bureaucratic organization. We have rules over rules over rules.

I had a gentleman tell me just the other day—and this is, again, I have seen this before from my own daughter—he actually said—he is a double amputee. He actually said, “I have to go to the VA. If I need a new wheelchair, I have to go to my primary care, a PT, and an OT, before I can get a seating clinic appointment.” Explain to me why we are having to go through that kind of mess to get straight to a seating clinic, which we know where they need to be to start with.

Senator TUBERVILLE. Thank you. I often hear a lot about the large amounts of paperwork and administrative burden VA doctors are forced to navigate when seeing patients. This leads to VA doctors seeing less patients per day. Where do you see the opportunity to reduce all these administrative processes?

Secretary COLLINS. I think there are plenty of opportunities there, and again, this has nothing to do with employees. It has nothing to do with money. It is simply, are we doing it most efficiently in the process.

I made a statement to every hospital that I go to, every clinic that I go to, every Veteran Benefit Office that I go to, to say this. I use a proverbial 10 sheets of paper. If you have 10 sheets of paper to get a veteran the services that they need, or 10 sheets of paper to do the next thing, can you do it with 5? I mean, I will show you an example.

To apply for benefits in our VBA, there is a sheet on there that has a full listing of the veteran as far as just basic information about their military service. And this, for older veterans, could be a problem actually to go back and remember dates. If the veteran served, and we could do that with their name, their Social Security number, their ID number using their DD-214, we can gain all the records that we need to confirm that they are a part. But yet we are making them go through this process of filling out a form that many of our veterans, who may or may not have computer capabilities, are having trouble with. So it makes it difficult.

Senator TUBERVILLE. I hear from some of the supervisors in the VAs, and they say we use two coding systems, one a hospital coding system that is very, very effective, and the other one is from the W-H-O, which is a useless piece of crap, that has come from them. Why do we use both of those?

Secretary COLLINS. That is something I am looking at now, again, to try and streamline the issues that we have in our system. Again, it is interesting. A lot of times we end up talking about processes and plans here and not talking about actual care and actually what the veteran experiences when they go in. Most of the veterans, I will tell you, a lot of times when they get through the labyrinth of stuff to get there, they are happy with the service that they get. They are glad that they are getting the service and they appreciate that. They enjoy the choice.

But when we actually put restrictions on our employees and put restrictions on veterans getting in, it just makes it all the worse.
 Senator TUBERVILLE. Thank you.
 Chairman MORAN. Thank you. Senator Murray.

**HON. PATTY MURRAY,
 U.S. SENATOR FROM WASHINGTON**

Senator MURRAY. Thank you, Mr. Chairman. Secretary Collins, thank you for being here. Thank you for taking the time to talk with me yesterday morning about the new policies that you now have related to congressional engagement. For all of my colleagues, this new policy will limit our ability to interact with veterans on a VA campus, as it did when I was denied the ability to host a veteran and provider roundtable at the CL VA. I will note I have done that many times over my 30 years here in the Senate.

My staff was told it was a new policy, which had not been put into writing at the time that I got denied. And I just want to reiterate my request, Mr. Secretary, that you share that newly written policy with every single Member of Congress.

Secretary COLLINS. Senator, we definitely, as you and I talked yesterday, this had been an unwritten policy for years. It had been—

Senator MURRAY. No.

Secretary COLLINS [continuing]. It had been applied differently. And I went back and checked. It had been applied differently. And simply, there is no filter that we want you to be there.

Senator MURRAY. Well, I just have to say, I have never been denied before.

Secretary COLLINS. That is fine.

Senator MURRAY. I do not know anybody else who has. This is a new policy, and I think it is important that you have it in writing—

Secretary COLLINS. It will be.

Senator MURRAY [continuing]. To every single member—

Secretary COLLINS. It will be.

Senator MURRAY. So we all know that. I would also note that in our conversation yesterday, as well as in your responses to nearly all of the oversight letters I have seen, you are relying on this very broad explanation to everything that, and I quote it, "Everything you do is to ensure veterans receive the care and services they deserve."

I want to take this opportunity, Mr. Secretary, to remind you, the people on this dais, both sides, have the same purpose. Many of us have been doing this for decades, and oversight is both constitutionally required and it is critical for all of us to do our jobs. So with that in mind, I would ask you to rescind the memo from your Chief of Staff, which allows him to personally sign off on any proposed or planned engagement with any one of the 535 Members of Congress, which really just stonewalls legitimate questions that we have.

Secretary COLLINS. Senator, that was a memo that—that was a missing characterization. That memo simply was coordinating between OM and our Legislative Affairs Office to make sure that our OM staff, who actually deals with the budget side, which you do,

and our Legislative Affairs, were on the same page. Just as you would not want to, in your staff, talking to the same group and basically not being on the same page.

Senator MURRAY. Well, I have the letter and it directly says that every request we have has to go through your Chief of Staff, from our staff who wants questions, from any of us who do. Everything has to be rerouted up to the top. That is going to take forever. That denies us the ability for us to do—

Secretary COLLINS. We will make sure that all legislative inquiries, the stuff that you need, you are getting the oversight. I agree with you. I served in Congress, as well. Oversight is important. Also getting you good information is important, as well.

Senator MURRAY. I appreciate that. So is that letter no longer in place, no longer applies?

Secretary COLLINS. That letter is, the one that I am familiar with, is letters to streamline information so we can get you actually information quicker.

Senator MURRAY. Streamline all the way to the top so our questions are never answered. That is how we all read it.

Secretary COLLINS. No. That is not the way the letter is written.

Senator MURRAY. Well—

Secretary COLLINS. So it is not the way the interpretation is.

Senator MURRAY. I would ask you go back and look at it—

Secretary COLLINS. Okay.

Senator MURRAY [continuing]. Because again, we have oversight responsibility. We all take that very seriously.

Secretary COLLINS. I agree with you.

Senator MURRAY. We need those responses. We do not need weeks and months to go through some, all the way to the top, and one guy is sitting there deciding whether or not we get information.

Secretary COLLINS. Well, there is no weeks and months, and the unfortunate part of the VA has been a bureaucracy issue. We are trying to actually streamline it to get you information.

Senator MURRAY. I have other questions. I mean this. I would like you to go back and look at that letter and remind yourselves we all need the information.

Secretary COLLINS. Thank you, Senator.

Senator MURRAY. As you know, fixing EHR and getting it right for our veterans is about patient safety. During your hearing I expressed my concerns about VA moving forward with deploying the new system at four additional new sites when it is still experiencing very serious issues at places in my state, Spokane and Walla Walla. And you said that when it comes to EHR you were going to, quote, "listen to our clinicians and listen to our hospitals."

Weeks later, VA announced plans to look at firing a staggering 80,000 employees this year. I want to know, did you ask these VA clinicians and hospitals about how those cuts would affect future EHR deployments?

Secretary COLLINS. The issue of the employment and the EHR deployments are separate. We are not looking—again, I cannot emphasize this enough. None of the reorganization that we are looking at deals with frontline workers or frontline employees that deal with everything from cleaning a—

Senator MURRAY. Okay. That was not my question.

Secretary COLLINS. So yes, we have been included. Dr. Evans, who runs our program, we have incorporated this. He has been working the program for well over a decade.

Senator MURRAY. Okay. I have 20 seconds left. I have been very vocal—you know this—about VA's troubling decision not to renew the terms of researchers who are working on absolutely critical projects and clinical trials for our veterans. There are planned trials that have not started. There are ongoing trials that have been stopped. And there are trials that have fallen apart due to staff layoffs.

Yes or no, would you agree that clinical trials stopping would have an impact on the care for our veterans?

Secretary COLLINS. I think clinical trials are very important, and the good thing about it is, is when we looked at it there were trials that were coming due, just as they always do. I put a 90-day stop on that so we can examine and make sure that everything is going good.

Senator MURRAY. Yes, I understand there is a pause on this new policy. Has a decision been made about what happens when that pause stops?

Secretary COLLINS. We are currently in the process of examining that now.

Senator MURRAY. Clinical trials that are out there have no idea. They have got to wait 90 days and pray.

Secretary COLLINS. At this point in time, like I said, some of those were actually stopped at the end, and we are actually keeping some in line so that they can continue if need be.

Senator MURRAY. Thank you, Mr. Chairman.

Senator BLUMENTHAL [presiding]. On behalf of the Chairman, I recognize Senator Blackburn.

**HON. MARSHA BLACKBURN,
U.S. SENATOR FROM TENNESSEE**

Senator BLACKBURN. Thank you, Mr. Chairman, and Mr. Secretary, we are delighted that you are here today, so thank you for your time.

I do want to say, I have been so impressed with the way that you have tackled the EHRM program and that rollout. You and I discussed this in our first meeting and in your confirmation hearing and when you were in Nashville, and thank you again for making the Nashville VA one of your first stops.

I know that you are planning to take the EHR program live in 13 additional facilities in '26. And I know previously we have had an issue with VA employees showing up for the training and then utilizing the system. So talk to me a little bit about how you are going to continue this rollout and then get the employees to actually use the system.

Secretary COLLINS. I appreciate that, Senator, and I think one of the things that we are looking at in this rollout—and Senator Murray is no longer here but we talked about this—this rollout is being done, in a sense, when I found the system, basically the VA side of the house was sort of, we are not going to do anything and we are going to make it all individualized. And then you had Oracle

side that was saying, you know, we could just finish this in a short amount of time.

So what we have done is we have actually now said put the onus back on Oracle to actually provide what they are supposed to provide, and we have also cut down on our side the amount of delay that was caused, really caused the initial problems in the rollout, where we had six different locations doing six different things.

So we have taken eight or nine committees that were all having to touch stuff before they could get back to a decision and cut that down to one committee, that then can communicate directly with Oracle to get this started.

Dr. Lawrence, which I appreciate everybody on the dais who helped get him through as our Deputy, he is now in place to actually take care of and work to oversee that, and we are bringing in others right now. And I have committed to him to whatever help he needs to hire, to bring in, to make sure that our system is safe and useful for our clinicians to make sure that they have that. And so far we have seen that actually occurring as we go forward. So I am looking forward to it.

Senator BLACKBURN. Okay. And then the employees that were instructed to go through the training, they have shown up and done the training?

Secretary COLLINS. As far as I know, Senator.

Senator BLACKBURN. Okay. That is great. And then let's see. How many employees have been released from the VA to date, out of your totals?

Secretary COLLINS. It would just be out of the probationary firings, it was about 1,000.

Senator BLACKBURN. About 1,000.

Secretary COLLINS. Yes.

Senator BLACKBURN. Okay. That is helpful. I want to ask you about the budget. The President's budget came out last week. How did you view the resources that are in there for modernizing the VA, and can you give me some examples of how you are going to use these resources, moving forward, so that the VA is more responsive, and in a more timely manner for our vets?

Secretary COLLINS. Yes. I think the budget as presented by the President is actually one that fulfills the commitment that we have talked about, about making sure our veterans are taken care of. And I think that is the big issue here when you look at the increases. And for all of the folks who have basically been saying and accusing us of, you know, going to cut health care and cut benefits and cut all this, it does not add up when you look at the budget itself, which has an increase either on base budget or also using TAP funds, as well.

So what we are looking at is how do we then use that, combined with the efficiencies we are finding, either through our contracts or through our employee base, to make sure that we are putting more of those resources to our research, toward our clinical care, toward our [response unclear]. Also toward our—and I know this is a concern of yours, is also toward community care, is how we actually balance the two needs.

So these are going to provide the resources we need. It also provides enough money to continue the EHRM, the Health Record Management system.

Senator BLACKBURN. And then how do we shorten the time that it takes for approval to move into community care? I just left a meeting with our rural hospitals, and they are willing to be a provider. And it is so much more convenient for our veterans to get the health care that they have earned, and to get it in their communities, when they want it, where they want it, at their convenience. And I think that community care is something that should be moved on today.

Secretary COLLINS. It is, and we are doing that. I have made it clear to every staff that I meet, and especially in our hospitals, that community care is part of the law. MISSION Act is there if they meet the qualifications. And also there is always a catch-fall that if the doctors sees that they could get better care in the community they can actually do that.

What we have found in the last few years is that actually, and through memos and others, has actually been not encouraged. There was an encouragement to keep everything in the VA. So we are actually moving forward with those kinds of things.

What we are also finding, though, is we have a community care group right now that is actually looking at how we do community care, and I am looking forward to seeing their findings here in the next week or so.

But what we have actually found is some roadblocks that are being put in by our own processes to not get people where they need to go. So that is something that is very important to me, and we are going to continue to look at it.

Senator BLACKBURN. Well, I am going to continue to work on that issue, and I appreciate your attention to community care. Thank you.

Senator BLUMENTHAL. Senator Hirono.

**HON. MAZIE K. HIRONO,
U.S. SENATOR FROM HAWAII**

Senator HIRONO. Thank you, Mr. Chairman. Facts are important so why don't we get to some facts.

You were asked how many VA personnel have been let go, and you said 1,000, but this Committee had been given information that there were some 2,400 who have been let go, and then you are trying to get back to 2019 numbers, which would be another 70,000 to 80,000. So what happened to the other 1,000 or so that we have been told have been released by the VA?

Secretary COLLINS. Following the court order, they are back employed.

Senator HIRONO. I am sorry?

Secretary COLLINS. Following the court order, they are back employed.

Senator HIRONO. Okay. So in other words, when you fired all these people or let them go, you did not follow appropriate procedures, and therefore you had to hire them back. That is not what I consider a process that is going to determine whether or not people are doing their job.

Secretary COLLINS. I disagree with that premise. We had one judge in one area. This court is still being litigated, so as you well know—

Senator HIRONO. We have actually had, in other departments where they have fired people and other judges that have said you have to follow an actual procedure.

So getting back to some factual information, on February 21, you claimed that the VA has saved millions of dollars by firing staff. How much have you saved? You said millions. What is the amount?

Secretary COLLINS. Those millions in the round-out, I would have to get back. Especially now with those who have come back there is probably a different number that I would have to get back with you on.

Senator HIRONO. Aren't you prepared to give us that information, knowing that you are testifying, knowing that you will probably be asked for factual information such as this? So you do not know. Even if you said, in February, that you saved millions of dollars by firing staff, and then you said—

Secretary COLLINS. Well, let me reclarify there. We did—

Senator HIRONO. Let me finish my question.

Secretary COLLINS. We did say \$14 million when we did away with our DEI.

Senator HIRONO. You saved \$14 million.

Secretary COLLINS. Yes—

Senator HIRONO. Okay. So then my next question is, where is all that money going? I have a series of questions relating to your comments on February 21st. So you said millions of dollars. Now you are testifying, first you said you would have to get back to me, but now you are saying \$14 million. Also, by cutting unnecessary programs, can you tell me what unnecessary programs, specifically, you have cut? And then you have redirected those savings, some \$14 million, you say today, to veterans. And I would like to know specifically where these moneys were redirected? Do you have that information?

Secretary COLLINS. The number that I gave you just now on the DEI, the \$14 million those have been directed to those with disabilities and prosthetics. We have also had a part of that, millions was also contracts that were either terminated or renegotiated, that we are in the process of doing, as well.

Senator HIRONO. I think you need to tell us exactly what contracts have been terminated, because that is the thing about a contract. You know, when you terminate it, you have to have a reason for that. Otherwise, you end up having to pay.

Secretary COLLINS. Senator, also, in the contracts you also have to, when you are going through contracts and renegotiation you also have to make sure that you are doing it properly. We are going to give you all the information you need when those are actually finished.

Senator HIRONO. I would hope that you would have had all that specific information today. You have about 500,000 employees at the VA?

Secretary COLLINS. I am sorry. I did not hear you.

Senator HIRONO. Does that sound right? You have 500,000 employees at the VA?

Secretary COLLINS. No, we do not.

Senator HIRONO. What is the number?

Secretary COLLINS. About 470,000.

Senator HIRONO. Okay. That is getting pretty close to 500,000.

Secretary COLLINS. Yes. It is a little high.

Senator HIRONO. And what categories are they employed? I mean, for example, how many nurses? How many doctors? Do you have these 470,000 employees broken down by categories of jobs?

Secretary COLLINS. Well, that is part of our problem, Senator. I laid that out in my opening statement and also in my conversation with—

Senator HIRONO. So you do not know.

Secretary COLLINS. No, and—

Senator HIRONO. You do not have that—

Secretary COLLINS. Let me say something.

Senator HIRONO [continuing]. You do not have that information?

Secretary COLLINS. Let me say something. Yes, we have over 300,000, probably closer to 400,000, position titles. But you know what the problem is?

Senator HIRONO. Thank you.

Secretary COLLINS. Before I ever got there, we could not even find some of these when our HR people started to look at it. So we took what we had—

Senator HIRONO. Okay.

Secretary COLLINS [continuing]. At that point—

Senator HIRONO. Let me proceed.

Secretary COLLINS. Well, if you want a direct answer, then I am giving you a direct answer.

Senator HIRONO. You have a lot of people who are working for you. I would like to know, because there are questions about—

Secretary COLLINS. Well, and I am trying to answer your questions.

Senator HIRONO [continuing]. Who are you actually going to let go when you go to the 2019 numbers, that is your goal?

But you were asked some questions about the clinical trials. That is very important to provide health care services to our veterans when they are enrolled in clinical trials. Do you know how many clinical trials are on pause, and do you know how many veterans are in clinical trials?

Secretary COLLINS. I would have to get that number back to you.

Senator HIRONO. Is it 10? Is it more than—are we talking about 1,000 clinical trials?

Secretary COLLINS. No, we are not talking 1,000.

Senator HIRONO. When you put—

Secretary COLLINS. But again, here is the question.

Senator HIRONO. Can you give me a ballpark figure—

Secretary COLLINS. I will give you—no, I am not going to ballpark because it will be used against me next time I am here.

Senator HIRONO. So you do not know. You do not know how many people that you have put on pause so that they are not getting the health care services that they need, because that is what a clinical trial is. You are getting medication. You are seeing doctors. You put these trials on pause. You cannot tell me how many veterans are now being paused in their clinical trials. You cannot

tell me how many veterans are enrolled in clinical trials. You also cannot tell me how many clinical trials impact some—well, you have over 9 million veterans that you are taking care of. Clinical trials are very important, and you said so yourself.

Mr. Chairman, I have other questions. You know, it is very clear that our Secretary has not come with much in the way of numbers, and I really do not know how he is going to go about eliminating, getting to 2019 figures for cutting employees, and he cannot tell us what the categories of employees are, et cetera, et cetera.

So I think we are going to need to hear from Mr. Secretary again. Mr. Secretary, would you commit to coming back to this Committee to provide us the kind of information we are asking for and to respond to questions?

Secretary COLLINS. I will get you the information that you asked for—

Senator HIRONO. Will you come back to testify, or is this it for us, with you, Mr. Secretary?

Secretary COLLINS. I will get you the information that you are looking for, Senator.

Senator HIRONO. Mr. Chairman, we are not getting any commitment from the Secretary that he will come back to this Committee to provide us the responses to our questions. Thank you. That says a lot.

Senator BLUMENTHAL. Senator Tillis.

**HON. THOM TILLIS,
U.S. SENATOR FROM NORTH CAROLINA**

Senator TILLIS. Good morning, Secretary.

Secretary COLLINS. Good morning.

Senator TILLIS. How are you doing?

Secretary COLLINS. Having a ball.

Senator TILLIS. I guess it might be afternoon by now, or close to it. Thanks for the time, the few minutes we just spent in the office.

You know, I was going to ask you some other questions until I ran into some folks at the elevator who are concerned over the proposed 83,000 cuts in the VA. And they asked me specifically would I publicly oppose those cuts. I said, "I can't." They said, "What do you know about these cuts? What do you know where they are? Are they potential cuts that will improve access, outcomes, or costs?"

So my question to you—what I did tell them, though, is I do not believe cuts are real unless there is a recissions package sent to the U.S. Congress, so that we codify those cuts. And so my commitment to the folks that I was talking to was when I see that recissions package, if it is at odds with what I consider to be in the best interests of the VA, I may vote against it. But right now can you give me an idea of how you would rack and stack each of those 83,000 jobs, and where you are in that process, and can we expect, at some point in the future, to have a recissions package?

Secretary COLLINS. Yes, Senator. I think the biggest thing here is, I think what we have got to understand is when you start out in any business, and I do not care what side of the aisle you are on, when you go out to look at somebody, you just do not go say, "Just go do something." That has been happening at the VA and many agencies in the Federal Government for a long time. And

typically what you get is a spattering of this, you get some who are interested, some who are not.

So when you look and you put a 15 percent number, which everybody characterizes, and I have been accused of firing 80,000 people here, which is not true. Nobody can predict that. And also no one on this dais, on either side of the aisle, can say that that many people are going to be fired, because this is the reason. When you take a 470,000 person organization, and you begin to look at its efficiencies, you begin to look at the fact that between the hospitals and the Central Office you have added significant layers of bureaucracy that go into this, you cannot do it. So we are looking at every step we can.

But also, I am not going to play it out in a public arena, because that is the other time, is if we start saying, here is everything we are looking at, then you start, in a pre-decisional kind of format, you are not working it.

Senator TILLIS. Look, I get it. What I tried to explain to them, I asked them, and I think some of them may be in the audience. I wanted to note that I heard you. But I asked them, "How do you rack and stack it? Tell me which specific positions you are concerned with?" Obviously, they do not know the answer to that because I do not know the answer to that.

But here is the problem, folks. Is the VA just great? Do we just put it on autopilot? Because that is the question. And when people say "don't change," I am saying, "Right. So you are happy with the current state. You are happy with a poorly implemented PACT Act," that I tried to get people to hold off on until we got it right. And now we are dealing with a shortfall there.

So look, do not be against something because it is new. And by the way, if any of you need it I have got extra copies of "Who Moved My Cheese?" in the office. We have got to move the cheese in the VA folks, because we are not performing. When is the last time I have heard people stand at a parade and say, "Appointments are rocking. Boy, they are doing great." When is the last time I heard that the electronic health record is great? Some folks need to lose their job on a poor implementation, and I have got your assurance that they are moving forward.

Folks, the VA is not working for veterans. And if we just say everything has to stay the same, and you have just got to have more money and more people, you are looking at it the wrong way. Maybe, at some point, when we prove that we are improving access, improving outcomes, or reducing costs, when those policies come before me, then I get excited. But in the meantime, I am open to anything that is going to improve the service to people and make an installment on a debt that we can never fully repay. But we need to be honest with these veterans and tell them change is necessary to do that.

And so to the veterans that I met with outside the hallway today, you recorded it but you can use this response. This response is "I am open to any suggestion that improves the condition for veterans, period." And I cannot say no to something because it makes me feel uncomfortable. I do not know if it is 83,000, 8,000, or 800. But I have confidence in you to go through that process. And at the end of the day I will make a judgment on your decisions because

I would expect a recissions package to make sure that those positions are not going to be approved in the future. And that is how I will complete my job as a U.S. Senator.

But in the meantime, I am not going to say do not change, because we have to change to do a better job for veterans, folks. And we have to be a little bit uncomfortable in going through it.

Thank you.

Secretary COLLINS. Thank you, Senator. I could not agree with you more, and I think the interesting thing that I came in here today was, again, hearing some of the comments in opening statements and stuff, I would almost have thought that up until January of this year there were no problems in the VA.

Senator TILLIS. It is like nothing to see here.

Secretary COLLINS. Nothing to see. So the minute we start trying, can we make things better, my only criteria that I have looking forward in this is making sure that we are taking care of the veterans first. That is the only criteria that we are looking at, going through that. And if that means we reshape the workforce, we do whatever our goal is. But at the end of the day, the metric is, are we taking care of veterans.

Senator TILLIS. Never stray off that course. Thank you, Mr. Chairman.

Chairman MORAN [presiding]. Senator Hassan.

**HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASSAN. Thank you, Mr. Chair and thanks to the Ranking Member as well. Welcome, Secretary Collins. Thank you for being here today and for your own military service.

Just a note to my colleague from North Carolina, a lot of us have been working hard on reform at the VA for a long time, and agree that there need to be changes. But that is not what my line of questioning is about. This is about whether the so-called changes you are already making are being made with thought and transparency in a way that will serve veterans the best.

In your testimony, you stated that the VA is an organization whose sole purpose is to serve veterans. You have also publicly stated that you plan to fire 80,000 VA employees. The quote is, "That is a goal. That is our target," close quote. Well, roughly 25 percent of VA employees are themselves veterans, meaning that if you do follow through with this plan, you will likely end up firing thousands of veterans.

It is also worth noting that the Veterans Health Administration accounts for nearly 90 percent of all VA employees. So if you are firing evenly across the VA, you will end up firing roughly 70,000 VHA employees.

So Secretary Collins, is your goal to fire thousands of VA employees who work to support and provide health care to our veterans? Yes or no.

Secretary COLLINS. My goal is to make sure that veteran care is done in the best possible way, and putting numbers in a place that, of course, you have no blueprint for is not helping any veteran in this room.

Senator HASSAN. The numbers that I am talking about are the numbers that exist at the VA now, and I am basing my remarks and my questions on your public statements, because to many of the other Senators' points, we are not getting specifics from you or your agency.

Now, how many employees does the VA have that work outside of the Veterans Health Administration?

Secretary COLLINS. If you divide it up, in the different administrations, the vast majority are close to—what was it the last time, about 350,000?

Senator HASSAN. So let me answer the question. Outside—

Secretary COLLINS. 370,000 in VHA. The rest are all [response unclear].

Senator HASSAN. Outside of the VHA there are 54,000 employees. It is actually impossible for you to fire 80,000 employees without firing those who help provide health care to our veterans. And I am disappointed that in all this back-and-forth you seem to be trying to hide that.

Secretary COLLINS. Senator, can I ask a question?

Senator HASSAN. So no one—

Secretary COLLINS. I mean, I just want to respond to this because I have a question for you. When my goal is to actually take care of veterans health care, and when you look at an interior designer in a hospital, is that actually taking care of health care? I do not think so. Those are the kinds of positions we are looking for.

Senator HASSAN. My point is—

Secretary COLLINS. When you have multiple—

Senator HASSAN. My point is this. My point is this. If there are a few hundred here and there. But you are talking about 80,000 employees, and 54,000 employees work outside of VHA. So you are taking a meat cleaver approach. There is that old adage, "Measure twice, cut once." You guys have been cutting without measuring.

Now let me get to another question.

Secretary COLLINS. Well, I am not cutting anything yet.

Senator HASSAN. Well, you—

Secretary COLLINS. We have not cut anything yet.

Senator HASSAN. You have cut 2,500 employees, randomly.

Secretary COLLINS. They—

Senator HASSAN. Secretary, my time is my time. No one in the Trump administration has been able to explain how cutting nearly 1 in 5 VA employees will not harm health care and service for veterans. In fact, just last week, the VA's head of Clinical Services, the top doctor in the entire VA, came before this Committee and stated that he has not been involved in any discussions about how firing 80,000 employees would affect veterans' care, and he had not seen or been provided any analysis as to how these planned firings might affect care for veterans. That is the VA's head doctor, the person in charge of primary care, emergency medicine, surgery, mental health, et cetera, saying that no one from your team has even bothered to once ask him whether firing one-fifth of all VA employees would make health care better or worse for our veterans.

So Mr. Secretary, why have you not asked the VA's top doctor whether your plans to fire 80,000 VA employees would harm health care for veterans?

Secretary COLLINS. I will not speak for anyone else who gave that testimony, but I will say this. In VHA, VBA, and NCA, they all have working groups. They all have, at the senior leadership, have been working on this process.

Senator HASSAN. Well, this doctor told us that he has not been involved in any of those discussions.

Recent reporting states that the Department of Defense may cut the Army's active duty force by up to 90,000 soldiers. To cut the force by that much we could reasonably expect that thousands of soldiers will end up leaving active duty and returning to civilian life, meaning that they will lose their military health care and will almost certainly turn to the VA. How is the VA preparing to care for those soldiers, and how does firing 80,000 employees support that preparation?

Secretary COLLINS. You know, again, the interesting part is that they will be taken care of, as every veteran who has earned the benefit, going forward. I cannot state this enough, and we can continue this process with everybody who wants to ask, and I get it. But there has not been 83,000 people targeted for firing. There has been a goal to look at our restructuring, and putting 15 percent—

Senator HASSAN. You—

Secretary COLLINS [continuing]. It is a nice talking point—

Senator HASSAN. Mr. Secretary—

Secretary COLLINS [continuing]. But we have not done it yet.

Senator HASSAN [continuing]. It is your talking point.

Secretary COLLINS. It is 15 percent—

Senator HASSAN. It is your talking point. We are quoting you saying that is the goal.

Secretary COLLINS. It is our goal.

Senator HASSAN. Now, okay.

Secretary COLLINS. A goal is not a fact.

Senator HASSAN. Now, do you want to reach your goal, or not?

Secretary COLLINS. A goal is not a fact.

Senator HASSAN. Because most people, when they state a goal, decide they would like to reach it. If you do not want to reach 80,000, revise your goal, and tell us what you want to do. Talk to us about the analysis you have performed. You have got a lot of knowledgeable people, both sides of this aisle. Both sides of this aisle want to serve veterans. It is our primary honor and privilege as Americans to do it. And we are asking to engage with you in a way to reform the VA, improve care, but make sure that that health care and those services are there for veterans. And just tossing out big numbers and cutting before you are measuring is not the way to do it.

Thank you, Mr. Chair.

Chairman MORAN. Senator Cassidy.

Secretary COLLINS. Can I finish that, because again, this is—

Chairman MORAN. Secretary Collins.

Secretary COLLINS. Senator Cassidy?

Senator CASSIDY. This is his time.

Chairman MORAN. Secretary Collins.

Secretary COLLINS. This is the problem that we have, and this is the problem that I saw when I was in Congress and this is a problem that I have seen everywhere. When we go into something, and you look at it, you have to go in and look at the process to start with. You start with a goal, you start with what you are looking for, and then you use the data that you find from your organizations to make the best choices you can, without a meat cleaver approach.

But when you also start with a premise that is not true, a premise that is not going to—and basically saying things that we are not looking at—because I am not sure how we get around the fact that we are not cutting the primary health care of people who are getting it or cutting their benefits. That is not helpful in a collaborative process to say are we working it.

The question I have is, the VA is not working in the way that it should work. I am trying to get it to a point where it can work for all veterans, and the workforce is a part of that.

So, I mean, the VA is working undoubtedly, as I have heard this morning. It was perfect before this year started. That is not true.

Senator HASSAN. And, Mr. Secretary, that is unfair to the Members of this Committee, and you need to stop characterizing it that way, because that is not what a single person on this dais thinks.

Chairman MORAN. Senator Cassidy.

Senator HASSAN. So, Mr. Chair, I am just going to say one more thing here. I am eager to engage in real numbers and non-magical thinking here. But this witness and the VA cannot have it both ways. They cannot set out a goal and then get angry at us for asking what the impacts of that goal and those cuts would be. Thank you.

Chairman MORAN. Senator Cassidy.

**HON. BILL CASSIDY,
U.S. SENATOR FROM LOUISIANA**

Senator CASSIDY. Hey, Secretary Collins. How are you, man?

Secretary COLLINS. I am having a great time.

Senator CASSIDY. Good to see you here. Listen, I was just with a press conference back home, with reporters back home—

Secretary COLLINS. Okay.

Senator CASSIDY. I was asked one, and if you need to get back to me on this, I am okay with that. But they asked me about the VA's Servicing Purchase program, or VASP. And there was a COVID-era program helping veterans who, because of the COVID-era shutdown, needed mortgage support. The Biden administration abruptly ended it two years ago, according to NPR, leaving veterans in the lurch. There was something put in the interim.

Now, apparently Congress has not filled that void. So I am asking you about this, and if you have to get back to me that is fine. But also kind of challenging the Members of this dais, if Congress needs to step up and do something, then hopefully we will be able to do something.

Let me turn it to you.

Secretary COLLINS. Yes. The VASP program is something that we do not need to be in the mortgage side that we were with the VASP program requires us to take on. So we, on May 1st, did end

that part. It was a discretionary part. That is not appropriated funds. It was used and generated from inside.

We do not need to be in that business. I know there has been a lot of discussion on some legislation that is coming through, dealing with more partial claims, that can actually give the veteran help in the situations that they are in without having to go into the situations that VASP created. So that is the story on where we are at right now with that.

Congress does have a big role to play in that. We look forward to seeing how that legislation, especially the partial claims, comes through.

Senator CASSIDY. Sounds great. Next, because Senator Hassan was saying, okay, we need to have some sort of objective analysis, you would agree we need an objective analysis. Believe me, I think all of us would say the VA needed some improvement, so thank you for taking on that big job.

One thing I have been proposing is something called VetPAC, which would be patterned after MedPAC and MACPAC, which gives advice from an independent board objectively to the public and to Congress as to how to reform, in the case of these two programs, Medicare and Medicaid, preserving benefits, but doing it more cost effectively for the taxpayer. Senator Hirono and I have suggested something called VetPAC, and we have reintroduced that this year.

My question for you is, we had submitted it for the legislative review. Your folks said they liked it. But we have not yet gotten the technical assistance. So it is something that is bipartisan, that would address a lot of the concerns being up here, to give us objective reality, and you guys like, but we have not gotten our technical assistance. So just a request that, by golly, you walk out of here, you call somebody and say, "Hey, Cassidy and Hirono want that technical assistance. Give it to them."

Secretary COLLINS. I think they are hearing that right now, Senator.

Senator CASSIDY. That is great. It always helps when you say it too.

Secretary COLLINS. Okay. We will get the technical assistance to you.

Senator CASSIDY. That is great. Thank you, sir.

Lastly, one thing that I have been concerned about, and to see where you are on this. I am doctor and I like the fact that veterans, if they are not near a VA facility, can go to the private sector. But there has not been a good utilization review or prior authorization. Prior authorization can be a bad word, but I just know from experience that if someone goes someplace and there is no limit on the amount of testing that the medical facility can order, there is going to be a lot more tests ordered, and sometimes they are inappropriate and sometimes they bring on complications. Does that make sense?

Secretary COLLINS. It does, and I think that is one of the things that we are looking at, especially in the community care working group that we have currently going, is making sure that we are looking to make sure that those equities are in balance as far as

making sure the veteran gets what they need, the doctor have their authorizations.

We also have an issue, especially in community care, that is something I think you and I have spoken about too, and that is our third-party administrator system. It tends to be something that is a multiple complaint by many in the system because it is the sort of conduit between the VA and the community, and it has not been working as it should.

About my first week when I got there, one of the things that I did find out was the groundwork had not been put in place to do the renewal of contracts this year on those third-party administrators. There was supposed to have been work done in the prior. So we had to delay that, go to the extra year, so we are sort of stuck in a year here in which we did not ask for. But it is not actually being able to get to the part that we are putting in questions. We are going to have a contract that is going to be much better in that authorization side, much better in getting the VA and the community on the same page.

Senator CASSIDY. I think you are working at least 80-hour work weeks, so thank you for doing that on behalf of our veterans.

Secretary COLLINS. Thank you.

Senator CASSIDY. I yield.

Chairman MORAN. Senator King.

**HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE**

Senator KING. Thank you, Mr. Chairman. Mr. Secretary, on February 24th, you announced, I think there was a video of the cancellation of hundreds of contracts, 875 non-mission-critical you characterized them as, and then there was a lot of reaction to that. So in 24 hours, the Department made an internal announcement that you were reconsidering that guidance and offered a pause on the cancellations. Then, on March 3rd, another announcement, 585 contracts would be canceled. You said they were non-mission-critical or duplicative.

On March 6th, I wrote you a letter asking to have a list of those 585 contracts. You mentioned earlier today it is not weeks or months. Well, in my case it was two months. I got a response on Friday that was a non-response. It did not give me the list of the contracts. Why will you not tell us what those contracts are?

Secretary COLLINS. As those are finished, as you well know, and I said earlier to the contracts end, we are doing the negotiations. Part of those contracts may be rescoping of contracts. They are not completely taken down—

Senator KING. I understand that. But just give us—

Secretary COLLINS. When we get to the final we will be giving those to you.

Senator KING. Well, I do not understand why you cannot give them to us now. I just want a list of the contracts. It has been two months, 585 contracts. I want to know what they are. I mean—

Secretary COLLINS. I understand, sir.

Senator KING [continuing]. I am an optimistic kind of guy, and I am not suspicious. But the fact that you will not tell us what they contracts are that are being renegotiated makes me wonder if there

are things in those contracts that maybe you do not want us to know about.

Secretary COLLINS. Well, I will say that, from my perspective, that is not it, and we will work to get you the information you need.

Senator KING. When?

Secretary COLLINS. We are working through it now. We sent the last—

Senator KING. How about by next Friday?

Secretary COLLINS. I will get with our folks and see what we can provide you at that time, and we will see what we can get to you.

Senator KING. Well, that is really not a very satisfactory answer. It seems to me this could not be simpler, just a list of 585 contracts. Somebody has that list. I do not know why you cannot supply it to his Committee. When you were confirmed, Senator Blumenthal said, “Will you commit to respond promptly to any inquiry from Members of this Committee to request information and be fully transparent with this Committee?” You said, “That is my intention for this Committee, that you have every information that you need.” Well, this is the antithesis of transparency. Again, I cannot imagine anything more simple than to just give us, somewhere there exists, this list.

Anyway, let me go on to another question. There has been a lot of discussion today about the firings, and you have talked about a goal. What bothers me is the goal. If you are talking about restructuring the VA, shouldn’t you be talking about where you need restructuring and not start with an arbitrary number? How did you choose 2019 as the number, as the target for your staff size? What is magic about that year?

Secretary COLLINS. Well, I think that was, when you go back to the actual Executive order, which we were following to go through, to downsizing our government, making it more efficient, and looking at it, and that was the termination from looking at sort of the 15 percent, as we look at the target—

Senator KING. Well, my problem with that is if you have an arbitrary number, whether it is 15 percent or 2019, that presupposes the result that there are that many unnecessary jobs. It seems to me you ought to do an analysis of where is the duplication.

By the way, I am not one that is advocating, in any way, shape, or form, that the VA was perfect on January 20, 2025. I certainly agree that the staffing should be examined, the policies, particularly the red tape that Senator Tuberville was talking about. I think those are all very good things that should be examined. But it should be done in a thoughtful and transparent way. And I just do not understand why the magic 2019, by the way, there have been seven significant veterans-related bills passed since that year, including the PACT Act, one of the most significant expansions of VA benefits in recent American history. And yet the goal is going back to that particular year. A goal should be efficiency, not a quota.

Secretary COLLINS. Yes, and that is what we are looking at, and that is what a goal is, is looking at it. But one of the things, when you look at this, just last year the previous administration, and

through presentations that they made, actually advocated for a 28,000 person decrease in employees at the VA.

Senator KING. I am not—

Secretary COLLINS. So, I mean, it is not a new thing to look at it. But I want to agree with you here, Senator, that we are looking at this in a way that says what is the best part. One of the things, also, there may be a new application in new legislation that has come forward, because also newer technologies, also newer ways and quicker ways that we can get stuff done.

Senator KING. And I—

Secretary COLLINS. So that is the efficiency issue we are talking about.

Senator KING. Well, in the memo from your Chief of Staff on March 4th it talks about this. It says, there is an information-gathering report due March 10th, another report due April 10th, and then “a Department-wide review will be completed by May 9th.” That is three days from now. Will you share that data with this Committee, whose responsibility is to oversee the implementation of the laws and regulations on behalf of veterans?

Secretary COLLINS. Yes, those are being worked on right now, and they are in the pre-decisional format, so there is not something to share with you on those at this point, especially the one coming out. In fact, we have actually had an extension because our Department is so large, so we are not making quick decisions. We are not moving forward on that, at this point.

Senator KING. Well, I will go back to my question then, and I will end with this. The reaction to the contracts request, which it seems to me is so straightforward, does not fill me with the confidence that we are going to truly have a transparent relationship here.

We are all on the same side. The whole goal of everybody stated here today is to protect our veterans and to be sure that they get the services they have earned and the benefits that they have earned. And so to the extent that you can work with us and allow us to understand what you are doing, that would be helpful to develop a more collaborative relationship.

Thank you, Mr. Chairman.

Secretary COLLINS. Thank you, Senator.

Chairman MORAN. Senator Boozman.

**HON. JOHN BOOZMAN,
U.S. SENATOR FROM ARKANSAS**

Senator BOOZMAN. Thank you, Mr. Chairman. Thank you so much for being here, Secretary. The VA owes it to the veterans it serves to evolve and provide them with the best possible experience. I appreciate your commitment to improving delivery of veterans health care and benefits. I know improving the veteran experience is a priority that both you and I share, and we appreciate your hard work in trying to get that done.

I want to thank you for submitting your fiscal year 2025 spending plan in a timely manner. The plan raised some questions with the Appropriations Committee and this Committee as some of the numbers differ from what we expected. To date, none of those questions have been answered, and repeated requests for a briefing on the plan have not yet yielded results.

As we are trying to get our appropriations bills done, will you commit to sending a team over to brief us as to what is going on and give us a little bit more detail, so that we can—

Secretary COLLINS. Yes, Senator, we will be happy to do that.

Senator BOOZMAN [continuing]. To get things done? Very good. That was easy. 2025 and 2026—your 2026 budget request proposes a significant reduction in VA's IT systems. DOGE review of the nearly 1,000 unique systems at the VA is not complete yet. Would you consider balancing your proposed reduction in funding until we actually get that report done, to see what they find is needed?

Secretary COLLINS. We are looking at that right now as far as what we do need, and we will be able to work with you as we go forward on that.

Senator BOOZMAN. Very good. You recently announced the ending of the VA Service Purchase program, or VASP, that saw the VA take on modified home loans for veterans at risk of foreclosure. I support the VA looking for ways to avoid the financial risks that VASP exposed the agency to. We are worried about the current population of delinquent veterans who are now enrolled. It is my understanding that as of May 1st, delinquent veterans who are not already enrolled in VASP are now at risk of foreclosure.

Now that VASP is unavailable, how does the VA plan to help veterans at risk of foreclosure?

Secretary COLLINS. I think one of the things that we are looking at is any other programs that are out there, also, that we go forward. But I think when you have to look at the organization, is this an area that we need to be in? And I think those are the kinds of things that the decision there was the people that had mortgages that were coming due was becoming to be a larger burden because we are not a system that is set up to own property. So we are going to be working on that, and as I said earlier, to one of the Senator, I think we are also looking at it from a perspective. I know there is some legislation being talked about, about partial claims and stuff, that can help them in the long term.

Senator BOOZMAN. Good. I would appreciate you looking at that. You know, it is one thing, going forward. It is another thing for those individuals that are caught up in that now. And it makes it really difficult.

How did the VA make the decision to reduce the VA's Remote Temperature Monitoring Program for veterans who have demonstrated both clinical benefit and cost savings to the VA?

Secretary COLLINS. Could you repeat the question?

Senator BOOZMAN. Well, the VA's recent changes have impacted veterans' access to the Remote Temperature Monitoring Program. As you may be aware, this program is critical in preventing and reducing amputations required because of ulcers and other diabetic foot complications. Effective preventions of amputations result in significant cost savings for the VA.

Again, are you aware of that, and if so, how did we come to that conclusion?

Secretary COLLINS. Senator, I will have to get back with you on that one. I have prepared for a lot of things. That was just one I will have to get back to you.

Senator BOOZMAN. Good. No, I understand. You certainly have a lot going on.

During your remarks at President Trump's April 30th Cabinet meeting you mentioned that you and Secretary Kennedy have discussed the potential of researching psychedelics as an effective tool to combat PTSD, TBI, and other mental issues. Can you provide further details on how your team plans to take action on this interest? I think the Committee is very interested.

Secretary COLLINS. I can. I think it is something that I am committed to doing whatever we can to provide veterans and those who have maybe not responded to traditional care and others, especially in the area of PTSD, also TBI, the other issues that we are dealing with that lead to a lot of what we have seen in suicide and death by suicide. So we are looking at it right now.

I think there are 11 studies that are going on. Most are performed outside the VA, with our help. MDMA is another one. I just saw a program at Emory University in which they are seeing some really good results, a single treatment then followed up by two weeks of intensive counseling that actually has lowered the score number on the PTS scale.

I am willing to say this, is I want to work with—and I said this with HHS and with others, to make sure that we are not closing off any outlet for a veteran who could be helped by these programs. And I think we will definitely be working with Congress on that if there seems to be something else we need to have.

Senator BOOZMAN. Very good. Thank you, Mr. Chairman.

Chairman MORAN. Senator Sanders.

**HON. BERNARD SANDERS,
U.S. SENATOR FROM VERMONT**

Senator SANDERS. Thank you, Mr. Chairman. Secretary Collins, do workers in the United States have a right to be in unions? Secretary Collins, do workers in the United States have a right to be members of unions?

Secretary COLLINS. Okay.

Senator SANDERS. Yes or no?

Secretary COLLINS. Yes.

Senator SANDERS. Okay.

Secretary COLLINS. I did not know that was a question.

Senator SANDERS. Okay. President Trump issued an Executive order banning collective bargaining in the VA, eliminating union rights to 79 percent of workers there, because of security reasons. Do you think that workers in the VA are a threat to national security if they are a member of a union?

Secretary COLLINS. I do not think that was the purpose of the EO, Senator.

Senator SANDERS. That is exactly what he said. Then why did you eliminate collective bargaining rights at the VA?

Secretary COLLINS. I think the interesting issue is that is not what the EO was about. The EO was about our national security interests of our fourth mission, and if you look at the entire EO it is about making sure that the fourth mission is not—

Senator SANDERS. Is a nurse at the VA a national security threat by being a member of a union?

Secretary COLLINS. Okay. Sir, I cannot answer the question. We are on different pages. It is not the fact that the VA is a national security threat. It is a national security threat that if we cannot perform our fourth mission—

Senator SANDERS. No, no, no. That is—

Secretary COLLINS [continuing]. That is what we are looking at.

Senator SANDERS. Well, the bottom line is unions, 79 percent of workers at the VA are union members. They no longer are able to engage in collective bargaining. To me that is an outrage. I think the courts will overturn that. Next question.

Secretary COLLINS. No, at this point that is not true.

Senator SANDERS. Let me—

Secretary COLLINS. At this point that is not true.

Senator SANDERS. All right. Let me ask you this. Do you believe that every veteran in this country, as I believe and I think many Members of this Committee believe, are entitled to VA health care?

Secretary COLLINS. As a veteran, yes.

Senator SANDERS. Yes, Okay. What are we doing right now, what are you doing to improve outreach to bring more veterans into VA?

Secretary COLLINS. Well, I think, let's go back to the question you just said, does everybody have a right to be in a union. The answer is yes. Does everybody have a right to, a benefit that they have earned, to come to the VA? But I cannot force them in.

Senator SANDERS. No, of course you can't. But of course you can't.

Secretary COLLINS. So I am missing—I mean, maybe I am missing the point there. I apologize.

Senator SANDERS. The point is there are a lot of veterans out there—I know this; I used to be Chair of this Committee—who do not know what their benefits are. And it is our obligation to say to veterans all over this country, “You put your life on the line to defend America. Congress has passed A, B, and C. We welcome you into the VA if you choose to come in.”

Secretary COLLINS. Senator, I think this is a great place for us to have an honest conversation, because I am concerned about this, as well. And part of this goes back to how we are actually transitioning out of DoD, into VA.

Senator SANDERS. That is one of the factors.

Secretary COLLINS. And I think that is one of the big things. And there is an honest conversation here, is it properly placed right now—

Senator SANDERS. Good.

Secretary COLLINS [continuing]. Transition. So I am wanting to do that, and we are doing outreach all the time with our Vet Centers and everybody else, to let people know.

Senator SANDERS. Okay. I think we could do a better job.

Secretary COLLINS. I agree. I agree completely.

Senator SANDERS. Okay. Question. You know, we talk about VA health care, which is what we are here to talk about, but we do not put it into a context. We are living in a nation which has a broken, dysfunctional, wildly expensive health care system. In your judgment, just out of curiosity, how does VA health care compare to health care out in the regular world for civilians?

Secretary COLLINS. I think in certain areas, just like out in the regular world, you have some hospitals that are performing exceptionally and you have some that are not. I think that is the problem that we have in our health care systems, in general. I think this is something I said earlier. We cannot separate out VA from the health care system as a whole.

Senator SANDERS. Sure. That is true.

Secretary COLLINS. Though sometimes we do that.

Senator SANDERS. All right. All right. Let me ask you this. My understanding is that we have, roughly speaking, a shortage of 2,500 doctors, 6,600 nurses. All right. What are you guys doing to bring in more doctors, nurses, social workers, into VA, where they are desperately needed?

Secretary COLLINS. Well, one, I want to move doctors that are not working with patients and move them into patient care. That would be a good start. Nurses, as well. Also, I would like to have help from the Congress, as well. We need to actually look at our pay structures and our caps on our doctors and what we can pay them. It is very difficult to compete when you are offering, at some points, hundreds of thousands of dollars less—

Senator SANDERS. That is right.

Secretary COLLINS [continuing]. For someone to come work at the VA.

Senator SANDERS. All right. I agree with you. Do you acknowledge, though, that right now there is a shortage of doctors, nurses, social workers in the VA?

Secretary COLLINS. I acknowledge there is a shortage for everybody in the health care industry on those same issues.

Senator SANDERS. But in the VA. I am not criticizing you.

Secretary COLLINS. No, no. I mean, we are the same as everybody else. That is why I said, we are the same as every other health care system. We are struggling to recruit doctors, nurses, and others, just as anybody else. And that is something we are constantly in outreach about. Sometimes it is helpful, sometimes it is not.

Senator SANDERS. The Department of Defense has a medical school. You are aware of that, Uniformed Services Medical School—

Secretary COLLINS. Yes.

Senator SANDERS [continuing]. Which does a very good job. Do you think that one of the problems we have overall is that we are not graduating enough doctors and nurses in America?

Secretary COLLINS. Yes.

Senator SANDERS. All right. Do you think we can be expanding schools like the Uniformed Services Medical School to bring more people into DoD and VA health care?

Secretary COLLINS. It is an interesting concept. I think we have got to go back to a deeper issue, is why are more of our young people not going to school to be a doctor, a nurse, or other things. I think that is a bigger issue.

Senator SANDERS. All right. Fair enough. But that has to do with if I am a working-class kid, I am going to graduate medical school \$500,000 in debt. Correct?

Secretary COLLINS. Right.

Senator SANDERS. Is the idea of entertaining programs saying you want to go to medical school, we are going to pay for your entire tuition, et cetera, et cetera, to encourage you to get to medical school graduation?

Secretary COLLINS. I think anything that we can look at to encourage that, probably you already have that, when you can go into the medical and they will pay for your, in DoD, they will pay for your medical school.

Senator SANDERS. But it sounds like we may want to expand that.

Secretary COLLINS. I think it is something, as an overall health care system, Senator, you and I probably agree on this probably more than anyone else, that we have got to make sure that our pool of workers is adequate for all of our systems, not just the VA. And the health care system in our country is an issue that we have right now. And I think it is a bigger discussion. I appreciate you bringing it up, and it is something to look at.

Senator SANDERS. Okay. Thank you.

Secretary COLLINS. Thank you.

Chairman MORAN. Senator Cramer.

**HON. KEVIN CRAMER,
U.S. SENATOR FROM NORTH DAKOTA**

Senator CRAMER. Well, I was encouraged by that dialogue. Thank you Senator and Mr. Secretary. And welcome, Mr. Secretary. It is a good thing I have not been here all day or I would have way too many things to talk about. But right now I want to raise an issue related to the discussion you just had.

Under the first Trump administration we passed the pilot program for Solid Start Act, and then under the Biden administration we made it a law, specifically to get at the issue that I think Senator Sanders was raising, about how do you inform veterans more about the opportunities and the benefits that they have at the VA. So I would just encourage you to look at that and make sure we are managing that well.

The other thing I would raise, with regard to the workforce, which I think Senator Sanders is right about, and it is true. We have a shortage of people in health care everywhere, and to the degree we can incentivize it, I think we ought to.

At the same time—and I am just going to give a little North Dakota example, and Senator Blackburn spoke to it briefly toward the end of her questioning—in North Dakota, in this rectangular spot in the middle of the North American continent, that is about 350 miles across and about 200 miles up and down, there are 36 critical access hospitals in rural communities. Now, Fortuna, North Dakota, to Fargo, North Dakota, where the only VA hospital is, is 412 miles. It takes roughly 6 hours and 19 minutes if you do not stop to go to the bathroom, to go from one to the other.

But there are these 36 critical access hospitals that have 20 hospital beds each, and maybe two or three of them are being used at any given time. Senator Blackburn talked about community care. We have talked about the shortage of facilities, shortage of workers and opportunities. And yet there is all of this infrastructure not being used. There has got to be a way to utilize existing infrastruc-

ture and actually save money, both for the VA and then create opportunity for these struggling hospitals in rural America.

Secretary COLLINS. I do not disagree with you at all, and I think, actually, Senator Duckworth and I had this conversation a long time ago about actually co-locating CBOCs and stuff, that we could actually do that. I think that is a great idea, as we look at it. But I think one of the things is how we utilize the MISSION Act possibilities that we have, to make sure that we are getting people there.

The other problem we have, and this is found not only in some of our facilities but mainly some in DoD facilities, but also community facilities, it is also an issue of quality care. It is an issue of our doctors seeing enough patients to keep their clinical skills up, our nurses seeing enough to keep their clinical skills up. That is why I have already been looking at several options, and we are doing this in certain cities now where we can. I am encouraging every one of our facilities to have understanding and agreements with local hospitals, with community hospitals, where they can go back and forth.

We can also look at DoD facilities, which is also a big issue. We have underutilized DoD hospitals, underutilized DoD facilities in which we could be—one of those actually we are looking at right now in Jacksonville, Florida, in which we could actually save our community care costs because we could actually have a DoD facility there.

So there are a lot of things we can work on here, and I think it is just a matter of using all the resources that we have.

Senator CRAMER. Right. And that starts with knowing what they all are. That is a great illustration, the one you just made. One of Cramer's convictions is I reject the notion that every transaction requires a loser. We should look for opportunities for winners and winners, and I think that would be one of them. Congratulations. Thanks for doing that.

I want to get back to the 80,000 thing, because you have been battered about it, I think, without us acknowledging the other issue. I am going to stick with a lower number. Correct me if I am wrong, but I believe there were 52,000 new positions added between 2021 and 2024. Does that sound about right, 52,000 during the Biden administration?

Secretary COLLINS. Yes.

Senator CRAMER. Okay. And how has that improved the health care offerings for veterans? Are we seeing a lot more veterans? Is it better care? That 52,000, has that saved the day for our veterans?

Secretary COLLINS. I do not think so because I think if you also—I use it in a different way. If you go back to 2015, when the GAO put us under the high risk—and again, I have been here barely 90 days at this point—you know, looking at this, I am using the numbers that we are given. And we can talk about will the numbers change or anything. I am using the numbers that we currently have at VA. Wait times have increased. Primary care, mental health, specialty care all rose. Disability backlogs, it is not a secret. It was at 260,000 when I came in. It is about 220,000 now. These are just honest numbers.

But I want to go back to something 10 years ago. At 10 years ago, if I had told this Committee, and I did this at our senior staff, this is careers and political. I said, "if I told you that in 2025 you are going to have a budget of almost \$400 billion, and you are going to a workforce of 470,000," you would have thrown a party, everything would have been great, because that would have been the answer to everything. Well, we are 10 years later and we are still experiencing the same problem.

Senator CRAMER. No, I appreciate that.

Secretary COLLINS. Servicing the same amount of veterans.

Senator CRAMER. That is the important point. I appreciate all of that. I think everybody on this Committee wants to have an honest discussion about how to do better for our veterans. And real data can help us, because there is plenty of data there to tell us where we have been okay, where we have not been so good, and where we have been awful or great.

Thank you, Mr. Chairman.

Chairman MORAN. Senator Cramer, thank you. Senator Duckworth.

**HON. TAMMY DUCKWORTH,
U.S. SENATOR FROM ILLINOIS**

Senator DUCKWORTH. Thank you, Mr. Chairman. I do think it is important to acknowledge that we did sign up, just in the first year of the PACT Act alone, a million veterans. So that increase in personnel is also to deal with the increase in veterans coming to VA for care, long overdue because of their exposure to toxic substances.

Secretary COLLINS. We also lost about 400,000 veterans that year, as well. So it does equal out.

Senator DUCKWORTH. We had rollover of a million in the first year, that signed up.

Secretary Collins, when you testified before this Committee in January, you stated that it would be a mark of failure—your words, mark of failure—if a veteran must contact a congressional office for support with accessing their VA care and benefits. My office alone has received 143 casework requests from veterans since the start of the Trump administration, a consequence of service disruptions worsened by DOGE's cruel dismantlement of the VA workforce and of the critical programs serving our Nation's heroes.

I am going to give you some examples. A Vietnam veteran did not receive his benefits for three months due to greater than usual processing times. A veteran in urgent need of mental health services was told that the earliest available appointment was 6 weeks away. A veteran's widow and cancer survivor had her CHAMPVA-covered prescription canceled without notice, forcing her to pay \$700 out of pocket. An Iraq war veteran needed his records to apply for his disability benefits but was met with a 6- to 12-month backlog. Now, backlogs and delays are not new to VA. They were there when I was at the VA under Secretary Shinseki in the Obama administration.

And so I think, I would agree that this is indeed a mark of failure, and I am requesting your commitment to work together to overcome this backlog. This will require the immediate reinstatement of all 2,400 VA employees who were indiscriminately termi-

nated when Elon Musk and his DOGE cronies failed to evaluate civil servants on the basis of merit, and failed to use a scalpel to root out the bad apples who are failing to effectively execute the mission, and instead chose the most wasteful, inefficient, and lazy path in simply firing probationary employees en masse, which, ironically, represents some of our Nation's most motivated, most idealistic, and most energized Federal employees. Those probationary employees who had signed up since the PACT Act was passed, for example.

Those Americans, including thousands upon thousands of veterans who made the patriotic decision to serve their country and begin their civilian careers.

Senator COLLINS, will you commit to reviewing the status of all terminated VA employees and promptly reinstating them and to protecting the VA workforce against additional indiscriminate mass firings?

Secretary COLLINS. Well, most of the ones that I have already testified, the probationary, were brought back to work in that setup, so they are already back at work. And we are going to keep looking at our setup and how we do it, because nothing we have done so far—we have protected over 300,000-plus positions that did not—they protected those that were directly with disability care and with health care benefits.

I just have a question, and I appreciate your concern, because I do still think when they have to call your office, it is a failure for us. I say that to all of our hospitals, and I say it to all of our veteran benefits.

I have a curious question here. You brought up something that is very close to my heart. Was that veteran who was given six weeks for an appointment, were they given a community care option?

Senator DUCKWORTH. We could get you that information. But if you—

Secretary COLLINS. I would love to know, because I want to help if we can.

Senator DUCKWORTH. With all my open cases, I would love to work with you.

Secretary COLLINS. And also, again, I have acknowledged this from day one. You and I have talked about this. The calls, they represent something we are not doing right, and I think that should overlay everything we are talking about here is, why is this a problem? Why are we still there? You know, records that take 6 to 12 months, that is possible. I am assuming that is probably a DoD issue, trying to get their records out of the DoD. These are all issues that I want to try and fix.

Senator DUCKWORTH. They have had access to VA records, as well.

Secretary COLLINS. Okay.

Senator DUCKWORTH. Let me just go on to the next thing. In an official letter in response to Senator Tammy Baldwin's oversight letter on the Veterans Crisis Line, dated April 7, 2025, you wrote, and I quote, "While 24 VCL employees erroneously received probationary termination notices, all notices were rescinded. All termi-

nated employees were reinstated, have been rehired into the same positions they previously held," end quote.

Secretary Collins, while I appreciate your candor in finally acknowledging that, in fact, VCL employees were terminated, and clarifying that this was incompetence and not malicious intent, I hope you recognize that your work in fixing this mistake is not complete. Personally, I know of at least one veteran who you still have failed to reinstate, and this was a person who did so well that they were promoted to help train other VCL hotline employees, the type of person who is a supervisor on a shift. They still have not been reinstated.

Look, the Veterans Crisis Line serves veterans in their darkest hour, and it is our responsibility to make certain that it operates to the highest standards, just as every military commander understands that our warfighters' effectiveness, indeed their lethality, depends on a fully resourced, diverse network of enablers possessing the capability and capacity to support a given mission's requirements. You cannot just invest and rehire the pilots of the aircraft and not retain the refuelers and the mechanics who fix that aircraft.

Secretary Collins, do you agree that support staff who train, equip, and handle the basic operational and administrative functions at the Veterans Crisis Line program are mission critical?

Secretary COLLINS. That is why we brought them back, Senator. And I think there is something, though, that we need to also clarify here, and this was clarified not by our senior level. It was clarified by career employees that know VCL, who answers the phone, who talk to our veterans, was let go.

Senator DUCKWORTH. Right, but the VCL—

Secretary COLLINS. No, no—

Senator DUCKWORTH [continuing]. Cannot operate without the other people, as well, like the supervisors on shift or the people who train the VCL. You are parsing your words, and there are—

Secretary COLLINS. I am not parsing.

Senator DUCKWORTH [continuing]. Veterans Crisis Line people who have been fired, who have not been reinstated, and these are people who actually are training the people who are answering the phones. These are people who did so well as a phone answerer that they are the supervisors of the people. And like I said, you cannot just say, okay, we are going to take care of the pilots but not the refuelers and the mechanics who maintain that jet.

Secretary COLLINS. And I think we can actually find common ground agreement here that that was why they were brought back. But also I will not accept the premise, when it was given, that people were not being answered on the call line when they came in, which has just been talked about many times in the press, by others. That is not true. I will acknowledge the fact that we brought back staff to help in those situations, and that is why they are not exempted. And we did do that.

But I will not also let it be put out there that people were not getting their phone calls answered because those were the ones that were let go. Those were not the ones that were let go. And I think we at least need to be honest about the situation, as far as I agree with you that is why they brought them back. And if you

have a situation with one person, please let me know. Let my office find out, and we will talk about it.

Senator DUCKWORTH. There is more than one person being affected.

Secretary COLLINS. Thank you.

Chairman MORAN. Senator Sullivan.

**HON. DAN SULLIVAN,
U.S. SENATOR FROM ALASKA**

Senator SULLIVAN. Thank you, Mr. Chairman. Mr. Secretary, thank you for your testimony today. We all want to take care of our veterans. And, you know, you and I have talked about it, and I want to thank you on a couple of things.

One of the biggest issues I have seen in my 10 years here, one of the biggest scams I have seen in terms of hurting veterans, was the implementation of the Camp Lejeune Act that we passed here to help Camp Lejeune Marines and their families and sailors who were exposed to toxic water. You want to talk about taking care of marines and taking care of veterans, I worked with my colleagues on the other side of the aisle for years, to try to get them to cap contingency fees to the lawyers who are advertising billions of dollars on Fox News and CNN, and none of my colleagues would do it. None of them. Why? We know why. Every one of them knows why.

So these law firms were charging 60 and 70 percent contingency fees to steal money from sick marines and their families. That happened. I met a woman outside right there. I asked her about it. She said, "I am paying 40 percent, Senator," from some ripoff law firm. I tried to get my Democratic colleagues—by the way, the former chairman of this Committee, who is no longer here, bye-bye, I think, because he was screwing veterans and favoring trial lawyers over veterans.

So when we talk about taking care of veterans, I get a little miffed when my colleagues over here bring the show, and they would not do it. You know who is doing it? You are doing it. You are doing it. Thank you. You put out a scam alert, saying if you are getting charged over 25 percent by a law firm—and by the way, the attorney general of President Biden worked with me to put that 25 percent cap. My colleagues would not do it. No, no. No, no.

So it is a little rich when I hear everybody talking about taking care of veterans, and I spent a decade trying to get Democrats to help me, and they never did it. You are doing it, so I want to thank you for that. You put out a scam alert. There are still law firms, who fund Democratic campaigns, who are still charging marines and their families 60 and 70 percent.

So can you continue to work with me and this Committee to put out scam alerts so these patriotic marines and their families and sailors—and by the way, this is zero sum. You get a million bucks, okay. It is either going to go to the law firms or to the marines. And I know what side they were on, and I know what side the former chairman of this Committee was on. And you are on the side of the veterans. You are the side of the marines. You are on the side of sailors. So thank you, because you know what? It is a

little rich for me to watch all this theater when I know that you are taking care of them.

Do you want to comment on this? I appreciate the scam alert, but gosh darn it, I am still seeing these ads on TV. My staff calls these law firms, 70 percent. It is the biggest injustice I have seen since I have been here as a Senator, ripping off sick marines and sailors and their families, and nobody on the other side of the aisle helped. None. I worked this harder than any other issue since I have been here as a U.S. Senator, and you are helping.

Do you want to just comment on that? Thank you very much for the scam alert. And by the way, the former attorney general said if you are a law firm and you are charging a sick marine more than 25 percent, that is a criminal violation. I have talked to Attorney General Bondi, and she is going to bring it. Criminal and civil violations if they go over 25 percent, or 20 percent if they are just doing the administrative filing. So thank you on that.

Secretary COLLINS. Senator, I appreciate that, and I will work with anybody on this Committee. It does not matter the side. If you are doing something that should not be done to our veterans—I have said this before. I take this personally. I take it. We can disagree about things. We can disagree about numbers. We can disagree about anything else. But at the end of the day, I want to honestly say that I believe all of us are trying to get the veterans help. And when you have folks who do that, when you have firms that do that, we will continue to put the scam alerts. If they are watching today they can get mad at me all they want. I really do not care.

Senator SULLIVAN. Trust me. They are mad at me. They are coming for me, but I do not care, because I know I am doing the right thing for United States Marines and veterans and their families. It is the right thing. Everybody here knows it.

Secretary COLLINS. Yep, it is. I agree with you.

Senator SULLIVAN. Let me thank you on another thing. Every year, every hearing, I have been coming to this Committee talking about the Alaska backlog. My state has more veterans per capita than any state in the country. It is a proud heritage over the great State of Alaska. And the previous administration, the backlog, to just get an appointment, ballooned to—it was almost 15,000. We have got 80,000 veterans. That is like 15 percent. It is over 15 percent. I finally went down, and I pressed the former Secretary, to 5,500 at the end of January, when the Biden administration left. Still way too high. Do you know what it is under your leadership, Mr. Secretary, right now? I will tell you. It is 1,361. I do not think I have been here the whole time where that backlog has been that low. In three months you did more than Biden did in four years on the Alaska backlog. So I want to thank you for that, because that is real service for our veterans.

Secretary COLLINS. Thank you, Senator. We are going to continue to do that for all veterans in every state. We want to make sure that those numbers are coming down and that the veterans are getting the benefits that they deserve and also the health care that they deserve.

Senator SULLIVAN. And if you can help us finally get a call center up there, I know it is an issue that you and I have talked about, it will bring that backlog even down further.

But I want to thank you on both of those things. I will submit some questions for the record related to community care and some of the other issues you are working on. But on both of these issues, I appreciate your focus, because this is what taking care of veterans is.

Chairman MORAN. Senator Slotkin.

Senator SULLIVAN. Bringing down the backlog and making sure our marines and sailors do not get scammed.

Secretary COLLINS. Thank you, Senator.

**HON. ELISSA SLOTKIN,
U.S. SENATOR FROM MICHIGAN**

Senator SLOTKIN. Thank you. First of all, I just want to recognize the Chairman. Thank you for holding this hearing. I think it is a bipartisan goal to support our veterans, and I think it is one of the first hearings I have had where, after a confirmation hearing, we have brought the Secretary back in short order. So I appreciate that.

Secretary Collins, during your confirmation hearing you assured me and the others here that, quote, "the mission is the veteran," and quote, "that you would not sacrifice the veteran." I took you at your word, as did many on this side of the dais.

But since you have taken office, you have heard it, you moved to terminate VA contracts, offered to buy out VA employees that were in already shortage situations in those career fields. You placed a hiring freeze on critical VA employees serving veterans. Twenty-four hundred recent VA hires were let go, and then I think because of the courts, brought back. And, you know, you have been here today doubling and tripling down on that.

I have no problem with cutting fat in the VA. I worked at the Defense Department. If someone had said to me, "Cut fat," I would know exactly where I would cut. But it is the nature of the cuts. If you are firing someone on a Friday and they are being brought back on a Monday, no CEO in America would be lauded for that kind of sloppy cuts.

And then when you came to Michigan, you came to Howell, Michigan, I think in the last month and a half, you were asked directly about the potential for 80,000 additional employees to be cut. And instead of pushing back you just said, quote, "There is going to be a lot of friction."

And I understand that you are wordsmithing things to say that no nurses or doctors in the VA facilities are going to be touched. That is good. But I held a roundtable with veterans, these are folks who are in the business. And their concern was that if you are a veteran and you walk into a VA, in Iron Mountain, and you need to get a claim. You know, you put in a claim to get a knee surgery, and there is no claim caseworkers, there is no people working on those claims, and it takes you two years to get an answer, that is also not access to care. The doctors and nurses may be there, but if you cannot go in and you are in pain every single day, that is also a problem. It is a problem for Veteran Center staff, who have

not been excluded, primary care administrators, IT staff. I know it is wonky, but you have just accelerated the electronic health record transition. I think IT staff are important if we are going to make sure we do not lose records of our veterans. And then benefit claims administrators. These are all people who kind of do not meet your criteria to be saved.

We all want to serve the mission of the veterans, but what was really strange was that we had the Deputy Chief Medical Officer up here for a hearing, and we said, "What is the plan on cutting this potentially 80,000? Have you been consulted?" And they said, very clearly, no.

So I am having a problem understanding how I am to believe that the veterans in Michigan are going to get the same or better care, which is what we want, when you seem to be sort of—I know you are claiming that these 80,000 are like DEI and interior designers. There is no way that all those 80,000 are in those job fields. So help me understand how you are going to preserve that veteran who needs the knee surgery but there is no one to process his claim.

Secretary COLLINS. Thank you, Senator. I think there is a lot to unpack there, and yes, the mission is the veteran. And I want to go back to one of the statements you made earlier. You said you worked in DoD. If you want to find it, I would just happen to turn the table and say if you came to work at VA you would probably be able to do the same thing.

Senator SLOTKIN. For sure. I do not have a question with that.

Secretary COLLINS. So I think that—

Senator SLOTKIN. But 80,000 is different than cutting—and I think, again, any CEO in America who fires people on a Friday and rehires them with back pay a week later, would be fired from their job. It is sloppy, and you know it.

Secretary COLLINS. I think I will disagree with the judge's decision there and continue the appeals process on that. So, I mean, look at it from that perspective as we go forward. But also, again, when you look at these issues and you look forward.

I mean, it is interesting to me. I would just be curious, and I am just playing the scenario out, if you go into DoD is 20,000 a proper number? Is 50,000 a proper number? Is 10,000 a proper number? At the VA, we exempted over 300,000 positions to ensure patient care, patient quality, and disability benefits were being done.

Senator SLOTKIN. So how come there were people fired and then rehired from the Veteran Suicide Hotline? Like you have acknowledged, I think, even publicly, that some of these things were a mistake. It does not give us confidence that an 80,000 number, which is just a number—you did not say career fields, you did not say whatever; you just said 80,000—that that is being done with a scalpel and not a sledgehammer. And I think for veteran care, again, it is not me that is the only one asking these questions. It is veterans who have a very different political view than me, who are getting seriously agitated back home.

So I just do not understand the logic behind an across-the-board haircut.

Secretary COLLINS. Well, I think the biggest thing is, what you are looking at here is I think right now there has been, because

this is what I have had to fight for the whole time, is to fight this idea of just being blanket numbers thrown out, playing *Trivial Pursuit* with numbers and others. It has scared veterans. So honestly, what are they going to hear? If all they hear from people is, "If you cut this then it is going to actually impact my health care," then what are they actually going to think. Because one, they have not seen a plan, you have not seen a plan, because we are still working the plan. I am not going to play out a plan in public that would actually take employees. You would not do it in your own office.

Senator SLOTKIN. And I know I am over, but if you—

Secretary COLLINS. So I mean, this is a goal.

Senator SLOTKIN [continuing]. But it is playing out in public, because you have fired people, and then they have been rehired. That is not a secret plan. People in my district—marines, veterans—have been fired from their VA jobs, and then brought back. So it is not that there is some sneaky plan. You are in it. You are living it, and you are living the sloppiness of it.

So I am sorry. I know my time is over, but I cannot agree that the 80,000 is going to be a nice, trim scalpel approach.

Secretary COLLINS. We will just have to agree to disagree, Senator.

Chairman MORAN. Senator Banks.

**HON. JIM BANKS,
U.S. SENATOR FROM INDIANA**

Senator BANKS. Thank you, Mr. Chairman. Secretary Collins, the President's budget calls for a nearly \$5 billion increase for the VA, primarily for medical care and for homelessness. You have been accused of cutting care and benefits—we have heard a great deal of that today—which is obviously a scare tactic. How do you plan to target the new funding that you are requesting?

Secretary COLLINS. Exactly what you just said there, and that is to our health care side, I mean community care side. Community care is growing, but it has actually been under-budgeted in the last few years by the previous administration. So we have got to actually make sure that the proper moneys are being put into community care. Also looking at how we actually need to improve our direct care services.

We have got a lot of issues out there that range from, not only recruitment and retention of employees, but also our facilities, the things that we have. Our average age of a facility is well over 60 years old. These are the kinds of things that we are working right that again, along with a reshaping of the force that we are looking at right now, looking at our contracts, to make sure that some of the folks sitting behind me actually get the care that they have deserved and earned.

It is interesting to me though, again, when we talk about here in the last little bit I have had, and some of the conversation today is where people have called offices and said they have had appointments that are delayed or they cannot get it. In all fairness, I just have to ask, that was the same thing happening in December. That was the same thing happening in November of last year. The only difference right now is I am sitting here saying we are looking and going through a comprehensive approach on how to size the force

at the VA, and spend the money that you and the House appropriate to us. That is the only difference. And again, I keep seeing veteran after veteran after veteran standing here saying, "I couldn't get in to see my appointment. I couldn't get in." The problem is, when was that? We are still working on that because we have issues in our systems, and a bureaucracy is not good. And we had hospitals and VAs who are not sending people to community care.

Senator BANKS. Cutting bureaucracy means better service for our veterans.

Secretary COLLINS. Yes.

Senator BANKS. And that is what you are doing. How are you planning to reinvest any savings from head count reduction to improve services for our veterans?

Secretary COLLINS. That will go back into our different services, and I think that is what we have already shown and had the sign up on taking it back into community care, back into improving our IT systems, back into improving our prosthetics, back into improving our situations with our mental health counselors and others, that we can actually show real results in.

One of the things that is amazing enough, that has not been talked about here today, and I think it, for me, has been the top line that I have talked about all along, except in a way that, frankly, was not truthful in the sense of what we are doing, is suicide has not been discussed here today. And the issue that we still have, since 2008, have not seen a significant decrease in our veteran suicide rate since 2008, although we have spent literally billions of dollars on that.

So when we talked about earlier, we talked about other kinds of care, we have talked about how can we tap into research into maybe psychedelics or other things that help, getting in more with our VSOs and our nonprofits to actually make a difference here. I think this is something we have got to have. We sometimes get caught up in the overall scheme of the VA, believing that the VA, unfortunately being on the Hill, is something that is manipulated or brought back into a certain way that is special. We are special in the sense that we get to treat the veteran of the United States. It is the most precious gift that we have.

But we are not unique in health care. We experience the same issues that all of health care, that we got to speak about earlier. And we are going to make sure, just as every other health care organization goes through this kind of look and reorganization of their facilities, they do the same thing.

Senator BANKS. I appreciate that you are focused on that very much. Go back to the reduction-in-force, though, and tell me, how much do you expect the reduction-in-force to be retirements or early retirements versus separations?

Secretary COLLINS. We are seeing a good bit of that right now, as you always have—that is one of the things, that I got accused of from the cuts that we had, that somebody had not been able to get their next appointment and the doctor had actually just retired out and they were just bringing in the new doctor. That is not on reduction-in-force. That is just a simple matter of attrition in the hospitals.

So some of that will be taken care of. Some have taken the early retirement possibility, which has been a program that I think has worked in a great deal. So some of that will be normal attrition like that and also the incentivized attrition.

Senator BANKS. I am almost out of time, but I want to ask you, really quickly, reviewing the situation that you inherited, the Biden administration's 2025 budget was misleading, as you know. They misrepresented the budget shortfall that they created. Congress closed the immediate \$6 billion shortfall in March, but are there still budgetary problems that we have to clean up?

Secretary COLLINS. I think that is what we are trying to work through right now. What is interesting is I promised in my confirmation, I think you remember, maybe you and I had this conversation, I was not going to come to this Committee, or even send you information, in which I cannot give you either the information because it was not ready yet or we were not comfortable with where the numbers are.

The same thing applies to a lot of the questions I have gotten here today. As we move through these processes we are going to make sure that we give the information. We are working through a budget process right now that does not come and surprise you in a political way at the end of the year. So I think that is why the President and his budget, which is very favorable to the VA in looking at what we need to do, is something that we can then build on and give you more information as we go.

Senator BANKS. Thank you for what you are doing.

Secretary COLLINS. Thank you.

Senator BANKS. I yield back.

Chairman MORAN. Thank you. Mr. Secretary, we are going to have another round, but it is only the two of us, Senator Blumenthal and I. Senator Blumenthal is committed to 5 minutes. I have a constituent waiting in the back room. I am going to be back in 5 minutes. I have a couple of questions for you, then we will conclude the hearing.

Secretary COLLINS. Okay. Thank you.

Chairman MORAN. Senator Blumenthal.

Senator BLUMENTHAL. Secretary Collins, you have just told Senator Banks that you are going to give us the information that you have. You have failed to give us the information that you should have, or you do have and you are declining to provide it—the numbers of specific categories of people whom you plan to fire, the contracts that you have canceled or that you plan to cancel. I am going to ask you to provide that information in written form. I am not going to get into an argument with you here. But just so you understand, I think that a good portion of the questions that you have been asked, frankly, you just have not answered, and I am hoping that you will provide those answers.

Let me tell you one fact that I think we do know, and that is that your goal is to fire 15 percent of the VA workforce. You have said it again and again and again. I am going to ask that a list of your quotes be put into the record, most recently to the Arizona Public Media, AZPM, on May 1, that, quote, "I said there was a goal of 15 percent, which if you do the math is about 80,000." What I take away is you have got a goal of slashing 15 percent of the

workforce, come hell or high water, and you are going to figure out whom to fire as you go along. And that means frontline people who have been hired among those 50,000 or 80,000 people. And I have a list right here, which I am also going to ask be entered into the record, they are numbers. They are real people.

[The information referred to appears on page 104 of the Appendix.]

Senator BLUMENTHAL. We are talking about, for example, 18,000 registered nurses and 5,000 social workers. Those are increases of 20 and 25 percent. Those are frontline people who have been hired. The total number is an approximately 17 percent increase in the VA workforce. They are schedulers, physicians, police, psychologists, registered nurses, social workers, and 31 percent of them are VBA. You fire those people. Your goal is to fire 15 percent of the total workforce. They are among them. You are going to lose quality. You are going to lose time. There is no way around it.

Now, I welcome your commitment that the savings—you just told Senator Banks—will go into care for our veterans, but that is not what you said on April 17th. You said that, quote, “That will be up to the President.” Now, I do not know which is true, but I hope that the savings will go into caring for veterans, but is that your commitment now?

Secretary COLLINS. I think, one, I would like to see the context of that quote and where it was actually put. I think the issue here today is, look, Senator, I think this is where we got—it is not right to stand here today, because I actually think there was a quote from others, and I will not say you specifically, there have been others, that says we are going to take 15 percent of doctors, 15 percent of nurses. That is just wrong. It is almost cruel.

Senator BLUMENTHAL. It would be cruel. It would be cruel if it happened.

Secretary COLLINS. It is not happening.

Senator BLUMENTHAL. Let me just—

Secretary COLLINS. By even repeating it, though, you are letting my workforce know, which are going through a process, if you were going to reorganize your office, would you just stand up at a staff meeting today and say, “Here’s the 16 people we are discussing right now.”

Senator BLUMENTHAL. These are your words. These are your words, in Tucson, on April 30th.

Secretary COLLINS. Okay.

Senator BLUMENTHAL. In KOLD News, April 28th. Scripps News, April 21. Spectrum, local news, April 9th. Detroit Free Press, April 1. Collins told the veteran that cutting 80,000 people from the Department is a goal. On April 9th—

Secretary COLLINS. What are we doing here, Senator? I have admitted that here today.

Senator BLUMENTHAL [continuing]. 15 percent is a goal.

Secretary COLLINS. I have admitted that here today.

Senator BLUMENTHAL. Let me just go on, because the record is there.

Secretary COLLINS. It is. Nobody is denying you, Senator. I am not sure the point you are trying to make, because I have said it

is a goal. But I have also said it may not actually get to that number. It is what will the process we are going through, and I am not going to work out a process in front of a committee or anywhere else, in which we are still in the deliberative process. Because at the end of the day, with 470,000 workforce—

Senator BLUMENTHAL. The goal—

Secretary COLLINS [continuing]. That is incompetence. That is malpractice for me to do that in front of a committee. I am not going to, to scare people. But I have also made the commitment that we are going to make sure that our health care is provided for, that our people are getting their disability benefits. And what we are seeing right now, whether you agree with the numbers or not, those failed when we added billions of dollars and thousands of employees. That is the part we cannot get away from.

Senator BLUMENTHAL. Let me ask you—

Secretary COLLINS. And I am willing to work with you in any way to do that.

Senator BLUMENTHAL [continuing]. You responded to Senator Sullivan's question about capping certain attorneys' fees for the Camp Lejeune victims. Are you aware of the Ensuring Justice for Camp LeJeune Victims Act that Senator Tillis and I have offered to put caps on attorneys' fees?

Secretary COLLINS. No, but it should have come a long time ago. I do not know what took so long.

Senator BLUMENTHAL. Well, will you support our legislation?

Secretary COLLINS. I have not seen the legislation, sir. I do not comment on things I have not read.

Senator BLUMENTHAL. Well, instead of just putting out a—

Secretary COLLINS. Why isn't Senator Sullivan on it?

Senator BLUMENTHAL. Instead of putting—

Secretary COLLINS. I am just curious. Why wouldn't Senator Sullivan be on that bill?

Senator BLUMENTHAL. You know what?

Secretary COLLINS. I am just curious. Because, I mean, it would help me out because we have actually seen this play out, and I am not going to let the veterans be duped into paying 70 percent.

Senator BLUMENTHAL. Maybe you can talk to Senator Sullivan and he will join the bill. But I am asking for your support.

Secretary COLLINS. Please, I will take a look at your bill and see what we can do.

Senator BLUMENTHAL. You are not aware of it?

Secretary COLLINS. Excuse me?

Senator BLUMENTHAL. You are doing a scam alert. I would suggest that maybe the way to really help veterans is to support legislation to put caps on it.

Secretary COLLINS. Are you denying that this is happening? Because if not, I mean, I have—

Senator BLUMENTHAL. You know—

Secretary COLLINS. You are asking me to support a bill that I have never read, sir, and that is just not fair.

Senator BLUMENTHAL. I am going to take a little more time—

Secretary COLLINS. I will be happy to read the bill.

Senator BLUMENTHAL [continuing]. Because he seems to feel that—he is asking the questions here. But I am happy to continue the conversation.

Chairman MORAN. Senator Blumenthal, let me see if I can sum this up. I think the Secretary has said he will take a look at the bill.

Secretary COLLINS. Yes, yes.

Chairman MORAN. And it is a bill that you do not know anything about, so you cannot say whether you are for it. And Senator Blumenthal is happy to have your support after you look at it.

Secretary COLLINS. Correct. Thank you.

Senator BLUMENTHAL. Well said, Mr. Chairman.

Chairman MORAN. Thank you.

Secretary COLLINS. The Chairman—

Senator BLUMENTHAL. Let me ask you—Secretary Collins, I just have a couple of quick questions for you. Will you commit to provide privacy for telehealth professionals doing mental health care?

Secretary COLLINS. We have already done that, sir. Anything in our return-to-work policy, if they are actually put in a position where they do not have privacy, it is against the policy of return to work, and they will be—

Senator BLUMENTHAL. Do you deny the accuracy of *The New York Times*—

Secretary COLLINS. Oh, very much so. And I will be happy to provide you everything. They were contacted. Everything that it showed was that our systems were working. And anything that they actually reported—by the way, we asked for veterans where care had been affected by that. They could not produce a single one. In fact, *The New York Times* even produced, of overworked, crowded conditions, they sent our press people to empty rooms. So yes, I do deny it.

Senator BLUMENTHAL. You deny—will you provide us a factual refutation of it, not just—

Secretary COLLINS. We can, and we also did it—I think we are actually putting that out on social media today. So yes, we go line by line. I take every one of these seriously, sir. I take every one of them seriously. *ProPublica*, you mentioned it earlier, *New York Times*. And yet we answer them one by one by one, and I have the email chains with the reporters that they choose to ignore. That is what we get.

Senator BLUMENTHAL. Well, I welcome that you are committed to providing privacy and that you will provide a line-by-line refutation of *The New York Times* article.

Secretary COLLINS. We always have, sir.

Senator BLUMENTHAL. Will you do the same with *ProPublica*?

Secretary COLLINS. We have that, as well.

Senator BLUMENTHAL. Let me ask you. Have research contracts been canceled or frozen?

Secretary COLLINS. Research contracts are right now under—the ones that are continuing are still continuing. If they were running out, then we are on a 90-day policy to see whether they need to be continued or not.

Senator BLUMENTHAL. Is that a yes?

Secretary COLLINS. I mean, I cannot answer your question any better than that. The continuing contracts are happening right now. There were some, by the way, as you well know, that they do run out at a three-year cycle. We have actually held onto those right now.

Senator BLUMENTHAL. So you have not canceled any.

Secretary COLLINS. No. Not at this point, no. Not that I am aware of in that situation. If you want to provide something, we will be happy to look at it.

Senator BLUMENTHAL. Have you frozen any? In other words, before the expiration of the three years?

Secretary COLLINS. That I would have to look at. I do not believe so. Because that is one of the reasons why we put the 90-day policy.

Senator BLUMENTHAL. Mr. Secretary, is Medicaid important to veterans?

Secretary COLLINS. Give me the context, Senator. I mean, it is important for anyone.

Senator BLUMENTHAL. Well, do veterans take advantage of the Medicaid program?

Secretary COLLINS. That is a conversation that has been going on for a while now concerning the Medicaid Advantage plans and the ones that are—

Senator BLUMENTHAL. No. I am talking about Medicaid, not Medicare Advantage.

Secretary COLLINS. Okay. I am sorry. I will have to—I mean, I am not sure where we are going with this.

Senator BLUMENTHAL. Do veterans use Medicaid? You are not aware of that fact?

Secretary COLLINS. Yes. Yes. I mean, I understand the Medicaid process. I am not sure what your question is.

Senator BLUMENTHAL. Well, my question is, is Medicaid important to veterans?

Secretary COLLINS. It is important to everyone who uses it.

Senator BLUMENTHAL. Okay. Thank you, Mr. Chairman.

Chairman MORAN. Senator Blumenthal, thank you. Just a couple of wrap-ups from me, Mr. Secretary. I wanted to give you the opportunity, and maybe just to educate me, what are the facts with the Veteran Crisis Hotline?

Secretary COLLINS. The facts on that is we protected all those who actually answered the phones. And this was a concern that came up many times, that I started seeing in the press, where there were accusations from the Hill and other places, that we had actually fired the ones who were actually answering the phones. The answer to that, even from career folks, was that was not true.

What we did have is, we found there were some, there were staff that were let go. When we immediately looked at that, I made the decision that we will make everybody back in. We will protect the entire group, because we did not want anybody to falsely accuse that we were not answering the lines.

Chairman MORAN. And so today, is the Crisis Hotline any less or more—have more or less personnel than it did before this?

Secretary COLLINS. I think it is at the same lines that it has in the last year.

Chairman MORAN. The people that were let go that you returned—

Secretary COLLINS. They are back.

Chairman MORAN [continuing]. They are back.

Secretary COLLINS. Yes, they are back.

Chairman MORAN. Okay. And then you answered my question about your interest in an IG and believe in its value. Would you also ask the White House for an IG for the Department?

Secretary COLLINS. We already have.

Chairman MORAN. Okay. That is my questions. Mr. Secretary, anything you want to—I often ask this. It is not just a treatment of you, the witnesses—if they have anything they want to clarify or correct.

Secretary COLLINS. No. Look, I appreciate it, and I appreciate the Ranking Member. We have the same goals, I think all of us on this dais. We are going to disagree, and we are going to disagree about how to go about it. But there are several things, Mr. Chairman, that I am not going to do, and I do not think it is fair to VA employees, and I do not think it is fair to veterans, to take things that are pre-decisional. Many of the things that have been discussed today were leaked memos, designed to disrupt. They were designed to make the VA look bad or make veterans scared.

I am not going to do that. I am going to challenge anyone that is going to hurt or scare veterans or scare employees. We are going to give you everything that we can at the time. I promise you that, and I continue to do that. We have had conversations, you and I have. But when we are doing something as large as we are, at an organization as sensitive on this Hill, it would not be right for us to do that in public. It would not be right for us to just come out and say, "Here's everything that we have got," and then have everybody scared because in the end it may not be the final decision.

What we are going to do is come to the best possible decision we can, for the veterans in this country, so that they have a VA system that actually works. And when we understand that, again, the VA has been an issue for a long time. We are trying to not make it an issue anymore. We are trying to get it to a point to where it is, doing what it is supposed to be doing, and taking care of the veterans that have earned it. And I appreciate the chance to be here today.

Chairman MORAN. And I would just encourage you, it would be a mistake if I did not, to see if your crew can answer our team, both minority's and majority's staffs, questions fully and promptly.

Secretary COLLINS. Yes. Can I say one other thing about that? I have been in about 90 days. We have answered, from Ranking Member Blumenthal and SVAC minority alone, we have responded to 78 RFIs, 11 briefings, 9 technical assistance calls, 4 technical assistance are in progress, and many, many visits. We have also answered 19 letters from Senator Blumenthal and Chairman Moran, 68 letters and RFIs. Now, you might not like—

Chairman MORAN. Mr. Secretary, that was—

Secretary COLLINS [continuing]. The answers—

Chairman MORAN. That was my mistake, because we are going to start this conversation all over again now.

Secretary COLLINS. Yes.

Senator BLUMENTHAL. I just want to make it clear——

Secretary COLLINS. And we are going to do that.

Senator BLUMENTHAL [continuing]. Just so you do not feel—I mean, I am just going to be really blunt. I think some of those responses are an insult to my intelligence and perhaps yours, if you respond by giving us the kind of non-substantive answer that I think is inadequate. I am not going to count it as a real response.

Secretary COLLINS. That is your prerogative, Senator, and we will continue to do our best to give you the information.

Senator BLUMENTHAL. I am asking for facts, not just acknowledgement of the questions.

And I also would encourage you to avoid the use of non-disclosure agreements with employees, so that we can get more facts from them.

Chairman MORAN. All right. The hearing is about to conclude. I thank our Committee members for their participation today. You had a full house. I thank the Secretary for his presence and his testimony today.

The hearing record will remain open for 5 legislative days, should any Committee member wish to submit additional statements or questions for the record. Then, Mr. Secretary, I ask you and the Department to respond to any question for the record that you may receive, following today's hearing, in a timely manner, which I guess will be decided by I hope me, if it is necessary.

With that, our Committee is adjourned.

[Whereupon, at 2:01 p.m., the hearing was adjourned.]

A P P E N D I X

Prepared Statement

**STATEMENT BY
THE HONORABLE DOUGLAS A. COLLINS
DEPARTMENT OF VETERANS AFFAIRS SECRETARY
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
MAY 6, 2025**

Chairman Moran, Ranking Member Blumenthal, and distinguished members of the Committee, thank you for the opportunity to testify today on the state of the Department of Veterans Affairs.

Since becoming VA secretary, I've met many of the men and women who show up to work every day at the department with a deep dedication to our mission – delivering health care and benefits to millions of Veterans who've served our nation. They have my sincere thanks, and I can't wait to meet more of them in the months ahead.

In this same period, I've come to learn what many of you on this committee also realize: VA is in need of reform. We must do a better job delivering timely care to Veterans, getting to “yes” so Veterans can get the benefits they've earned, and making sure the money Congress appropriates to VA is not diverted to non-mission-critical or even wasteful programs.

In the old days, way back in 2024, discussions in Congress about the need to reform VA were often just a thinly veiled request for more employees. But the department's history shows that adding more employees to the system doesn't automatically mean better results.

The Biden Administration's record is a perfect example. During those four years, VA failed to address nearly all of its most serious problems, such as benefits backlogs and rising health care wait times. The numbers speak for themselves:

The number of VA employees grew by more than 52,000 full-time equivalents from FY21 to FY24. Did all those extra people make things better for Veterans? No. In fact, VA's direct care performance actually got worse:

- Wait times for primary care rose from 15.7 days to 24.3 days.
- Wait times for mental health care rose from 14.7 days to 20.4 days.
- Wait times for specialty care rose from 24 days to 38 days.
- And VA's disability compensation benefits claims backlog increased under Biden.

Something has to change, and it's up to us to make that change. Under President Trump, we are working to solve problems that have persisted at VA for decades. Our goal is to create a department that works better for the Veterans, families, caregivers and survivors that we serve.

I've never been shy when it comes to addressing tough issues head-on, and I won't ignore the elephant in the room here today. As everyone here is aware, we're conducting a thorough review of the department's structure and staffing across the enterprise.

As I've said countless times, this review is aimed at finding ways to improve care and benefits for Veterans without cutting care and benefits for Veterans. Our goal is to increase productivity and efficiency, eliminate waste and bureaucracy, and improve the delivery of health care and benefits to Veterans.

We're going to maintain VA's mission-essential jobs like doctors, nurses and claims processors, while phasing out non-mission essential roles like interior designers and DEI officers. The savings we achieve will be redirected to Veteran health care and benefits.

Our goal is to ensure we have employees where they are needed, cut unnecessary overhead, and strategically reduce staff to ensure VA's budget is mostly

going directly to veterans. We will accomplish this without making cuts to health care or benefits to Veterans or VA beneficiaries.

Year after year, calls for VA reform come from every corner – lawmakers, the media, watchdogs like inspectors general and the Government Accountability Office, Veterans Service Organizations, and individual Veterans across the country.

This year, finally, we have embarked on a historic effort to reform VA. We've been emphatic that we won't be cutting benefits and health care – only improving them. And we're engaging career subject-matter experts, senior executives, and political leadership to restructure the department so it works better for Veterans.

We are doing what literally all VA stakeholders agree needs to be done. So, what has the reaction been? We've been met with a barrage of false rumors, innuendo, disinformation, and speculation implying we're firing doctors and nurses, forcing staff to work in closets and showers, and that there is "chaos" across the Department.

Some on this committee are even fighting to stop us from putting in place the competent senior leaders this Administration has hand-selected to solve the department's problems. There are three veterans who are supremely qualified nominees awaiting action on the Senate floor, but are being held. These positions are traditionally not controversial and have been confirmed in the past with bipartisan support. But not now.

Why? Because we canceled some duplicative contracts for work VA can and should be doing in-house, and we let go of one half of one percent of non-mission critical employees.

To hear our critics tell it, the department was absolutely perfect until we started making changes in January 2025. Everyone knows that's not true.

The fact is that VA health care has been on the Government Accountability Office's high-risk list for more than a decade. GAO even says VA faces "system-wide challenges in overseeing patient safety and access to care, hiring critical staff, and meeting future infrastructure needs." We are working hard to fix these and other issues, and we need your help. We want to work with Congress to fix VA. But our shared goal needs to be making things better for Veterans rather than protecting the department's broken bureaucracy.

The Department of Veterans Affairs is not a federal jobs program. It is an organization whose sole purpose is to serve Veterans. We must never lose sight of that.

We're only 100 days into the second Trump Administration, and despite major opposition from many in the media, government union bosses, and some in Congress, we're already making significant progress to better serve Veterans, including:

- We are refocusing on our core mission, which is providing the best possible care and benefits to Veterans, families, caregivers, and survivors.
- That means we're making sure Veterans get the health care choices they were promised under the MISSION Act.
- We're taking thousands of employees off of remote work and bringing them back to the office, where we can work as a team to better serve Veterans.
- We're phasing out treatment for gender dysphoria.
- We're accelerating the deployment of our modern electronic health record system, after the program was nearly dormant under the Biden Administration.
- We're processing record numbers of disability claims.
- We're redirecting hundreds of millions of dollars from non-mission-critical efforts to health care, benefits, and services that directly support VA beneficiaries.
- And we've ended DEI at the department, reversing the divisive Biden-era policies and stopping more than \$14 million in DEI spending.

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But we're just getting started. We have an obligation to make VA work better for the Veterans, families, caregivers, and survivors that we are charged with serving. That is exactly what we have been doing and exactly what we will continue to do.

Thank you for your time and attention, and I look forward to your questions.

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Submissions for the Record



Photo illustration by Alex Bandoni/ProPublica. Source images: Vlad Plonsak and AndreyPopov/Getty Images.

Trump Administration

Internal VA Emails Reveal How Trump Cuts Jeopardize Veterans' Care, Including To "Life-Saving Cancer Trials"

by Eric Umansky and Vernal Coleman

May 6, 2025, 5 a.m. EDT

Despite a congressional mandate to expand care for veterans, internal Veterans Affairs messages obtained by ProPublica paint a stark portrait of how chaotic cost cutting has already imperiled tests of treatments for cancer, opioid addiction and more.

ProPublica is a nonprofit newsroom that investigates abuses of power. Sign up to receive our biggest stories as soon as they're published.

Earlier this year, doctors at Veterans Affairs hospitals in Pennsylvania sounded an alarm. Sweeping cuts imposed by the Trump administration, they told higher-ups in an email, were causing "severe and immediate impacts," including to "life-saving cancer trials."

The email said more than 1,000 veterans would lose access to treatment for diseases ranging from metastatic head and neck cancers, to kidney disease, to traumatic brain injuries.

"Enrollment in clinical trials is stopping," the email warned, "meaning veterans lose access to therapies."

The administration reversed some of its decisions, allowing some trials to continue for now. Still, other research, including the trials for treating head and neck cancer, has been stalled.

President Donald Trump has long promised to prioritize veterans.

"We love our veterans," he said in February. "We are going to take good care of them."

After the Department of Veterans Affairs began shedding employees and contracts, Trump's pick to run the agency, Secretary Doug Collins, pledged, "Veterans are going to notice a change for the better."

But dozens of internal emails obtained by ProPublica reveal a far different reality. Doctors and others at VA hospitals and clinics across the country have been sending often desperate messages to headquarters detailing how cuts will harm veterans' care. The VA provides health care to roughly 9 million veterans.

In March, VA officials across the country warned that a critical resource — databases for tracking cancer — would no longer be kept up to date. As officials in the Pacific Northwest explained, the Department of Government Efficiency was moving to kill its contract with the outside company that maintained and ran its cancer registry, where information on the treatment of patients is collected and analyzed. DOGE had marked it for "immediate termination."

VISN 20 received notification that the contract for their Cancer Registry underwent review by DOGE and was "updated for immediate termination." A Cancer Registry is required by the National Commission on Cancer accreditation for "Comprehensive Cancer Centers," for required state reporting, and for enrolling patients into cancer treatment clinical trials.

Officials at the VA centers in the Pacific Northwest said funding for their cancer research was "updated for immediate termination" after a review by the Department of Government Efficiency. Obtained by ProPublica

The VA in Detroit raised a similar alarm in an email, warning of the "inability to track oncology treatment and recurrences." The emails obtained by ProPublica detail a wide variety of disruptions. In Colorado, for instance, layoffs to social workers were causing homeless veterans waiting for temporary housing to go without help.

The warnings, sent as part of a longstanding system at the VA to alert higher-ups of problems, paint a portrait of chaotic retrenchment at an agency that just three years ago was mandated by Congress through the PACT Act to expand care and benefits for veterans facing cancer and other issues after exposure to Agent Orange, burn pits or other toxins.

Doctors and other health care providers across the VA have been left scrambling and short-staffed amid an ever-shifting series of cuts, hiring freezes and other edicts from the White House.

VAPHS Research and Development identified a total of 7 clinical trials currently impacted, with 75 Veterans enrolled to date (with planned enrollment of 500). These clinical trials directly impact Veteran care and the treatment of head and neck cancer, lung cancer, kidney transplantation, cardiovascular disease, and opioid overdose. There are additional studies recruiting Veterans, also on pause due to the hiring freeze, in the areas of military toxic exposure, traumatic brain injury, and stroke. There are 55 total WOC/IPA

Pittsburgh: If research personnel remain subject to the hiring freeze, the clinical care of Veterans directly provided as part of research studies, and their safety as part of these trials, will be severely impacted. These research studies are in the highest impact clinical area for Veterans, including cancer, suicide prevention, traumatic brain injury, prosthetics and wheelchairs, and toxic military exposure. Clinical trials have already stopped enrolling new Veterans, and that will accelerate. VAPHS request exemption from hiring freeze for

VA officials in Pittsburgh sent warnings about studies being impacted by a hiring freeze. These included studies on cancer, suicide prevention and exposure to toxins. Obtained by ProPublica

The upheaval laid bare in the emails is particularly striking because the cuts so far would be dwarfed by the dramatic downsizing in staff and shift in priorities the administration has said is coming.

The VA has cut just a few thousand staffers this year. But the administration has said it plans to eliminate at least 70,000 through layoffs and voluntary buyouts within the coming months. The agency, which is the largest integrated health care system in the U.S., currently has nearly 500,000 employees, most of whom work in one of the VA's 170 hospitals and nearly 1,200 clinics.

Despite an expanded role mandated by Congress through the PACT Act, administration officials have said their goal is to trim the agency to the size it was before the legislation passed.

"The Biden Administration understood what it meant to pay for the cost of war; it seems the Trump Administration does not," said Rep. Mark Takano, a California Democrat and chief author of the PACT Act.

Documents obtained by ProPublica show DOGE officials working at the VA in March prepared an outline to "transform" the agency that focused on ways to consolidate operations and introduce artificial intelligence tools to handle benefits claims. One DOGE document proposed closing 17 hospitals — and perhaps a dozen more.

VA press secretary Pete Kasperowicz told ProPublica that there would be no hospital closures. "Just because a VA employee wrote something down, doesn't make it VA policy," he said in a written statement. But he did say that use of AI will be a big part of what he called VA's "reform" efforts.

Kasperowicz dismissed the idea that the emails obtained by ProPublica show chaos.

"The only thing these reports show is that VA has a robust and well-functioning system to flag potential issues and quickly fix them so we can provide the best possible care to Veterans," he wrote.

DOGE did not respond to requests for comment.

The White House released a budget proposal last week that calls for a 4% increase in the VA's budget. That total includes more money for medical care, though a portion of that would be used to pay for veterans to seek care outside the VA medical system.

More answers to the VA's larger plans may come today, when Collins is scheduled to testify before the Senate Veterans Committee, his first hearing on Capitol Hill since coming into office.

David Shulkin, who headed the VA in Trump's first term, said the administration is too focused on cuts rather than communicating a strategy for improving care for vets.

"I think it's very, very hard to be successful with the approach that they're taking," Shulkin told ProPublica.

One way local VA officials have tried to limit the damage has been by sending warnings — formally known as an issue brief — to higher-ups. And sometimes it works.

After officials in Los Angeles warned that "all chemotherapy" would stop unless Washington backed off killing a service contract, the VA reversed its decision.

And, amid growing scrutiny, the administration also made some researchers in Pennsylvania and elsewhere exempt from cuts. The laid-off social workers who helped homeless vets in Colorado were also brought back after about a month away from their jobs. Kasperowicz said that four social workers were affected but "their caseload was temporarily redistributed to other members of the homeless team."

The warnings from officials across the country underscore how the comparatively modest cuts so far are already affecting the work of the VA's medical system, with the study and treatment of cancer cited in multiple warnings to agency leadership.

"We have absolutely felt the impact of the chaos all around us. We're already losing people," said one senior researcher, who spoke to ProPublica anonymously for fear of retaliation.

Referring to studies, he added: "We're going to be losing things that can't restart."

And while Kasperowicz told ProPublica that the issues in Pennsylvania have been resolved, locals there said that's not the case and that the impact is ongoing.

In Pittsburgh, two trials to treat veterans with advanced head and neck cancer, which officials in March had warned were at risk because of hiring freezes, have still not started, according to Alanna Caffas, who heads a Pittsburgh nonprofit, the Veterans Health Foundation, that partners with the VA on research.

"It's insane," Caffas said. "These veterans should be able to get access to research treatments, but they can't."

Staffing shortage leading to stopping clinical trials during the intervention period is unsafe and threatens harm to the Veterans participating in those studies. This has impacted multiple facilities. VA Pittsburgh alone lost over 20 research staff due to the hiring freeze and 7 clinical trials stopped enrollment including in metastatic head & neck cancer and advanced lung cancer. VA Pittsburgh will lose another 30 research staff in March, and over a hundred in the next 6 months, leading to further cessation of clinical trials.

VA employees in Pittsburgh sent a warning that they had lost research staff because of the hiring freeze. Obtained and highlighted by ProPublica

A third trial there, to help veterans with opioid addiction, wasn't halted. Instead, it was hobbled by layoffs of key team members, according to Caffas and another person involved in the research.

Regarding the issues with cancer registries, Kasperowicz said there had been "no effect on patients." He added that the VA is moving to create a national contract to administer those registries.

Rosie Torres, founder of Burn Pits 360, the veterans advocacy group that also pushed hard for the legislation, called the emails showing impeded cancer treatment a "crisis in the making" and "gutwrenching."

That the decisions are being made without input from the communities of vets they affect is worse, she added.

"If they are killing contracts that may affect the delivery of care, then we have a right to know," she said.

Last week, as the second Trump administration marked its first 100 days in office, Collins celebrated what he described as its achievements.

In a recorded address, he said that under his stewardship the VA processed record numbers of benefit claims, ended "divisive" spending on diversity initiatives and redirected millions of agency dollars from "non-mission-critical" programs back toward services

Have You Been Affected by Changes at the Department of Veterans Affairs? Tell Us About It.

If you've experienced setbacks in your care or benefits amid the changes at the Department of Veterans Affairs, ProPublica wants to hear from you.

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to benefit veterans.

"We will not stop working to put veterans first," he wrote in an accompanying op-ed.

Others say Collins has done no such thing. Instead of focusing on veterans, said one VA oncologist, "we're spending an enormous amount of time preparing for a staffing catastrophe."

"Veterans' lives are on the line," the doctor said. "Let us go back to work and take care of them."

Alex Mierjeski contributed research, and Joel Jacobs contributed reporting.

Eric Umansky X

Eric Umansky is an editor-at-large at ProPublica.

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Vernal Coleman X M In

I'm a Pulitzer Prize-winning reporter based in Chicago who writes about, among other things, law enforcement and veterans' issues.

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If you have a story to tell, I have an ear for you — especially if you can shed light on how policies enacted in Washington are harming people in the Chicago area. If you know of or are the victim of an injustice, I want to hear from you.

**AFGE Local 0025 – Statement to the U.S. Senate Committee on Veterans’ Affairs
Regarding Employee Impact Statements**

To the Honorable Members of the Senate Committee on Veterans’ Affairs:

On behalf of the American Federation of Government Employees (AFGE) Local 0025, I respectfully submit this statement for the record in response to dozens of impact statements provided by employees at the Department of Veterans Affairs’ Decision Review Operations Center (DROC-DC) and associated offices. These statements, attached hereto, represent the collective voices of frontline public servants who have endured significant and unjustified hardships stemming from recent policy changes, management decisions, and failures to honor basic labor protections.

The testimonies reflect a deep erosion of morale, psychological well-being, and workplace dignity among dedicated employees, many of whom are Veterans themselves or direct caregivers of Veterans. These individuals have described:

- The crushing weight of unattainable performance metrics.
- Widespread anxiety and burnout triggered by opaque and inequitable workload distribution.
- Retaliatory environments in which employees fear reprisal for requesting reasonable accommodations or union representation.
- A breakdown in trust due to management’s refusal to bargain in good faith with the exclusive representative, AFGE Local 0025.

In violation of the Master Agreement and principles codified in 5 U.S.C. Chapter 71, the Department of Veterans Affairs has enacted unilateral changes affecting performance expectations, team assignments, and evaluation procedures, without notice, consultation, or negotiation with the Union. The result has been devastating: hardworking federal employees, many with service-connected disabilities, are being placed on Performance Improvement Plans or threatened with removal despite years of exemplary service.

Additionally, the Union has received disturbing reports that when employees begin assignments at physical regional offices, they are required to bring their own equipment, including monitors, ergonomic chairs, and other essential tools, at their own expense. This practice is not only unreasonable but also fails to meet the government’s own obligations under occupational safety and health guidelines, and disproportionately harms employees with disabilities or chronic medical conditions.

The cumulative impact has created a toxic culture that undermines the VA’s sacred mission to care for those "who shall have borne the battle."

AFGE Local 0025 respectfully urges this Committee to:

1. Investigate the VA's systemic disregard for labor-management obligations and the resulting harm to Veterans and employees.
2. Demand accountability from the VA for its failure to honor Executive Order 14003 and other protections for organized labor.
3. Support legislative oversight to prevent further erosion of workplace protections for federal employees, particularly those who serve our nation's Veterans.
4. Facilitate a field hearing or public forum where affected employees may speak directly to Congress about their experiences.

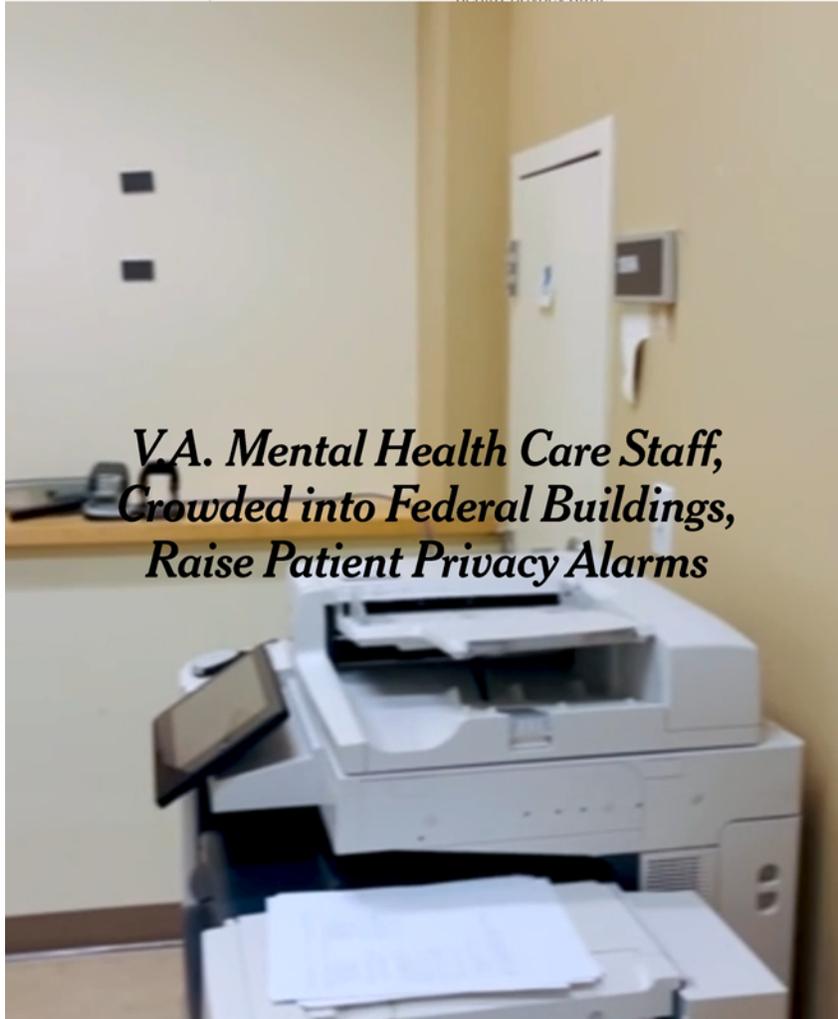
We thank the Committee for its longstanding commitment to America's Veterans and ask that you extend that same protection to the federal workforce that serves them.

Respectfully,

Darren J. Petite
President, AFGE Local 0025

The New York Times

<https://www.nytimes.com/2025/05/04/us/politics/veterans-affairs-mental-health-privacy.html>



***V.A. Mental Health Care Staff,
Crowded into Federal Buildings,
Raise Patient Privacy Alarms***

Clinicians at the Department of Veterans Affairs say the president's return-to-office order is forcing many of them to work from makeshift spaces where sensitive conversations can be overheard.

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By Ellen Barry and Nicholas Nehamas

The reporters have been examining the impact of President Trump's overhaul of the federal government on veteran health care.

May 4, 2025

In a Boston V.A. hospital, six social workers are conducting phone and telehealth visits with veterans from a single, crowded room, clinicians say. In Kansas City, providers are planning patient care while facing each other across narrow, cafeteria-style tables in a large, open space, according to staff members.

And in South Florida, psychiatric nurses have been treating veterans with mental health conditions in a hallway near a bathroom, sitting down with them in a makeshift medical bay jury-rigged out of filing cabinets and a translucent screen.

"People walking by can hear everything that's going on," said Bill Frogameni, an acute care psychiatric nurse at the Miami V.A. hospital and director of the local chapter of the National Nurses United union, referring to the patient intake setup in a V.A. outpatient facility in Homestead, Fla., outside Miami.

"The nurses are triaging these patients asking standard questions: 'Do you feel like harming yourself or others? How long have you been feeling suicidal? Do you have a plan to harm yourself?'" Mr. Frogameni said. "It's very personal stuff."



“People walking by can hear everything that’s going on,” said Bill Frogameni, an acute care psychiatric nurse and director of the local chapter of the National Nurses United union in Miami. Scott McIntyre for The New York Times

The cramped conditions are the result of President Trump’s decision to rescind remote work arrangements for federal employees, reversing a policy that at the V.A. long predated the pandemic. Since Mr. Trump’s order, the Department of Veterans Affairs has been scrambling to find adequate office space for tens of thousands of health care employees, even those who see most or all of their patients virtually, while maintaining the legal requirement of confidentiality.

V.A. officials say the agency is handling its return to office responsibly, with the goal of improving care for veterans. While nearly 60,000 employees are being shifted into federal office space, another 45,000 have been allowed exemptions or extensions and can continue working from home for now. That includes a six- to eight-month pause for select clinicians categorized as “telemental health” providers, according to V.A. documents.

Staff members concerned about patient privacy can notify supervisors, who will give them what they need, said Peter Kasperowicz, a V.A. spokesman. If any staff members lack appropriate work space, he added, “that in itself is a violation of V.A.’s return-to-in-office-work policy.”

But interviews with three dozen V.A. employees, internal agency documents and photographs provided to The New York Times from six V.A. facilities depict crowded or stopgap office spaces where clinicians say they are being asked to administer mental health treatment or discuss sensitive information in open settings where conversations can be overheard.

Veterans have noticed the lack of privacy, clinicians say. They described patients newly hesitant to discuss issues like legal problems, substance abuse and intimate partner violence, limiting the effectiveness of their treatment. Some clinicians said they had trouble hearing patients over the phone or during video calls in their new, telemarketing-style work spaces.

Providers have been instructed to use headphones, computer privacy screens and even convex mirrors to block veterans’ view of other people in the room, documents and interviews show. In an internal memo, V.A. workers were told to prepare to work in crowded environments by avoiding strong perfumes or “heating or consuming pungent foods” while at their desks.

Some providers told The Times that they are quitting or retiring early rather than work in conditions that jeopardize patient privacy or undertake long commutes just to talk to patients on video. The V.A. is already suffering from “severe” shortages of psychologists and psychiatrists, according to an agency report.



Photographs obtained by The New York Times show makeshift office spaces in (clockwise from top left) the Grand Rapids, Mich., area; Coatesville, Pa.; Kansas City, Mo.; and Homestead, Fla. Mental health clinicians say they have been told to provide teletherapy or discuss confidential medical information in open settings where they can be overheard, which professional associations say creates ethical and legal concerns.

“They were going to put us around conference tables with headsets and laptops,” said Dr. Nicole Stromberg, 61, an addiction psychiatrist who retired on Thursday after 11 years at the V.A., much of it spent in leadership positions.

For the past five years, Dr. Stromberg has been working remotely, seeing around 500 veterans spread out across 35 counties in Michigan. She said terminating treatment with her patients has been so painful that she often leaves the sessions crying.

“It’s really exhausting and really hard and not even what I want to do,” she said. “And I feel guilty, because I feel like doctors should be sticking it out until the end. That’s the commitment we made.”

The V.A. pioneered telehealth two decades ago to help reach its geographically dispersed patient population, hiring mental health providers for fully remote jobs to treat veterans in other counties or even states. During the first Trump administration, the V.A. aggressively expanded its use of virtual mental health care, which it considered a successful innovation.

But mandating that federal employees work from the office has been a priority for Elon Musk and his so-called Department of Government Efficiency — in part, the billionaire explained in a Wall Street Journal opinion essay he cowrote shortly after the election, because it “would result in a wave of voluntary terminations that we welcome.”

Mr. Kasperowicz characterized the current pushback as coming from “a small but vocal minority” of V.A. employees who were “telling tall tales in a desperate attempt to avoid returning to the office at all costs.”

Referring to the photographs provided to The Times, he disputed that patient confidentiality was being violated and said that in each location, clinicians could get access to private offices when needed.

“The central — and false — premise of your hit piece is that V.A. employees are improperly discussing sensitive info in crowded spaces,” he said. “These photos show the opposite of that. They actually undermine the false narrative The New York Times is trying to push.”

Mr. Kasperowicz said no sensitive information was discussed in the medical bay in the Florida facility, which he described as “appropriately private.” He acknowledged issues at two V.A. facilities highlighted by The Times but said officials had worked to resolve them.

In Michigan, for instance, Mr. Kasperowicz confirmed that officials at a clinic outside Grand Rapids had learned on April 16 of a “small group of telehealth providers performing virtual visits in a converted conference room.” But he said that, 12 days after the situation came to light, the providers had been given access to smaller private spaces for sensitive exchanges.

The agency was “no longer a job where the status quo is to phone it in from home,” he added.

A White House spokeswoman said that the return-to-office mandate would mean “better services for our veterans.”

“Many private companies are ending remote work because numerous studies show that employees are more productive and collaborative in-person,” Anna Kelly, the spokeswoman, wrote in a statement.

Deadlines for returning to office were set for April and May. At the time of the executive order, more than 20 percent of the V.A.’s staff had been working remotely.

The anticipated impact of the return-to-office mandate on V.A. mental health prompted protests from medical and professional organizations after an initial Times report in March.

In an April 11 letter, the chief executive of the National Association of Social Workers warned V.A. Secretary Doug Collins that providers working in such spaces were “at serious risk of violating HIPAA regulations and other federal privacy laws.”



Leading mental health associations have raised concerns about working conditions at V.A. facilities to Doug Collins, the secretary of Veterans Affairs. Kenny Holston/The New York Times

“These conditions create profound ethical concerns and could endanger the professional licensure of V.A. social workers,” Anthony Estreet wrote.

Leaders of the American Psychiatric Association and American Psychological Association also appealed to Mr. Collins, asking that mental health providers be exempted from the return-to-work order lest they quit, leaving their patients stranded without care.

Jennifer Mensik Kennedy, the president of the American Nurses Association, said many nurses have approached her to report overcrowded conditions that risked violating patient privacy laws.

“There’s not enough office space,” she said. “People are doubled up. People are working in hallways.”

Alarms From Within



The V.A. medical center in Miami. By 2020, virtual care made up 58 percent of V.A. outpatient visits. Scott McIntyre for The New York Times

The V.A.'s expansion of telehealth in Mr. Trump's first term has helped veterans, said Dr. Harold Kudler, who served as the agency's chief consultant for mental health services from 2014 to 2018.

By 2023, virtual care made up 54 percent of mental health visits. Studies showed that teletherapy had lowered the cost of care and reduced wait times by an average of 25 days. A study of rural veterans found a 22 percent reduction in the likelihood of suicidal behavior among those provided care over video tablets.

Dr. Kudler, who is now in private practice, said in his conversations with current V.A. personnel that many had expressed “despair” about “abrupt and unreasoning change.”

“Once you break that system that way, it’s going to be a very long time coming back,” he said.

Alarms have sounded from within the agency about return-to-office mandates. Kevin Galpin, a top V.A. official who oversees teletherapy, wrote in a memo last month that clinicians require “private, secure and therapeutic office spaces” to deliver care, and that open-plan work stations “are inconsistent with this guidance,” according to a copy reviewed by The Times. (Mr. Galpin declined to comment.)

In interviews, V.A. clinicians described a chaotic spring, as two large waves of employees were given deadlines to report to a federal office space. Some described having to work out of hallways or split offices the size of closets. Many spoke on the condition of anonymity out of fear of retribution.

A social worker who treats homeless veterans in California said she was placed with a dozen other staff members in a windowless mailroom that was so crowded with undelivered packages that she had to move boxes to reach her cubicle.

In Ohio, the V.A. asked more than 70 telehealth providers to start working out of a suburban office park, but many were unable to log into the V.A.’s computer system, according to an employee. Mr. Kasperowicz said that internet equipment there had failed and that workers have been allowed to work from home while repairs are made.

Difficult Goodbyes



"A psychiatrist and a patient, it's an oddly intimate relationship," said Dr. Nicole Stromberg, a psychiatrist who retired after 11 years with the V.A. Brittany Greeson for The New York Times

Many clinicians said the changes had prompted them to start looking for jobs outside the agency, which often pay significantly higher salaries.

Dr. Anil Kulangara and Dr. Catherine Shim, married psychiatrists who had been treating patients remotely at the American Lake clinic in Tacoma, Wash., said they were deeply discouraged on April 14, when they reported to the office spaces they had been assigned.

“It seemed a little unreal, almost laughable,” Dr. Kulangara said. They weren’t given keys for the building or the office, which still contained the belongings of previous occupants. When they were able to get in, they discovered that the I.T. setup would not allow them to see patients, so they raced home, they said.

“At no point in this did anyone explain why this was important to do, other than to comply” with an executive order, Dr. Kulangara said. “We tried. It’s not worth it, and it doesn’t make any sense. It was such an obvious harm to us and to our patients and no one seemed willing to push back.”

Both doctors officially resigned last week, citing the discontinuation of remote work as the reason. Though both have received offers for new jobs, Dr. Kulangara said, “we have been literally sick to our stomachs thinking of what is going to happen to our patients,” a combined case load of more than 500 veterans suffering from PTSD, sexual trauma and severe mental illness.

In total, 10 clinicians told The Times that they had left their jobs, or were in the process of leaving, because of the changes.

One psychiatrist said she decided to quit as soon as she learned she would have to see patients over a video link from an open-plan office. Finding a new job was easy: Within weeks, she said, she had three offers, including one that paid 20 percent more than the V.A.

Another psychiatrist practicing in Virginia, who was hired for a fully remote position, said she has accepted a new job in the private sector rather than commute to a V.A. building to conduct virtual treatment, which would restrict the time she spends with her young children.

The psychiatrist said it took less than two weeks to find a new job. But she is torn about the decision, because it means terminating treatment with 600 veterans who need care.

“I’m angry,” she said. “I have one patient on hospice — he is recounting trauma, he only has a few months left to live, and I don’t think he will be rescheduled before he passes.”

The Trump administration has said it plans to eliminate 80,000 V.A. jobs, or roughly one-sixth of the total work force, but officials say the layoffs will target administrative and support staff and will have no effect on patient care.

Dr. Stromberg, the psychiatrist from Michigan, said her anxiety began mounting when V.A. clinicians were told to remove Pride flags and stop using pronoun identifiers. As an administrator, she had supported D.E.I. programs, so she feared she would be targeted in the layoffs.

Are you a federal worker? We want to hear from you.

The Times would like to hear about your experience as a federal worker under the second Trump administration. We may reach out about your submission, but we will not publish any part of your response without contacting you first.

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The return-to-office order, she said, left her little choice but to retire early.

Six weeks ago, she began telling patients that she was terminating their treatment. They are mostly veterans who returned from war with undiagnosed PTSD and struggle with addiction, she said; by her estimate, a quarter of them have already made suicide attempts. And it is unlikely that her position will be filled after her departure, she said.

“Termination is difficult anyway,” she said. “A psychiatrist and a patient, it’s an oddly intimate relationship.”

Nearly all of them have responded with hurt and confusion, Dr. Stromberg said: Their sessions were virtual, so why did it matter where she was? She reminds them of the executive order that Mr. Trump signed on Jan. 20, phasing out remote work for federal employees, one of his first official acts.

“This was not an easy decision,” she said. “It’s not the right one for my patients. And it’s one I’m really feeling forced to make.”

Kitty Bennett, Susan C. Beachy and Kirsten Noyes contributed research.

Ellen Barry is a reporter covering mental health for The Times.

Nicholas Nehamas is a Washington correspondent for The Times, focusing on the Trump administration and its efforts to transform the federal government.

**Ranking Member Blumenthal
Submission for the Record
Senate Veterans' Affairs Committee
Veterans on the Forefront: Secretary Collins on the Future at VA
May 6, 2025**

Unanswered Requests for Information and Briefings:

Ranking Member Blumenthal's unanswered requests for information and briefings sent to the Department of Veterans Affairs (VA) between January 21, 2025 and April 23, 2025.

- 1) On January 30, 2025, Committee minority staff requested information relating to the impacts of the Office of Management and Budget funding freeze on veteran-serving federal grants and programs. Committee minority staff asked nine specific questions about the funding freeze's potential impacts on VA's 44 financial assistance programs, including homelessness programs, as well as regarding whether VA has collaborated with other federal agencies which run veteran-focused grant programs to analyze the impact on these programs.
 - VA responded on January 30, 2025 by referring back to a press release and did not answer any of the Committee's specific questions. Committee minority staff informed VA that until VA provides further information, the Committee considers these questions unanswered.
- 2) On January 31, 2025, Committee minority staff requested information relating to the impact of Executive Order 14182 on VA operations, and whether any guidance had gone out to VA health care staff regarding abortion care.
 - VA provided a one-sentence response on February 3, 2025 that no guidance had gone out regarding the Hyde Amendment. Committee minority staff responded on February 3, 2025 to specify the questions were not asking about the Hyde Amendment (which has never applied to VA), and asked VA to provide updated responses. VA stated on February 13, 2025 that they would circle back at a later date. As of May 5, 2025, VA has not provided a response.
- 3) On January 31, 2025, Committee minority staff requested the exit memo of the former Under Secretary for Benefits after President Trump announced a hiring freeze impacting the Veterans Benefits Administration.
 - As of May 5, 2025, VA has not responded.
- 4) On January 31, 2025, VA informed bipartisan House and Senate VA Committee staff that it would indefinitely postpone the established quarterly briefing on VA's Supply Chain Modernization initiative as the new leadership of VA reviewed the program. The briefing was slated to occur on February 5, 2025.
 - As of May 5, 2025, the briefings have not been rescheduled.

- 5) On February 3, 2025, Committee minority staff requested information regarding VA's implementation of the Office of Personnel Management's memo and policies regarding their Fork in the Road deferred resignation program offer. Committee staff sent 19 questions regarding eligibility, funding, legal authorities, impact on remaining staff and workload, and general data regarding responses to this offer.
 - VA provided an initial response on March 21, 2025, but it was incomplete and did not answer questions related to funding for the first deferred resignation program offer, backfilling of positions, and impact analyses. Committee staff followed up to confirm these questions had not been answered and as of May 5, 2025, VA has not responded.
- 6) On February 3, 2025, Committee minority staff requested information regarding VA's memorandum entitled "Temporary Review of Certain Department of Veterans Affairs Communications and Travel" (VIEWS 12680106) issued January 22, 2025, and all subsequent related executive orders, announcements, memoranda, policies and guidance. Committee staff sent four questions requesting clarification regarding impact and implementation of this guidance including pre-existing coordination between the Department and other organizations working to house homeless veterans, suicide prevention trainings provided by VA to the public, and other trainings provided by VA to community care providers, VA grant recipients, and others.
 - As of May 5, 2025, the Committee has not received a response beyond an acknowledgement of receipt after requesting one on February 8, 2025.
- 7) On February 3, 2025, Committee minority staff requested information regarding VA's implementation of President Trump's action and announcement entitled "Hiring Freeze" issued January 20, 2025, and all subsequent related executive orders, announcements, memoranda, policies and guidance. Committee staff sent 14 questions regarding exemptions, unfilled positions, offers rescinded, and overall impacts on veterans' access to care and benefits.
 - VA provided an initial response on March 12, 2025. Some of the attachments and responses were encrypted and inaccessible to Committee staff, but VA has not yet responded to a request to unencrypt those documents. Even if those documents were accessible, the majority of the questions in the request have not been answered as of May 5, 2025.
- 8) On February 3, 2025, Committee minority staff requested information regarding VA's implementation of President Trump's action and announcement entitled "Ending Radical and Wasteful Government DEI Programs and Preferencing" issued January 20, 2025, and all subsequent related executive orders, announcements, memoranda, policies and guidance. Committee staff sent 17 questions regarding impacts on accessibility, contracting, veteran preference, and overall implementation.
 - As of May 5, 2025, the Committee has not received a response beyond an acknowledgement of receipt after requesting one on February 8, 2025.

- 9) On February 3, 2025, Committee minority staff requested information regarding VA's implementation of the Office of Personnel Management's memo regarding probationary periods and administrative leave issued on January 20, 2025. Committee staff sent three questions.
- As of May 5, 2025, the Committee has not received a response to this request beyond acknowledgement of receipt, despite VA having acted on this memo, including firing more than 1,000 probationary employees on February 13, 2025 and 1,400 additional probationary employees on February 24, 2025.
- 10) On February 7, 2025, VA notified Committee staff that the Caregiver Support Line hours would be cut. Minority committee staff immediately requested a briefing within 14 days about this action and submitted requests for additional detail including call volume data, call center staffing and vacancy rate, including how recent Administration actions affected call center staffing, and any other information relevant to the decision to cut call center hours.
- As of May 5, 2025, VA has not responded to the questions and has not contacted Committee staff to schedule this briefing.
- 11) On February 10, 2025, Committee minority staff requested information regarding VA's human resources information technology systems after multiple reports that even positions exempt from President Trump's hiring freeze were not moving forward in the hiring process due to new blocks in the information technology systems directed by the new Office of Personnel Management leadership.
- As of May 5, 2025, the Committee has not received a response.
- 12) On February 11, 2025, Committee minority staff requested a call from VA to discuss the current status of the Puerto Rico State Veterans Home.
- VA received this request, but, as of May 5, 2025, has not yet provided a date or time for such a call – despite Committee minority staff's request that this call take place before the end of February due to its urgent nature.
- 13) On February 11, 2025, Committee minority staff requested the Board of Veterans Appeals' plan to implement the Trump Administration return to office mandate. Committee minority staff asked for budgetary impact of revoking remote work contracts and acquiring the capital infrastructure needed to comply with the mandate.
- Committee staff was informed that a response could be expected within a week. As of May 5, 2025, there has been no response.
- 14) On February 12, 2025, Committee minority staff submitted a series of questions related to the Department's delay in issuing the second-generation contracts for the Community Care Network.

- As of May 5, 2025, VA has neither responded nor acknowledged receipt of the request.
- 15) On February 12, 2025, Committee minority staff requested a briefing following a letter from Secretary Collins about delays in issuing the second-generation contracts for the Community Care Network.
- As of May 5, 2025, VA has not set a date for a briefing.
- 16) On February 12, 2025, Committee minority staff asked VA to provide the name or names of the DOGE representatives currently working at or assigned to VA as well as what date that individual or individuals first began their time at VA, whether virtual/remote or in person.
- On February 18, 2025 when VA had still provided no response, Committee minority staff requested an answer to the initial question and asked eight additional follow up questions regarding the DOGE agents' activities at VA. After receiving no substantive response, Committee minority staff asked for a verbal briefing as an alternative. No substantive response has been received as of May 5, 2025 other than VA stating they will not be providing a briefing on the issue.
- 17) On February 13, 2025, Committee minority staff requested a census of all vacancies at the Veterans Benefits Administration.
- As of May 5, 2025, VA has not responded.
- 18) February 17, 2025, Committee minority staff requested data on the processing of Military Sexual Trauma claims.
- On April 25, 2025, VA provided data that lacked the specificity requested. As of May 5, 2025, VA has not provided the requested data.
- 19) On February 24, 2025, Committee minority staff asked VA to provide details on how the Department would be responding to a court ruling that blocked the President's Executive Order ending support for Diversity, Equity, Inclusion, and Accessibility (DEIA) programs – including asking whether DEIA-related websites would be re-uploaded, relevant employees would be re-hired, and whether any VA contracts cancelled due to DEIA-related language would be reinstated.
- VA received this request, but as of May 5, 2025, VA has not responded to the Committee's questions.
- 20) On February 25, 2025, Committee minority staff asked supplemental questions on DEIA employee firings, cancelled contracts and savings, and related issues.
- VA acknowledged this request, but as of May 5, 2025, VA has not responded to the Committee's questions.

- 21) On February 25, 2025, Committee minority staff requested an analysis of the impact of layoffs and cancelled contracts on the capabilities and operations of the Medical Disability Examination Office.
- On March 25, 2025, VA refused to provide a response, indicating that the actions were “pre-decisional.”
- 22) On February 26 and March 4, 2025, Committee minority staff requested the list of the contracts that Secretary Collins displayed in his social media videos on February 24 and February 25, 2025 which he claimed totaled \$2 billion. They also requested the list referenced in VA’s March 3, 2025 press release.
- Despite more than five different follow up requests, VA has not provided either list of contracts as of May 5, 2025.
- 23) On February 27, 2025, Committee minority staff asked VA for information regarding a mental health services and suicide prevention contract that was included on Secretary Collins’s \$2 billion contract cancellation list that had been raised to the attention of the office of Senator King.
- VA acknowledged this request, but as of May 5, 2025, VA has not responded to the Committee’s questions.
- 24) On February 27, 2025, Committee minority staff asked VA for information regarding a Nuclear Medicine/Radiology Service contract that was included on Secretary Collins’s \$2 billion contract cancellation list that had been raised to the attention of the office of Senator Fetterman. As a follow up on March 3, 2025, Committee minority staff asked for information on nine other contracts impacting operations and safety at VA facilities in Pennsylvania, which were also on Secretary Collins’ \$2 billion contract cancellation list.
- As of May 5, 2025, VA has not responded to the Committee’s questions.
- 25) On March 10, 2025, Committee minority staff asked VA to provide details on the 90 day extension of VA researchers’ terms, for those whose appointments are due to expire within the next 90 days – including questions on what the Department’s “comprehensive assessment” of research during this period will entail, whether researchers who were already terminated by VA will be re-hired, and whether this extension would have an impact on employees whose terms were shortened due to the hiring freeze.
- As of May 5, 2025, VA has not responded.
- 26) On March 17, 2025, Committee minority staff requested an updated Access Timeliness Measures spreadsheet to monitor nationwide healthcare wait times at VA and in the community.
- As of May 5, 2025, VA has not responded. VA historically submitted this data on a monthly basis, but Secretary Collins has failed to submit it even once.

27) On March 20, 2025, Committee minority staff asked VA to schedule what was a regular occurring quarterly briefing for bipartisan staff in the House and Senate regarding VA's various health care scheduling technology programs and efforts.

- As of May 5, 2025 the briefing has not been scheduled. Previously established quarterly briefings on other oversight topics have been cancelled and are now subject to approval by the political leadership of VA's Office of Congressional and Legislative Affairs unless they are mandated in law. This breaks with years of tradition across administrations of both parties.

28) On March 21, 2025, Committee minority staff asked VA to provide details on the removal of 22 tribal flags previously on display at the Phoenix VA Medical Center. Committee minority staff asked VA to look into the situation and help reach a resolution that puts the flags back and honors tribal veterans.

- As of May 5, 2025, VA has not responded.

29) On March 25, 2025, Committee minority staff asked for information regarding four specific disability claims evaluation and processing contracts which were on Secretary Collins' cancellation list and which VA had previously refused to provide information on.

- As of May 5, 2025, VA has not substantively responded to this request other than to falsely claim that the information could not be shared because the cancellation was not finalized even though it appeared in the Federal government's official contracts database as cancelled.

31. On March 26, 2025, Committee minority staff requested a bipartisan, bi-cameral briefing on VA's Enterprise Human Capital Management Modernization project. This is a Human Resources IT system project that VA has been working on in various forms for several years.

- As of May 5, 2025, VA has not scheduled the briefing.

30) On March 27, 2025, Committee minority staff asked several basic questions regarding information technology funding in FY 2024, FY 2025 proposed, and FY 2025 under the full year continuing resolution for IT solutions supporting the Million Veteran Program. The questions focused on storage needs, supercomputing, processing of DNA sequences, and analyzing whole genome sequences to include planned investments and actuals in FY 2024.

- As of May 5, 2025, VA has provided no information.

31) On March 28, 2025, Committee minority staff requested a briefing on the Caregiver Support Program and the Program of Comprehensive Assistance for Family Caregivers.

- As of May 5, 2025, VA has not scheduled a briefing. VA generally provides this briefing on a quarterly basis, but Secretary Collins' VA has not provided updates so far.
- 32) On April 1, 2025, Committee minority staff requested information on meetings between VA DOGE representatives, representatives of VA's Office of Acquisition, Logistics, and Construction and federal contractors regarding contracting prices.
- On April 28, 2025 VA provided a non-responsive answer with no meaningful information addressing any of these questions. This request remains open.
- 33) On April 2, 2025, Committee minority staff, asked questions regarding a letter, entitled "Request for Contract Assessment and Value Statement", VA contracting officials sent to several private sector companies doing business with VA. Committee minority staff asked for a list of companies it was sent to and why.
- On April 25, 2025 VA provided a non-responsive answer with no meaningful information addressing any of these questions. This request remains open.
- 34) On April 2, 2025 Committee majority and minority staff requested VA reverse its decision to provide briefings on the Veterans Benefits Administration from biweekly to monthly.
- As of May 5, 2025, VA insists on providing this briefing once per month, but has resumed biweekly delivery of claims and medical disability exams data.
- 35) On April 7, 2025, Committee minority staff requested a briefing from VA's Fiduciary Services on its processes and procedures for reporting to the National Instant Criminal Background Check System and how the reporting process has changed.
- As of May 5, 2025, VA has not provided a response beyond acknowledgement of receipt.
- 36) On April 7, 2025, Committee minority staff requested information regarding public reporting on employee message boards regarding a new DOGE / VA policy requiring Veterans Health Administration senior officials to sign off on all new contracting requests for VHA, potentially including urgent medical supplies. The request included information on the purpose, exemptions, reasoning, and history of the new policy.
- As of May 5, 2025, despite numerous follow ups, no response has been provided.
- 37) On April 8, 2025, Committee minority staff requested information regarding increased use of surveillance tools to monitor the communications and behavior of VA employees under the Trump Administration as outlined in a Reuters news article.
- As of May 5, 2025, no response has been provided.

38) On April 9, 2025, Committee minority staff asked VA to answer numerous questions regarding the availability of lactation spaces at VA facilities, including whether, due to the return-to-office effort, any dedicated lactation rooms at VA facilities had been turned into office space.

- As of May 5, 2025, VA has not provided a response beyond acknowledgement of receipt.

39) On April 21, 2025, Committee minority staff asked VA to clarify reports that the Deputy Chief Operating Officer and the Deputy Assistant Under Secretary for Health for Support must sign off on all new contracting requests for the Veterans Health Administration.

- On May 5, 2025, VA provided a general statement on their mission to cut contracts, but did not answer the Committee's specific questions. They responded with a copied and pasted statement used for different requests for information about contracts.

40) On April 22, 2025, Committee minority staff asked VA to answer numerous questions regarding whether the Trump Administration's freeze on federal funding to Harvard University included any VA research grants or other sources of VA funding.

- As of May 5, 2025, VA has not provided a response beyond acknowledgement of receipt.

41) On April 23, 2025, Committee minority staff asked VA to identify contracts VA cancelled, as reported the media.

- On May 5, 2025, VA provided a general statement on their mission to cut contracts, but did not answer the Committee's specific questions. They responded with a copied and pasted statement used for different requests for information about contracts.

Unanswered Letters:

Ranking Member Blumenthal's unanswered letters to VA, the White Office, and the Office of Personnel Management between January 21, 2025 and April 9, 2025.

1) On January 23, 2025, Ranking Member Blumenthal and 27 Senate Democrats sent a letter to President Trump **expressing outrage with the hiring freeze and calling for a full and immediate exemption for VA employees.** *With Baldwin, Booker, Cortez Masto, Duckworth, Durbin, Gallego, Hassan, Heinrich, Hirono, Kaine, Kelly, King, Klobuchar, Lujan, Merkley, Murray, Ossoff, Padilla, Reed, Rosen, Sanders, Shaheen, Slotkin, Smith, Warner, Welch, and Whitehouse.*

- As of May 5, 2025, President Trump has not responded.

2) On January 31, 2025, Ranking Member Blumenthal and 8 Senate Democrats sent a letter to President Trump **calling for the reinstatement of VA Inspector General Mike**

Missal, and expressing concerns with the legality of his firing and its negative impact on veterans and taxpayers. *With Duckworth, Gallego, Hassan, Hirono, King, Murray, Sanders, and Slotkin.*

- As of May 5, 2025, President Trump has not responded.
- 3) On February 4, 2025, Ranking Member Blumenthal sent a letter to Secretary Collins **calling on him to stand up for veterans on day one against the President's harmful executive actions**, including: exempting all VA positions from the hiring freeze; working with other federal agencies to ensure financial assistance programs for veterans are exempted from the funding freeze; working with President Trump to re-appoint Mike Missal as the VA Inspector General; and working with OPM and others to address directives that only serve to remove due process and employment rights from public servants.
- As of May 5, 2025, VA has not responded.
- 4) On February 4, 2025, Ranking Member Blumenthal and House Veterans' Affairs Committee Ranking Member Takano sent a letter to Secretary Collins **urging him to have the Board of Veterans' Appeals (BVA) exempted from President Trump's "Return to In-Person Work" executive order**, as telework and remote work have been proven to increase productivity, improve case processing times, and reduce costs.
- VA sent a letter in response on May 5, 2025 claiming to respond to this letter and two others, but the response did not provide answers to the concerns and questions posed by Senator Blumenthal and his colleagues.
- 5) On February 5, 2025, Ranking Member Blumenthal and Senators Duckworth, Hirono and Murray sent a letter to President Trump **condemning his directive to dismantle programs aimed at making VA more accessible to all veterans**, and calling on him to rescind that order.
- As of May 5, 2025, VA has not responded.
- 6) On February 7, 2025, Ranking Member Blumenthal and House Veterans' Affairs Committee Ranking Member Takano sent a letter to Secretary Collins **expressing concerns with the legality of the OPM "Fork in the Road" emails to federal employees, and the negative impact it could have on the delivery of care to veterans**. It also asks for detailed information on the legal justification of the offer; its impacts on existing staff shortages; the estimated costs of this effort and how it will be paid; and the initial numbers of VA employees who have accepted buyout offers.
- On May 2, 2025, Secretary Collins sent an initial response to this letter that failed to address any of the concerns brought by Ranking Members Blumenthal and Takano. The response also did not include any of the data or documents requested by the members.

- 7) On February 19, 2025, Ranking Member Blumenthal and 35 Senate Democrats sent a letter to Secretary Collins **expressing outrage at the Administration's termination of tens of thousands of workers across the government**, including more than 1,000 VA employees, and urging him to immediately reinstate the dismissed employees and commit to no additional widespread terminations. *With Alsobrooks, Baldwin, Bennet, Blunt Rochester, Booker, Duckworth, Durbin, Fetterman, Gallego, Gillibrand, Heinrich, Hirono, Kaine, Kelly, Kim, Klobuchar, Lujan, Merkley, Peters, Reed, Rosen, Sanders, Schatz, Schiff, Schumer, Shaheen, Slotkin, Smith, Van Hollen, Warner, Warnock, Warren, Welch, Whitehouse, and Wyden.*
- VA sent a letter in response on May 5, 2025 claiming to respond to this letter and two others, but the response did not provide answers to the concerns and questions posed by Senator Blumenthal and his colleagues.
- 8) On February 20, 2025, Senators Duckworth and Hirono and Ranking Member Blumenthal sent a letter to Office of Management and Budget Director Russell Vought **demanding reconsideration of the Trump Administration's decision to dismantle the Consumer Financial Protection Bureau** which protects our veterans and servicemembers who deserve better than reckless, harmful policies that leave them vulnerable to financial predators.
- As of May 5, 2025, Director Vought has not responded.
- 9) On February 27, 2025, Ranking Member Blumenthal and 20 Senate Democrats sent a letter to President Trump **highlighting the negative impacts of the Administration's actions on the nation's military and veteran community** and demanding he reinstate those who have been illegally fired with full back pay and benefits. *With Alsobrooks, Baldwin, Booker, Cortez Masto, Duckworth, Durbin, Kaine, Hickenlooper, Hirono, Kelly, Klobuchar, Lujan, Merkley, Peters, Rosen, Sanders, Shaheen, Warnock, Whitehouse, and Wyden.*
- VA sent a letter in response on May 5, 2025 claiming to respond to this letter and three others, but the response did not provide answers to the concerns and questions posed by Ranking Member Blumenthal and his colleagues.
- 10) On February 27, 2025, Ranking Member Blumenthal and 12 Senate Democrats sent a letter to President Trump **highlighting the negative impacts of the Administration's executive actions on veterans' mental health care**, and demanding he reverse these actions. *With Booker, Duckworth, Hassan, Kelly, Merkley, Padilla, Sanders, Schumer, Shaheen, Smith, Warner, and Whitehouse.*
- VA sent a letter in response on May 5, 2025 claiming to respond to this letter and two others, but the response did not provide answers to the concerns and questions posed by Senator Blumenthal and his colleagues.

- 11) On March 3, 2025, Senator Kelly, Ranking Member Blumenthal and 10 Senate Democrats sent a letter to Charles Ezell, Acting Director of the Office of Personnel Management, **expressing concern with the mass terminations of veterans across the federal government and demanding additional information** on the total number of veterans terminated, the agencies in which they work, and any job placement efforts made on their behalf. *With Bennet, Cortez Masto, Duckworth, Gallego, Kaine, Klobuchar, Rosen, Schatz, Van Hollen, and Warren.*
- As of May 5, 2025, Acting Director Ezell has not responded.
- 12) On March 4, 2025, Ranking Member Blumenthal and Senator King sent a letter to Secretary Collins **expressing concerns over his proposed plan to dramatically limit usage of the VA purchase card program and highlighting the negative impact of this proposal on veterans and their families.**
- As of May 5, 2025, VA has not answered the concerns beyond a short response and acknowledgement of receipt.
- 13) On March 6, 2025, Ranking Members Blumenthal and Takano and all of their 19 Democrat Members of the Senate and House Committees on Veterans' Affairs sent a letter to Secretary Collins **expressing their extreme concerns with the Collins plan to reduce VA's workforce to 2019 levels.** *With Senators Duckworth, Gallego, Hassan, Hirono, King, Murray, Sanders, and Slotkin; as well as Representatives Wasserman Schultz, Brownley, Pappas, Cherfilus-McCormick, McGarvey, Ramirez, Budzinski, Kennedy, Dexter, Morrison, and Conaway, Jr.*
- As of May 5, 2025, VA has not responded.
- 14) On March 7, 2025, Ranking Member Blumenthal and 9 Senate Democrats sent a letter to Secretary Collins **requesting he defend the ability of the Veterans Benefits Administration to provide veterans with high-quality and timely benefits** while the Administration continues its effort to demoralize and decimate the VBA workforce. *With Booker, Cortez Masto, Hirono, King, Rosen, Sanders, Schatz, Shaheen, and Whitehouse.*
- As of May 5, 2025, VA has not responded.
- 15) On March 10, 2025, Ranking Member Blumenthal, House Veterans' Affairs Committee Ranking Member Takano and 25 Senate Democrats sent a letter to Secretary Collins **highlighting the disastrous potential impacts of reducing VA workforce to 2019 levels including harming implementation of the PACT Act and other massive improvements to veterans' benefits and health care since 2019.** *With Senators Warner, Alsobrooks, Reed, Rosen, Cantwell, Lujan, Sanders, Klobuchar, Gillibrand, Schatz, Shaheen, Kaine, Padilla, Warnock, Schiff, Baldwin, Wyden, Hirono, Booker, Peters, Cortez Masto, Schumer, Whitehouse, Merkley, and Heinrich.*
- VA sent a letter in response on May 5, 2025 claiming to respond to this letter and two others, but the response did not provide answers to the concerns and questions posed by Senator Blumenthal and his colleagues.

16) On March 11, 2025, Senator Gillibrand, Ranking Member Blumenthal and 15 Senate Democrats sent a letter to Secretary Collins **requesting he reverse his planned decision to cancel critical contracts that support VA's implementation of the PACT Act** that delivers benefits and care to veterans. *With Booker, Cantwell, Durbin, Heinrich, Kaine, Klobuchar, Luján, Merkley, Padilla, Rosen, Schiff, Shaheen, Warren, Welch, and Wyden.*

- As of May 5, 2025, VA has not responded.

17) On March 14, 2025, Ranking Members Blumenthal and House Committee on Veterans' Affairs Committee Ranking Member Mark Takano sent a letter to Secretary Collins and Acting Archivist of the United States Marco Rubio **urging them to preserve all records related to disparities in the provision of benefits, services, and health care to veterans and to reinstate the Veterans Benefits Administration's Office of Equity Assurance**, which performed critical tasks and research to ensure no veteran is denied proper benefits.

- On May 2, 2025, Secretary Collins responded for the Administration, refusing to reinstate the Office of Equity Assurance or its personnel or answer questions regarding the status of VA's implementation of the Government Accountability Office's recommendations.

18) On April 2, 2025, Ranking Members Blumenthal and Takano, along with 21 Senate Democrats and 106 House Democrats sent a letter to Secretary Collins urging him to exempt VA employees from President Trump's executive order which eliminates collective bargaining at VA and other agencies. Under this directive, up to 425,000 veterans across the government have been stripped of their labor rights. *With Alsobrooks, Booker, Cortez Masto, Duckworth, Durbin, Heinrich, Hirono, Kaine, Markey, Merkley, Murray, Padilla, Peters, Reed, Rosen, Sanders, Schiff, Slotkin, Van Hollen, Whitehouse and Wyden.*

- As of May 5, 2025, VA has not responded.

19) On April 9, 2025, Ranking Members Blumenthal, Warren, and Takano, along with 7 Senate Democrats and Independents and 12 House Democrats sent a letter to Secretary Collins **urging him to immediately reverse his decision to abruptly end the Veterans Affairs Servicing Purchase Program**, which helps veterans avoid foreclosure on their VA home loans. By not accepting any new veterans into the program after May 1, 2025, VA risks putting 80,000 veterans onto the streets and out of their homes. *With Gallego, Hirono, King, Reed, Duckworth, Kim, Blunt Rochester.*

- VA responded on May 5th, but refused to extend VASP or provide a replacement program.

HEALTH CARE WAIT TIMES

Collins: "The number of VA employees grew by more than 52,000 full-time equivalents from FY21 to FY24. Did all those extra people make things better for Veterans? No. In fact, VA's direct care performance actually got worse:

- Wait times for primary care rose from 15.7 days to 24.3 days.
- Wait times for mental health care rose from 14.7 days to 20.4 days.
- Wait times for specialty care rose from 24 days to 38 days.

CARE DELIVERY SNAPSHOT				
	2019	2025	Change	% Change
Outpatient Visits	120,171,000	142,615,000	22,444,000	16%
Dental Procedures	5,889,000	8,407,000	2,518,000	30%
Inpatient Totals	919,875	1,153,489	233,614	20%

STAFFING SNAPSHOT

STAFFING				
	FY 2019 Q4	December 2024	Change	% Change
VA TOTAL	389,888	470,411	80,523	17%
VHA	349,646	414,008	64,362	16%
Schedulers	26,825	36,670	9,845	27%
Physicians	27,659	29,345	1,686	6%
Police	3,735	4,153	418	10%
Psychologists	6,116	7,321	1,205	16%
Registered Nurses	74,153	92,299	18,146	20%
Social Workers	15,626	20,939	5,313	25%
VBA	23,986	34,958	10,972	31%
NCA	2,009	2,456	447	18%
Headquarters	14,247	16,595	2,348	14%

What Elon Musk Didn't Budget For: Firing Workers Costs Money, Too

New York Times

An expert on the federal work force estimates that the speed and chaos of Mr. Musk's cuts to the bureaucracy will cost taxpayers \$135 billion this fiscal year.

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Elon Musk has said without providing details that the Department of Government Efficiency is likely to save taxpayers \$150 billion. Credit... Haiyun Jiang for The New York Times

By [Elizabeth Williamson](#)
Reporting from Washington
April 24, 2025

President Trump and Elon Musk promised taxpayers big savings, maybe even a “[DOGE dividend](#)” check in their mailboxes, when the Department of Government Efficiency was let [loose on the federal government](#). Now, as he [prepares to step back from his presidential assignment](#) to cut bureaucratic fat, Mr. Musk has said without providing details that DOGE is likely to save taxpayers only \$150 billion.

That is about 15 percent of the \$1 trillion he pledged to save, less than 8 percent of the \$2 trillion in savings he had originally promised and a fraction of the nearly \$7 trillion the federal government spent in the 2024 fiscal year.

The [errors and obfuscations](#) underlying DOGE's claims of savings are well documented. Less known are the costs Mr. Musk incurred by taking [what Mr. Trump called a “hatchet”](#) to government and the resulting firings, [agency lockouts](#) and [building seizures](#) that mostly wound up in court.

The Partnership for Public Service, a nonprofit organization that studies the federal work force, has used budget figures to produce a rough estimate that firings, re-hirings, lost productivity and paid leave of thousands of workers will cost upward of \$135 billion this fiscal year. At the Internal Revenue Service, a DOGE-driven exodus of 22,000 employees would cost about \$8.5 billion in revenue in 2026 alone, [according to figures](#) from the Budget Lab at Yale University. The total number of departures is expected to be as many as 32,000.

Neither of these estimates includes the cost to taxpayers of defending DOGE's moves in court. Of about 200 [lawsuits and appeals related to](#) Mr. Trump's agenda, at least 30 implicate the department.

“Not only is Musk vastly overinflating the money he has saved, he is not accounting for the exponentially larger waste that he is creating,” said Max Stier, the chief executive of the Partnership for Public Service. “He's inflicted these costs on the American people, who will pay them for many years to come.”

Mr. Stier and other experts on the federal work force said it did not have to be this way. Federal law and previous government shutdowns offered Mr. Musk a legal playbook for reducing the federal work force, [a goal that most Americans support](#). But Mr. Musk chose similar lightning-speed, blunt-force methods he used to drastically cut Twitter's work force after he acquired the company in 2022.

“The law is clear,” said Jeri Buchholz, who over three decades in public service handled hiring and firing at seven federal agencies, including NASA and the Defense Intelligence Agency. “They can do all the things they are currently doing, but they can’t do them the way they’re doing them. They can either start over and do it right, or they can be in court for forever.”

Harrison W. Fields, a White House spokesman, defended DOGE’s cuts and called the \$150 billion that the administration had saved “monumental and historic.”

“It’s important to realize that doing nothing has a cost, too, and these so-called experts and groups are conveniently absent when looking at the costs of doing nothing,” he said.

On the I.R.S., he said, “Every single cut has been done to make the government more efficient and not to be a burden to the American people or cut any critical resources or programs they rely on.”

Based on the [latest available information](#), the DOGE cuts have targeted at least 12 percent of the 2.4 million civilian employees in the federal work force. But a wide gap exists between DOGE’s planned cuts and the number of people who actually leave.

Buyouts and firings initially trimmed about 100,000 workers — thousands fewer people than those who typically retire in a year, according to [Office of Personnel Management figures](#). At least one-quarter of those 100,000 workers have been rehired at full pay, most after judges ruled that their firings were illegal and some after Mr. Musk said DOGE had “accidentally” sacked workers [safeguarding nuclear weapons](#), ensuring aviation safety and [combating bird flu](#) and Ebola.

When judges ordered that the workers be hired back, the government put them on paid leave, meaning taxpayers would foot the cost of rehiring them, plus the salaries they collected while staying home.

Layoffs of [10,000 employees at the Department of Health and Human Services](#) wiped out the entire team at the Centers for Disease Control and Prevention combating H.I.V. among mothers and children around the world. In an interview, two public health physicians said they were caught off guard because the team’s work always had bipartisan support. They were facing termination on June 2 and said they wanted to return to work but did not know to whom to make their case.

Mr. Musk’s methods [have cast a pall](#) over the latest effort by an American president to trim the federal bureaucracy, as most Americans say they want. In [congressional town halls](#) and [interviews](#), even Trump voters have said they are tired of Mr. Musk’s bloodletting. In a [poll released this month](#), 58 percent of those surveyed said they disapproved of how Mr. Musk was handling DOGE’s work, and 60 percent disapproved of Mr. Musk himself.

‘We Will Make Mistakes’

A week after Mr. Trump’s inauguration, the Office of Personnel Management sent a now [infamous email to more than two million federal workers](#) with the subject line “Fork in the Road.” They were told they could either resign and be paid through September or risk being sacked down the road. The email ignited anger and confusion over whether DOGE had the legal authority to pay workers through September. Federal employee unions sued, but a judge [allowed the program to go forward](#). About 75,000 people left, or about three percent. If the administration does not renege on its offer, it will be paying their salaries into the fall.

The mass buyout did not favor highly rated performers nor distinguish crucial jobs from nonessential ones, practices that guided furloughs during past government shutdowns. Consequently, the administration wound up trying to reverse an exodus of people in vital roles.

“We will make mistakes,” Mr. Musk [told cabinet members](#) in February. After he boasted of feeding the United States Agency for International Development “into the wood chipper,” [a move a judge later found violated the Constitution](#), Mr. Musk discovered that “one of the things we accidentally canceled very briefly was Ebola prevention.” But his claim to have swiftly repaired the damage [was inaccurate](#).

Separately, a [New York Times investigation](#) into cuts to the National Nuclear Security Administration illustrates the effect of the buyouts on efforts to safeguard and modernize the nation’s nuclear weapons. Of more than 130 people who were fired or accepted DOGE’s invitation to quit, at least 27 were engineers, 13 were program or project analysts, 12 were program or project managers, and five were physicists or scientists.

Four of these employees were specialists handling the secure transport of nuclear materials, and a half dozen worked in the agency unit that builds reactors for nuclear submarines.

“Those are such hard jobs to fill, because people could make as much or more money working for the plant or laboratory itself,” said Jill Hruby, who led the National Nuclear Security Administration during the Biden administration.

Several people on the nuclear safety team found new jobs with the government contractors they once supervised. Across government, a disproportionate number of professionals in high demand by the private sector have quit, according to Mr. Stier.

“There are plenty of people who are best in class who are sticking it out because they’re so purpose-driven,” he said. “But it’s easier for someone who has options to say, ‘This is crazy, I’m not going to do this anymore,’ and go someplace else.”

‘Money Being Deliberately Wasted’

In mid-February, the Office of Personnel Management targeted all 220,000 of the federal government’s probationary employees, who are new or newly promoted professionals serving a one- to two-year trial period with [fewer worker protections](#). They included a cadre of younger, tech-savvy professionals hired at great expense to replace a wave of baby boomer retirees. Hiring and training them cost about \$10,000 for a clerical worker to more than \$1 million for an elite spy.

“This is the equivalent of a major-league baseball franchise firing all of their minor-league players,” said Kevin Carroll, a former C.I.A. officer and lawyer who represents some of the fired workers. “It’s a huge amount of money being deliberately wasted.”

About 24,000 probationary employees across nearly 20 agencies had been fired by March 13, when [a federal judge in Maryland ruled](#) that the cuts were illegal and ordered the agencies to rehire the workers, but the government appealed and the legal wrangling continues. By law, probationary employees can only be fired for cause, typically for poor performance, Judge James K. Bredar of the Federal District Court in Maryland said [in a lengthy ruling](#).

The Treasury Department in Washington last month. A federal judge in Maryland ruled that the firing of probationary workers was illegal and ordered agencies to rehire them for now, including 7,600 Treasury employees. Credit... Jason Andrew for The New York Times

He ordered the government to recall the fired workers, [including](#) 7,600 from the Treasury Department, 5,700 at the Agriculture Department and more than 3,200 at the Department of Health and Human Services, according to court filings. But the administration instead put them on paid leave, where they collect annual salaries [averaging \\$106,000](#) while [waiting in limbo](#).

For each probationary worker DOGE idled, the government lost thousands of dollars it spent on recruitment, hiring incentives, security clearances and training, an investment normally recouped over years of service. In one case, a fired probationary employee with the Department of Health and Human Services received a pay raise after she was reinstated and put on paid leave.

The administration [cut about 400 probationary workers at the Federal Aviation Administration](#) after multiple plane crashes, including one in Washington in January that killed 67 people. The layoffs included maintenance mechanics and aviation safety assistants.

The C.I.A. [confirmed last month](#) that some officers hired in the past two years had been summoned to a location away from the agency's headquarters in Langley, Va., and asked to surrender their credentials to security personnel. About 80 officers were let go.

Senator Mark Warner of Virginia, the ranking Democrat on the Intelligence Committee, said it cost \$400,000 to get a C.I.A. recruit through the security clearance process and specialized training.

Inflicting Pain

The theatrics around the firings, including an [appearance by Mr. Musk](#) at a conservative political convention [waving a chain saw](#), suggest they are also about inflicting pain on a bureaucracy Mr. Trump perceives as a subversive "deep state."

That was a goal for federal employees set by Russell T. Vought, who now leads the Office of Management and Budget. "When they wake up in the morning, we want them to not want to go to work, because they are increasingly viewed as the villains," Mr. Vought told a conservative gathering in 2023.

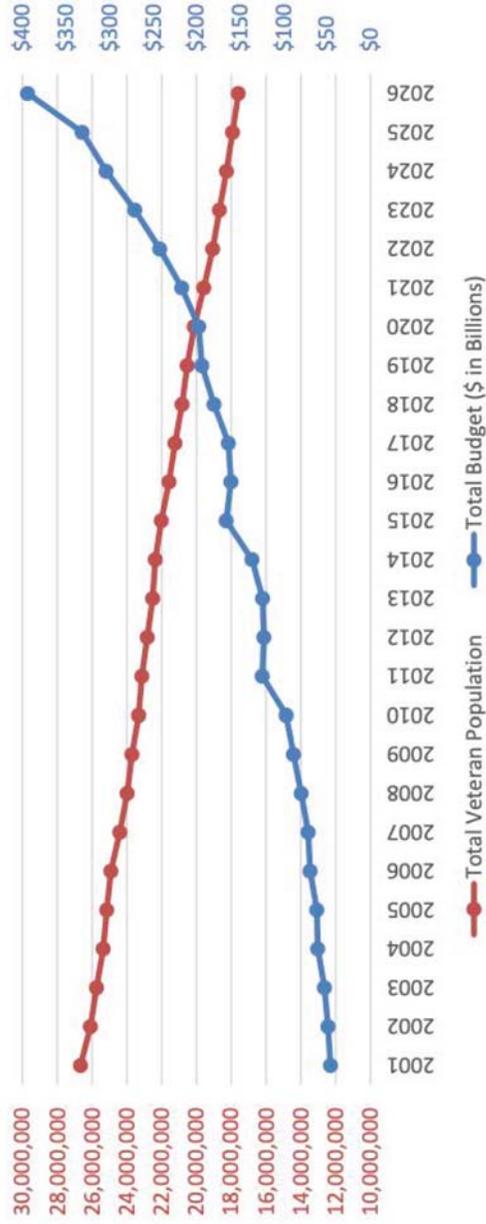
Ms. Buchholz and Mr. Stier emphasize that the government is indeed inefficient and needs reform. But by "gleefully torturing people," Ms. Buchholz said, DOGE has hurt the government's ability to recruit young, talented workers to lead a modernization.

"This country historically has had an independent public service that attracts people focused on service to Americans," Ms. Buchholz said. "But this administration values the kind of service you get from political appointees, who serve at the president's pleasure."

Reporting was contributed by Eileen Sullivan, Andrew Duehren, Sharon LaFraniere, Minh Kim, Julie Tate, Zach Montague and Adam Goldman from Washington. Kitty Bennett contributed research.

Elizabeth Williamson is a feature writer for The Times, based in Washington. She has been a journalist for three decades, on three continents.

VA Budget and Veterans Population



RECENT COLLINS REFERENCES TO THE RIF

May 1 (Arizona Public Media)

- “Collins said that the organization currently has about 470,000 employees. When asked about the projected 80,000 positions slated for cuts, Collins said ‘I did not say 80,000; I said there was a goal of 15% which if you do the math is about 80,000.’”

April 30 (Tucson.com)

- “Cutting 15% of the staff at the U.S. Department of Veterans Affairs is a ‘goal,’ not a guarantee, according to VA Secretary Doug Collins.”
- “The secretary said the goal of a 15% cut to the VA workforce is meant to force real change within the organization. Otherwise, he said, agency bureaucrats ‘would not look hardly anywhere. They would just sort of move the deck chairs, so to speak, on the ship.’”

April 28 (KOLD News)

- “Collins said those cuts have not happened yet, and their ‘goal’ is to cut about 15% of VA jobs that he claims do not directly deal with the healthcare and health benefits of veterans.”

April 21 (Scripps News)

- “‘And there was a number of 15% put out of our workforce, which for us is rather large. Most people don’t realize that the VA workforce currently is larger than the active duty Army. So that would be a lot of people. 80,000 is one of the numbers thrown around. But it’s a goal for us, because we’re never going to put in jeopardy patient health care or the disability benefits getting to the people who need them, the veterans who have earned them,’ Collins said. Collins called it a ‘goal.’”

April 9 (Spectrum Local News)

- “‘First off, 15% is a goal,’ he [Collins] said. ‘I mean, we’re looking through right now to see if that’s what is actually needed in our area to make sure that we can maintain the twin goals of making sure healthcare and our benefits are processed and our benefit claims processed in a timely manner, healthcare being provided as well.’”

April 1 (Detroit Free Press)

- “Collins told the veterans that cutting 80,000 people from the department is a goal. ‘If we get there, great,’ he said. ‘But we may not get there.’”

Questions for the Record

**Department of Veterans Affairs (VA)
Questions for the Record Submitted to
The Honorable Douglas Collins, Secretary of Veterans Affairs
Committee on Veterans' Affairs
United States Senate
"Veterans at the Forefront: Secretary Collins on the Future at VA"
May 6, 2025**

Questions for the Record from Senator Mazie K. Hirono:

Question 1: During the hearing, you had an exchange with Senator Duckworth related to Congressional casework, framing outreach to our offices as "failures" in VA's delivery of care and benefits. As discussed, many times in the hearing, none of us believes VA is perfect, and the constituent casework process exists as a backstop allowing us to work together for Veterans across the country.

My casework staff have had multiple inquiries pending since February, and staff from my Honolulu and DC offices have done additional outreach to VA to get these issues resolved for the Veterans who reached out.

Can I expect these casework matters to be resolved, and for future casework inquiries to be answered in a timely manner moving forward?

VA Response: The Office of Congressional and Legislative Affairs' (OCLA) Congressional Liaison Service remains committed to meeting the needs of your staff and the Veterans you represent. A review of OCLA's records indicates that you submitted five Congressional casework issues in April, four Congressional casework issues in May, one Congressional casework issue in June, and one Congressional casework issue in August. We have closed 9 of these cases in the last 4 months and are continuing to work the remaining 2, which we hope to bring to a positive resolution in the near future.

Question 2: Please provide the information requested in the hearing about the reprogramming of excess funds from terminations and contract cancellations, including dollar amounts reprogrammed, the accounts they were reprogrammed to, and the amount spent under each new account.

VA Response: On April 24, 2025, VA provided notification that funds would be transferred from 4 accounts, including Medical and Prosthetic Research (\$8.3 million), Board of Veterans' Appeals (\$9.9 million), General Administration (\$26.9 million), and Information Technology Systems (\$174.0 million) to the Medical Service Account. The April 24, 2025, letter also provided notification of the intent to transfer \$343.2 million into Medical Community Care from Medical Services (\$260.1 million, including funds transferred from the non-medical care accounts, Medical Support and Compliance (\$81.1 million) and Medical Facilities (\$2.0 million). Funds transferred into Medical Community Care will be used to provide medical care to Veterans in non-VA settings. Funds are available for transfer due to savings from contract cancellations and reductions in personnel costs in these accounts.

On July 3, 2025, VA provided notification of the intent to transfer additional funds between appropriations accounts for FY 2025 in accordance with the authority and conditions of the Consolidated Appropriations Act of 2024 (P.L. 118-24) applicable under the terms of the Full-Year Continuing Appropriations Act of 2025 (Division A of P.L. 119-4).

- Transfer #1: OIT Development (\$67,047,000) to VBA GOE (\$67,047,000).
- Transfer #2: OIT Development (\$90,958,286) to OIT, Operations and Maintenance (\$90,958,286)
- Transfer #3: Medical Services (\$1,830,000,000) to Medical Community (\$1,830,000,000)
- Transfer #4: Captain James A. Lovell FHCC- Medical Services (\$97,042,000), Medical Support & Compliance (\$6,755,000), Medical Facilities (\$7,796,000), Medical Community Care (\$18,500,000) to Joint DoD-VA Medical Facility Demonstration Fund (\$130,093,000)

Question 3: During the hearing, you spoke about the need to reconsider salary caps that limit our ability to compete with the private sector when filling healthcare roles at VA – particularly highly-specialized practitioners. Even with increased recruitment and retention incentives under the PACT Act, VA has struggled to hire into these roles. VA has historically relied on a workforce that believes in the mission of caring for Veterans enough to accept lower pay and inflexibilities that come with Federal service.

3a. Even acknowledging your comments in the hearing that VA is dedicated to preserving care and thoroughly thinking through any reductions in force, can you acknowledge that the uncertainty of Federal work at VA and across this administration – and the rhetoric that Federal workers are lazy, ineffective, or cheating taxpayers – will continue to undermine our efforts to recruit into these critical positions?

VA Response: Everything VA does is to ensure Veterans receive the care and services they deserve and instill a lasting culture of caring, customer service, and accountability at VA that always puts Veterans first. VA owes Veterans and its hundreds of thousands of excellent VA employees solutions to make VA more efficient, accountable, and transparent. VA's biggest problem is that its bureaucracy and inefficiencies are getting in the way of customer convenience and service to Veterans. This VA leadership team wants to reform the Department and celebrate the vast majority of VA employees who do a great job every day while holding employees accountable when they fall short of the mission.

3b. What cardiologist or radiologist or urologist would willingly take a massive pay cut to come to VA only to see their sacrifice to serve our Veteran community regularly degraded?

VA Response: VA will remain a competitive employer of choice due to its noble mission and unwavering commitment to caring for Veterans. VA uses a variety of hiring tools and recruitment incentives to attract and retain a highly qualified workforce. VA also offers a comprehensive benefits package, generous leave allowances, state-of-the-art research, and innovation programs in addition to top-of-the-line training opportunities. VA welcomes the opportunity to work with Congress to reassess pay caps to enhance efforts to attract and retain highly specialized positions.

Questions for the Record from Senator Angus King:

Question 1: As you promised during the hearing, can you please provide the list of the 585 contracts that were cancelled on March 3, 2025?

VA Response: The attached list includes 447 terminated and closed contracts. There are additional contracts in negotiation to be closed, and this list does not include contracts modified to change scope. The frequently mentioned list of over 800 contracts was not released by VA as final and complete; it was an initial review followed by several additional reviews. (See attachment.)

Question 2: As we discussed during the hearing, I have concerns about the Department's Reduction in Force plans. I have serious reservations about your goal of cutting staff to the arbitrary level of 2019 staffing when, since that time, Congress has passed seven pieces of legislation that massively expand VA's services to millions of Veterans—including the PACT Act. The idea that the agency can cut anywhere near 15% of staff while serving millions more Veterans without having a negative impact on services is difficult to imagine. The goal for this effort should be efficiency not a quota.

2a. My specific question to you on these plans: how are you involving local leadership in these planning discussions? For example, will medical center directors have any involvement in these discussions, or will they just be given targets for cutting staff?

VA Response: VA has announced that it has achieved desired efficiencies for Fiscal Year (FY) 2025. As the agency has released, we will continue to review how we do business, to ensure that we effectively provide services and benefits to our Veterans and their families while also efficiently using taxpayer dollars. The concepts that we must be judicious stewards of taxpayer resources and effectively deliver on our promise to Veterans are not mutually exclusive.

Question 3: As the leader of the VA, you have continued to argue that this administration's efforts to "right size" the agency and cut staff will not have any adverse impact on Veteran care and that the outcome will be a stronger VA.

3a. How will the reduction in force (RIF) effort help accomplish this goal?

Why is your administration allowing Deferred Resignation Program (DRP) offers to be made before massive restructuring plans have been released—or even developed? How does this support your reported desire to retain the best and most qualified employees?

I understand the most recent DRP allows local medical center leadership to have more authority in the decision-making process about who is approved and who is not. Can you help me understand more about how local VA leadership is supposed to make informed staffing decisions that are in the best interest of their health care systems and those they serve when they don't know what the broader restructuring plans are?

VA Response: VA will always fulfill its duty to provide Veterans, families, caregivers, and survivors with the health care and benefits they have earned. While we had been considering a Department-wide RIF to reduce staff levels by up to 15%, VA employee reductions through the Federal hiring freeze, deferred resignations, retirements, and normal attrition have eliminated the need for a large-scale RIF.

VA will also continue to hire more than 350,000 critical positions to ensure health care and benefits for VA beneficiaries are not impacted. The mission to provide services (and continually improve them) for Veterans is why VA exists.

Measuring VA's progress by how many people it employs, rather than by how many Veterans it helps, is over. The Federal Government does not exist to employ people; it exists to serve people. VA's biggest problem is that its bureaucracy and inefficiencies are getting in the way of customer convenience and service to Veterans.

Question 4: There are currently thousands of VA employees across the country returning to in-person work due to the return to work requirements. Some positions have been exempted, but for many employees confusion remains.

4a. Can you help me better understand if VA Central Office plans to add additional positions to the return to work exemption extension nationwide?

VA Response: VA Administrations and Staff Offices may submit exemption requests to the Secretary of VA (SECVA) when there is a strong business case to support that an exemption is in the best interest of VA and the Veterans that VA serves. For example, the SECVA has granted exemptions from the return to in-person work requirements for positions aligned to the following organizations: Office of Suicide Prevention, Veterans Crisis Line; National Tele-Oncology; National and Field Tele-Radiology; National and Field Tele-Neurology; Tele-Emergency Care; Clinical Contract Center, and myVA411 Call Center.

4b. Are rural states like Maine, whose VA infrastructure landscape puts an undue burden on employees being required to return to office, are going to be granted additional exemptions?

VA Response: VHA continues to actively assign staff to appropriate Federal space within 50 miles of their home. Employees for which appropriate space is not available at a Federal space within 50 miles of their home will be granted a time-limited extension until space becomes available.

4c. What is VA's plan when the current extension (180 to 240 days) for medical coders, clinical resources hubs, facility-based teleradiology, facility-based neurology, and telemental health ends?

VA Response: Groups of employees placed on mid-term extensions of 180-240 days will be reassessed regarding exemption criteria before the period elapses and a decision is made. Programs granted exemptions will have the exemption status reviewed annually, and employee groups not approved after review will be expected to return to in-person work as workspace becomes available.

4d. How is VA going to remain competitive in hiring the most qualified individuals when the private sector offers opportunities without such limitations?

VA Response: VA will remain a competitive employer of choice due to its noble mission and unwavering commitment to caring for Veterans. VA uses a variety of hiring options and recruitment incentives to attract and retain a highly qualified workforce. VA also offers a comprehensive benefits package, generous leave allowances, state of the art research and innovation programs in addition to top of the line training opportunities. VA welcomes the opportunity to work with Congress to reassess pay caps to enhance efforts to attract and retain highly specialized positions.

4e. Further, how are local offices or sites of care, where access to additional appropriate workspace is either limited or nonexistent at some sites, supposed to support the influx of these employees, many of whom were hired to be remote employees? What additional resources are being provided to these locations facing this situation?

VA Response: VA is making the accommodations needed so employees have enough space and will always ensure that Veterans' access to benefits and services remain uninterrupted as employees return to in-person work. VA Under Secretaries, Assistant Secretaries, and Other Key Officials are authorized to grant temporary time-limited extensions to comply with the in-person reporting requirement on a case-by-case basis.

Questions for the Record from Senator Jerry Moran:

Question 1: Please provide a detailed update on your progress to add Mental Health Residential Rehabilitation Treatment Programs to the MISSION Act access standards following my January 31st letter.

VA Response: The Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) are subject to most standards defined by the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act (38 C.F.R. §17.4010) including best medical interest, when no VA facility offers the care required. The Veterans Health Administration's (VHA) goal is to ensure Veterans have access to residential treatment when they need it. Decisions about admission consider each Veteran's needs with an emphasis on ensuring there is no wrong door to access residential care. Understanding these programs provide wrap around, intensive services that are not available in every community, within VA or in the community, our goal is to find the program that best meets the needs of the Veteran. Since 2023, VHA has been working to build the necessary infrastructure to support improved access to MH RRTP services consistent with the MISSION Act and to strengthen expectations for priority admission which are unique for MH RRTP care.

VHA is implementing a standardized, centralized screening process for accessing residential treatment within VA meant to streamline and simplify the experience for both Veterans and referring providers. Implementation of new procedures to support referring provider designation of priority need were released on April 18, 2025, and are now in place. MH RRTP Access Transformation efforts are ongoing as VHA remains committed to ensuring timely access to high-quality residential treatment for mental health and substance use disorders for Veterans.

Question 2: The air ambulance industry continues to experience significant delays in receiving payment from VA for life-saving transport services provided to VHA-enrolled Veterans. These delays frequently exceed 100 days, and if left unaddressed, risk undermining the availability and reliability of critical emergency medical transportation services for Veterans.

2a. Will you commit to working with appropriate VHA leaders to investigate the root causes of these ongoing payment delays?

VA Response: Yes, VHA is committed to reviewing and mitigating the challenges that both providers and Veterans face related to Special Mode claims.

2b. If issues in the payment process for these critical emergency services are found, will you commit to resolving them as soon as possible to make certain Veterans, especially Veterans who reside in rural and highly rural areas, do not lose access to this lifeline?

VA Response: Yes, VHA is committed to resolving challenges and continues its efforts to maximize contracting opportunities with air ambulance providers for Veterans especially in rural and highly rural areas as well as looking into the benefits of consolidating claims processing as part of a national team to ensure accuracy, consistency, and timeliness.

Question 3: As of May 1st, you ended any new enrollments into the Veterans Affairs Servicing Purchase Program (VASP). While your team provided two briefings at my request regarding the impact this will have on Veteran homeowners and the rationale behind your decision, important questions remain unanswered.

3a. Does VA currently have sufficient mitigation authorities to help Veterans avoid foreclosure on their homes, including partial claims authority? Please provide specific legal analysis to support your response.

VA Response: On July 30, 2025, the President signed into law the VA Home Loan Program Reform Act of 2025 (the Act), which includes important statutory changes to the VA home loan guaranty program to assist distressed Veteran borrowers stay in their homes.

Specifically, the Act requires VA to establish the Partial Claim Program under which VA may purchase a portion of a Veteran's indebtedness on a VA-guaranteed loan (generally up to 25% of the unpaid principal balance) that is in default or at imminent risk of default. The Act also requires VA to establish loss mitigation procedures to help

prevent the foreclosure of a VA-guaranteed home loan and helps ensure servicers provide Veterans with a consistent approach in avoiding foreclosure. Finally, the Act prevents VA from becoming a costly loan restructuring service, as it limits VA's authority to buy guaranteed loans in full.

3b. Why did VA decide to end VASP on May 1st rather than allow a longer ramp down period for servicers to get Veterans in the VASP pipeline and certified by VA before the cancelation of the program?

VA Response: VA's Loan Guaranty program is not intended to be a loan restructuring entity and the VASP program purchased existing delinquent VA-guaranteed loans, then modified the terms of the loans to achieve an affordable payment. VA will continue to help Veterans, much as it did to assist over 935,000 Veterans retain their homes or avoid foreclosure in the 6 years immediately preceding VASP's launch.

Question 4: An August 28, 2024 VA Office of the Inspector General (VAOIG) report entitled "Incorrect Use of the Baker Act at the North Florida/South Georgia Veterans Health System in Gainesville, Florida," revealed significant shortcomings in the Veteran Health Administration's (VHA's) mental health involuntary hold practices in part due to VA's inadequate attention to the complex variations in state and local legal requirements that exist across the country. Disclosures from both Veterans and VA employees suggest shortcomings exist system wide and need to be addressed. I appreciate the recent commitments made by VA's Office of Mental Health, including the establishment of Points of Contact across the enterprise to facilitate information flow, substantive training at the local level, and national data capture on involuntary admission status in order to meaningfully inform stakeholders and improve inpatient mental health care at VA.

4a. Please provide the Committee with the anticipated timeline required to fulfill these commitments.

VA Response: Efforts to complete these tasks related to involuntary hospitalization are all underway. The target timeline for establishing the facility Points of Contact and training is December 2025. Development, piloting and implementation of national data capture for involuntary hospitalization is anticipated to be completed by September 2026.

Questions for the Record from Senator Richard Blumenthal:

Workforce and Related Concerns

Question 1: Is VA planning to scale back any care or health care services currently provided?

VA Response: As we reform VA, we are guided by the fact that even though the Biden Administration astronomically grew the department's budget and number of employees, VA wait times and backlogs increased. We will accomplish this without making cuts to Veterans' health care or benefits.

- We are doing things differently – conducting a thorough and comprehensive data-driven review of all organizations and processes within the Department with the goal of fixing VA's problems.
- Our goal is to increase productivity, eliminate waste and bureaucracy, increase efficiency, and improve health care and benefits to Veterans. We are going to maintain VA's mission-essential jobs like doctors, nurses and claims processors, while phasing out non-mission essential roles like interior designers and DEI officers. The savings we achieve will be redirected to Veteran health care and benefits. While we had been considering a Department-wide RIF to reduce staff levels by up to 15%, VA employee reductions through the Federal hiring freeze, deferred resignations, retirements, and normal attrition have eliminated the need for a large-scale RIF.

Question 2: Given the planned reduction in force, how will the VA continue to provide access to care and services to Veterans with fewer staff?

VA Response: See the response to question 1 above.

Question 3: With recent cuts in professional development programs, how do we prepare the future VHA leaders?

VA Response: VHA continues to support employee career growth, build leadership skills and competencies, and prepare a ready talent pool of VHA employees and leaders to sustain VHA's talent succession needs.

Key leadership development programs remain ongoing, including the Health Care Leadership Development Program), the Graduate Health Care Administration Training Program, and the New Executive Training Program, are ongoing. These programs have played a crucial role in cultivating and retaining VHA leadership. The programs also increase the retention of senior VHA leadership.

VHA also promotes mentorship programs that facilitate knowledge transfer from experienced leaders to emerging ones, ensuring continuity and the preservation of institutional knowledge. Encouraging a culture of continuous learning so tomorrow's leaders remain adaptable to evolving VHA needs.

VHA continues to leverage technology to design, develop, and deliver engaging virtual learning opportunities for high-potential VA leaders. Also, fostering established partnerships with academic institutions and private sector organizations can enhance existing VHA professional development programs and provide additional learning opportunities.

By strategically utilizing existing programs, embracing technological solutions, and fostering collaborative partnerships, we can continue to prepare and support the next generation of VHA leaders.

Question 4: With many concerned about a RIF, how does the VA plan to recruit front-line providers at the facility level to care for Veterans? How does VA plan to rebuild trust within the organization?

VA Response: VA no longer has plans for a large-scale reduction in force and will continue to recruit front-line providers at the facility level using award-winning resources on our VA Careers public-facing website and targeted marketing campaigns, as well as the VHA National Recruitment Service (NRS), National Sourcing Office (NSO), field-based physician/provider recruiters (PPR), and nurse recruiters. The NRS and NSO serve as VHA's in-house search firm of "headhunters" that implements private industry best practices for operations to recruit the most hard-to-find physicians and advanced practice providers in the most nationally scarce specialties. They also support field-based PPRs with professional training through their Recruiter University and on-site consulting services.

While change can be stressful, our goal to increase productivity, eliminate waste and bureaucracy, increase efficiency, and improve health care and benefits to Veterans, will ultimately reinforce VA as an employer of choice where health care providers trust that the organization is doing what is best for the Veterans they serve.

Question 5: The return-to-office executive order has resulted in uncomfortable and, in some cases, unsafe work environments that compromise our ability to care for our Veterans. Our Veterans' privacy is not just a law but a requirement by those Veterans we serve. Are there considerations being made to work around the RTO?

VA Response: VHA is complying with the presidential memorandum to return to in-person work and remains committed to ensuring Veteran privacy for health care information. VHA will continue following all applicable privacy law, including the Health Insurance Portability and Accountability Act. We are working closely with leaders at all levels to address concerns related to telehealth employee workspaces and have provided guidance on how employees, their supervisors, and servicing Human Resources offices can elevate privacy-related issues for remediation. Leaders at all levels are continuing to work with employees to find solutions and maintain patient privacy and trust during this process.

Question 6: Iraq and Afghanistan Veterans of America [data](#) shows 81% of post-9/11 Veterans are concerned that cuts to the Federal Government could negatively impact Veterans' benefits and healthcare. What specifically can you point to that can allay their concerns? What steps is the VA taking to ensure that Veterans' earned benefits and healthcare remain protected from budget and staffing reductions? How should these Veterans be able to trust that they'll not suffer the consequences of a politician's desire to score political points?

VA Response: As we reform VA, we are guided by the fact that even though the Biden Administration astronomically grew the Department's budget and number of employees, VA wait times and backlogs increased.

We are doing things differently – conducting a thorough and comprehensive data-driven review of all organizations and processes within the Department with the goal of fixing VA's problems.

Our goal is to increase productivity, eliminate waste and bureaucracy, increase efficiency, and improve health care and benefits to Veterans. We're going to maintain VA's mission-essential jobs like doctors, nurses and claims processors, while phasing out non-mission essential roles like interior designers and DEI officers. The savings we achieve will be redirected to Veteran health care and benefits.

In March 2025, P.L. 119-4, Fully-Year Continuing Appropriations Act, 2025, authorized the second requests of \$4.5 billion for Readjustment Benefits (RB) and \$30.2 billion for Compensation and Pension (C&P) benefits for FY 2025, ensuring the availability of funding to make benefit payments for the remainder of FY 2025. P.L. 119-4 also authorized advanced appropriations of \$20.4 billion for the RB budget and \$227.2 billion for the C&P budget for FY 2026. Additionally, VA has included claims processors on the exemption list of the hiring freeze.

We will accomplish this without making cuts to health care or benefits to Veterans or VA benefits.

Question 7: You've talked about how the VA has to interact with different generations of Veterans and that you need to engage with each of them differently. Mr. Secretary, with the upcoming reduction in force, what are VA's plans to ensure it maintains sufficient communications capabilities, including enough public affairs staff, to communicate effectively with all Veterans and their families about VA programs and services?

VA Response: Public affairs staff will always be an important part of the Department under my leadership. We need competent and qualified public affairs staff to help us communicate to all Veterans about the important progress we are making at VA during the second Trump Administration, including:

- VA's disability claims backlog [is already down 25%](https://news.va.gov/press-room/record-breaking-va-claims-production-brings-backlog-under-200k/) (<https://news.va.gov/press-room/record-breaking-va-claims-production-brings-backlog-under-200k/>) since January 20, 2025, after it increased 24% during the Biden Administration.
- VA is [processing record numbers of disability claims](https://news.va.gov/press-room/record-breaking-va-claims-production-brings-backlog-under-200k/) (<https://news.va.gov/press-room/record-breaking-va-claims-production-brings-backlog-under-200k/>), reaching 1 million claims processed for FY 2025 on February 20, 2025, faster than at any point in history.
- VA has implemented [major reforms](https://news.va.gov/press-room/va-announces-major-survivor-benefits-reforms/) (<https://news.va.gov/press-room/va-announces-major-survivor-benefits-reforms/>) to make it easier for survivors to get benefits, after [serious problems](https://edition.cnn.com/2025/03/19/politics/veteran-suicides-va-benefits-invs) (<https://edition.cnn.com/2025/03/19/politics/veteran-suicides-va-benefits-invs>) during the Biden Administration.
- VA is [accelerating the deployment](https://news.va.gov/press-room/va-names-nine-additional-facilities-that-will-deploy-federal-ehr-in-2026/) (<https://news.va.gov/press-room/va-names-nine-additional-facilities-that-will-deploy-federal-ehr-in-2026/>) of its integrated electronic health record system, after the program was nearly dormant for almost 2 years under the Biden Administration.
- VA is [phasing out treatment for gender dysphoria](https://news.va.gov/press-room/va-names-nine-additional-facilities-that-will-deploy-federal-ehr-in-2026/) (<https://news.va.gov/press-room/va-names-nine-additional-facilities-that-will-deploy-federal-ehr-in-2026/>). Frankly, this commonsense reform should have been done years ago.

- VA [ended DEI at the Department](https://news.va.gov/press-room/va-ends-dei-stops-millions-in-spending-on-dei/) (https://news.va.gov/press-room/va-ends-dei-stops-millions-in-spending-on-dei/), reversing the divisive Biden-era policies and stopping more than \$14 million in DEI spending.
- We have brought more than 60,000 VA employees [back to the office](https://news.va.gov/press-room/va-announces-return-to-in-person-work-policy/) (https://news.va.gov/press-room/va-announces-return-to-in-person-work-policy/), where we can work better as a team to serve Veterans.

We also need competent and qualified public affairs staff to help us combat the rumor, innuendo, and disinformation being spread by opponents of our efforts to reform VA, so it works better for the Veterans, families, caregivers, and survivors VA is charged with serving.

Question 8: Support staff are often critical to ensuring the safety of a health care facility. As you plan to reduce the workforce, how are you ensuring that VA retains the necessary support staff responsible for cleanliness, sanitation, supply chain, and care administration?

VA Response: Critical support staff positions that ensure the safety of health care facilities in VHA, such as police, medical records administrators, medical instrument technicians, food service workers, housekeeping aids, supply technicians, inventory management, and wage grade staff such as boiler plant operators, mechanics, and equipment engineers have all been exempted from the hiring freeze. Medical Center Directors will use strategic hiring decisions to ensure that the staffing levels at their facilities meet requirements to ensure the safe operation and safety of their health care facilities.

Question 9: Will preference-eligible Veterans who are subject to the upcoming workforce reduction be offered the opportunity to compete for other essential vacancies, as required by law?

VA Response:

VA has announced that it has achieved desired efficiencies for FY 2025. As the agency has released, we will continue to review how we do business, to ensure that we effectively provide services and benefits to our Veterans and their families while also efficiently using taxpayer dollars. The concepts that we must be judicious stewards of taxpayer resources and effectively deliver on our promise to Veterans are not mutually exclusive.

Mental Health/Suicide Prevention

Question 10: Given that the majority of Veteran suicides are non-connected or not recently connected to VHA healthcare, how can we make meaningful relationships with those if our outreach plans and programming have been prohibitive?

VA Response:

Suicide Prevention Coordinators at each VA facility conduct a variety of outreach initiatives designed to increase awareness of suicide prevention programming available to Veterans and improve the public's understanding and knowledge.

The Community Based Interventions for Suicide Prevention program directly engages states and communities to support the development and implementation of their tailored strategies for Veteran suicide prevention.

Question 11: According to a [survey](#) of Iraq and Afghanistan Veterans of America's membership, 71% of respondents said they supported legalizing cannabis at the Federal level to ensure that Veterans in every state had equal access to cannabis to treat their wartime wounds. 65% also supported expanding access to psychedelic treatment options at the VA. What can you offer to give the newest generation of our Nation's war Veterans confidence that the VA will continue to research and increase access to alternative therapies that have transformed the lives of Veterans, but that the VA hasn't yet been able to provide widely?

VA Response: VA continually evaluates research on alternative therapies and their effectiveness in the treatment of mental health conditions. VA broadly implements treatments that are approved for clinical use by the Food and Drug Administration (FDA). For example, FDA has approved Spravato (esketamine) nasal spray, CIII, which is derived from ketamine and is indicated for the treatment of treatment-resistant depression in adults, as well as depressive symptoms in adults with major depressive disorder with acute suicidal ideation or behavior in conjunction with an oral antidepressant. VA has broadly implemented the use of ketamine and esketamine for mental health conditions at both VA facilities and through the community. Currently, no cannabis-based drug products have been approved for the treatment of mental health conditions by FDA. In the last several years, state and local legislation in many areas has allowed the use of cannabis for multiple health conditions, including mental health conditions. However, the VA Office of Mental Health currently supports the American Psychiatry Association Position Statement in opposition to cannabis use in mental health treatment: "there is no current scientific evidence that cannabis is in any way beneficial for the treatment of any psychiatric disorder. In contrast, current evidence supports, at minimum, a strong association of cannabis use with the onset of psychiatric disorders." VHA guidelines on the use of cannabis to treat mental health conditions are based on the state of the scientific evidence described in medical research literature. VHA has developed and maintains multiple evidence-based treatment guidelines for the treatment of mental health conditions that commonly affect Veterans (for example, posttraumatic stress disorder, depression, bipolar disorder, early psychosis, substance use disorder, chronic pain, and insomnia, among others). Currently, none of these guidelines recommend cannabis for the treatment of mental health conditions. These guidelines are updated regularly by review committees who monitor this literature. However, VA investigators are actively engaged in research on the effect of cannabis and psychedelic substances for mental health disorders.

Question 12: How many calls per day did the Veterans Crisis Line receive between February 13, 2025, when over 1,000 VA employees were fired, and March

14, when a Federal judge ordered that many illegally fired Federal employees be reinstated?

VA Response: From February 13 through March 14, 2025, the Office of Suicide Prevention (OSP) Veterans Crisis Line (VCL) received an average of 2,866 calls per day. Call volume fluctuates based on the day of the week, and time of day. The specific number of calls received each day during this time is outlined in the table below.

VOLUME	DATE
2,851	2/13/2025
2,998	2/14/2025
2,405	2/15/2025
2,475	2/16/2025
3,076	2/17/2025
3,437	2/18/2025
3,202	2/19/2025
3,087	2/20/2025
2,929	2/21/2025
2,314	2/22/2025
2,229	2/23/2025
3,182	2/24/2025
3,208	2/25/2025
3,037	2/26/2025
2,838	2/27/2025
2,725	2/28/2025
2,297	3/1/2025
2,152	3/2/2025
3,186	3/3/2025
2,988	3/4/2025
2,997	3/5/2025
3,107	3/6/2025
3,037	3/7/2025
2,530	3/8/2025
2,252	3/9/2025
3,315	3/10/2025
3,111	3/11/2025
3,081	3/12/2025
3,030	3/13/2025
2,908	3/14/2025
2,866	Daily Average

Question 13: How many calls has the VCL received each month this year, and how does that compare to the same period last year?

VA Response: When compared to the baseline levels of demand set when 988 launched, VCL volume has increased across all service modalities. The table below shows a year-over-year comparison in the number of calls to VCL.

	7/1/2022 – 6/30/2023	7/1/2023-6/30/2024	7/1/2024-6/30/2025
Number of Calls	797,519	893,654	1,044,461
% Year over Year	NA	12.05%	16.88%

In comparing FY 2024 to FY 2025, OSP VCL has experienced nearly 18% growth in the number of calls received. Specific data regarding the number of calls received for each month of FY 2025, compared to calls received for each month in FY 2024, including comparative data, are outlined below.

MONTH	FY 2025 VOLUME	FY 2024 VOLUME	% DIFFERENCE
1	87,730	74,987	16.99%
2	80,337	69,146	16.18%
3	89,582	72,635	23.33%
4	90,227	71,541	26.12%
5	93,078	77,730	19.75%
6	91,470	76,638	19.35%
7	93,672	80,369	16.55%
8	*58,124	**55,756	4.25%

* Partial month 8/1/2025 – 8/20/2025** Partial month 8/1/2024 – 8/20/2024 (Full month 86,940)

Question 14: Mr. Secretary, during an April 29, 2025 Senate Veterans' Affairs Committee (SVAC) hearing, concerns were raised regarding conflicting information about updates to the REACH VET program. Specifically, has the VA's current algorithm been revised to account for risk factors linked to increased suicide risk, such as military sexual trauma (MST) and intimate partner violence (IPV)? Additionally, does the model now incorporate considerations unique to women Veterans?

VA Response: VA updated the REACH VET model with a revised predictive algorithm for release within the REACH VET Program starting in June 2025. The new model includes over 450 predictive measures, such as suicidal ideation, recent suicide attempts, military sexual trauma, and interpersonal partner violence. The updated algorithm includes considerations unique to women, such as ovarian cysts, endometriosis, and pregnancy.

Question 15: Given persistently high suicide rates among minority and LGBTQ+ Veterans, what targeted mental health interventions does the VA currently support, and how are these being adjusted—or discontinued—in light of recent policy shifts?

VA Response: OSP oversees the Suicide Prevention 2.0 Clinical Telehealth program, a fully virtual enterprise-wide specialty mental health program for all Veterans with a recent history of suicidal self-directed violence including minority and LGBTQ+ Veterans. The program offers four different evidence-based treatments and includes special training for providers in the Clinical Resource Hubs to implement the care.

OSP also funds a demonstration project that explores the feasibility and effectiveness of using social media to engage all Veterans high risk of suicide. The project aims to identify barriers and facilitators to accessing VA mental health care, and to better understand the specific needs and intervention targets that could help reduce Veteran suicide.

Question 16: On February 21, you claimed that the VA has saved millions of dollars by firing staff and cutting unnecessary programs, and redirected those savings to Veterans. What specific actions did you take with those funds?

VA Response: On April 24, 2025, VA provided notification that funds would be transferred from four accounts, including Medical and Prosthetic Research (\$8.3 million), Board of Veterans' Appeals (\$9.9 million), General Administration (\$26.9 million), and Information Technology Systems (\$174.0 million) to the Medical Service Account. The April 24, 2025, letter also provided notification of the intent to transfer \$343.2 million into Medical Community Care from Medical Services (\$260.1 million, including funds transferred from the non-medical care accounts, Medical Support and Compliance (\$81.1 million) and Medical Facilities (\$2.0 million). Funds transferred into Medical Community Care will be used to provide medical care to Veterans in non-VA settings. Funds were made available for transfer due to savings from contract cancellations and reductions in personnel costs in these accounts. No direct Veteran services have been impacted by these contract cancellations and staff reductions. Funds are needed in VHA to provide medical care to Veterans.

Question 17: Overall, how much have policy changes at VA under your administration saved American taxpayers?

VA Response: The VA Fiscal Responsibility Action Team identified a total \$370.688 million in recoverable funds from staff reductions and contract cancellations.

Question 18: If those funds have been reinvested in Veterans' care and benefits, what specific programs?

VA Response: VA plans to transfer \$343 million to the Medical Community Care account to support health care for Veterans at non-VA facilities.

Question 19: How much has the VA spent so far under this administration, and how does that compare to the same time period last year?

VA Response:

Total obligations in FY 2025 for all Treasury Accounts Fund Symbols through July 31, 2025, were \$336.4 billion (Standard Form (SF) 133, line 2190, includes mandatory and discretionary).

In comparison, total obligations in FY 2024 for all Treasury Accounts Fund Symbols through July 31, 2024, were \$300.5 billion (SF 133, line 2190, includes mandatory and discretionary). This is an increase of \$36.0 billion (12% increase).

See: <https://portal.max.gov/portal/document/SF133/Budget/FACTS%20II%20-%20SF%20133%20Report%20on%20Budget%20Execution%20and%20Budgetary%20Resources.html>

VASP

Question 20: Can you guarantee that no Veteran will lose their home as a direct result of this policy change? If not, why is the VA moving forward?

VA Response: No, VA cannot guarantee that no Veteran will lose their home. However, every Veteran borrower with a delinquent VA-guaranteed loan is reviewed for home retention options and alternatives to foreclosure, and VA will continue to help Veterans, much as it did to assist over 935,000 Veterans retain their homes or avoid foreclosure in the 6 years immediately preceding VASP's launch. VA is also working to implement the VA Home Loan Program Reform Act (P.L. 119-31), enacted on July 30, 2025, which will provide a partial claim option for certain qualifying borrowers.

Question 21: What specific data or analysis did the VA use as the basis for ending VASP?

VA Response: VA is not intended to be a loan restructuring entity and the VASP program purchased existing delinquent VA-guaranteed loans, then modified the terms of the loans to achieve an affordable payment.

Question 22: How many Veterans are currently at risk of foreclosure, and what alternative support systems will the VA offer now that VASP is being shut down?

VA Response: As of April 30, 2025, there are 75,525 VA-guaranteed loans more than 90 days delinquent. While foreclosure time frames vary from state to state, a loan generally would not reach foreclosure for at least 240 days (or 8 months) post-default. VA allows servicers to provide a suite of home retention options, including up to a 40-year loan modification, to assist Veterans in retaining homeownership. For Veterans who cannot make recurring monthly mortgage installments, VA also allows alternatives to foreclosure. VA is also working to implement the VA Home Loan Program Reform Act (P.L. 119-31), enacted on July 30, 2025, which will provide a partial claim option for certain qualifying borrowers.

Question 23: Will you commit to tracking and publicly reporting on the foreclosure rates of Veterans affected by the end of VASP?

VA Response: As servicers engage with a Veteran to identify, evaluate, and offer loss mitigation options, VA is unable to track what, if any, future foreclosures were affected by the end of VASP.

Question 24: What safeguards are in place to ensure that the proposed replacement program — if one exists — is fully operational before VASP ends, so Veterans don't face a gap in assistance?

VA Response: VA works with servicers to provide a suite of home retention options, including forbearance, repayment plans, and modifications, and alternatives to foreclosure such as a short sale and deed in lieu of foreclosure. VA Loan Technicians review the servicing of each delinquent loan to ensure Veterans are getting every opportunity to retain homeownership. Likewise, every loan that is scheduled for foreclosure is reviewed again by a VA Loan Technician to guard against any soluble loans being terminated. VA will continue to help Veterans, much as it did to assist over 935,000 Veterans retain their homes or avoid foreclosure in the 6 years immediately preceding VASP's launch. VA is also working to implement the VA Home Loan Program Reform Act (P.L. 119-31), enacted on July 30, 2025, which will provide a partial claim option for certain qualifying borrowers.

Homelessness

Question 25: The VA Healthcare system is literally a lifeline for Veterans in poverty, especially those with disabilities. As you contemplate staffing reductions, can you commit to ensuring that Veterans experiencing or at-risk of homelessness will not see declines in staffing that could reduce their access to quality care at VA?

VA Response: VA remains committed to ensuring that Veterans experiencing homelessness will not see declines in access to quality care at the VA. It is important to note that VA's FY 2026 funding request for homeless programs explicitly addresses these concerns by sustaining VA homeless programs at current staffing levels, ensuring access to health care and supportive services continues.

Question 26: Efforts to end Veteran homelessness have consistently been highlighted as an evidence-based and effective response to a major social problem. This is due to advances in research, consistent leadership at the national and local level, scaling of resources, and effective partnerships across the healthcare, nonprofit and government sectors. Recent policy changes that this Administration has implemented have left many partners uneasy about VA's future level of commitment to partnership as a part of the solution for Veterans who are in a housing crisis. Can you commit to continuing essential grant programs such as the Grant and Per Diem; Supportive Services for Veterans and Families; Legal Services Grants; Staff Sergeant Fox Grants and others as an essential component of the Federal Response?

VA Response: President Trump's FY 2026 budget request shows significant support for our efforts to permanently house Veterans at risk of homelessness. VA is continuing to support the Grant Per Diem program, which partners with over 400 grantees to maintain more than 10,000 transitional housing beds. VA continues to administer the Supportive Services for Veterans and Families program, allowing over 200 community-based grantees to deliver tailored services such as rental and utility assistance, housing search and placement, and health care navigation. VA will continue to fund legal

services grants assisting Veterans in overcoming housing barriers such as past evictions and credit issues, which are essential for maintaining housing stability and reintegration. On June 5, 2025, VA published a Notice of Funding Opportunity (NOFO) for a 2-year period to fund legal services grants under the Legal Services for Homeless Veterans Grant Program. The Staff Sergeant Fox Suicide Prevention Grant Program (SSG Fox SPGP) advances suicide prevention efforts into non-clinical areas like financial, occupational, legal, and social support services. On May 15, 2025, VA also published a NOFO, contingent on Congress authorizing an extension, for FY 2026 SSG Fox SPGP services.

Question 27: The HUD-VASH program has been an essential solution for Veterans experiencing chronic homelessness and other challenges. Over 113,000 vouchers are currently being administered nationwide. This interagency program is crucial for Veterans without any other options, but it only works when vouchers are available to be administered, VA case managers are available to support Veterans, and Federal staff at HUD and VA are available. Recent news about cuts to the Section 8 voucher program and to HUD and VA staff has created uncertainty in communities among both Veterans, landlords, and housing developers. Can you commit to maintaining VA resources and staffing for this program and working with Secretary Turner to ensure that any section 8 voucher cuts do not affect Veterans utilizing HUD-VASH or other section 8 housing vouchers?

VA Response: VA is committed to working with HUD and other Federal Agencies as part of the Administration's efforts to end Veteran Homelessness. Clinical case management is an important part of VA's rental assistance programs. We are committed to continue providing needed support for Veterans that are homeless and at risk of homelessness, this includes maintaining appropriate staffing and funding levels. We are also going to be challenging the status quo, putting Veterans first, and finding new ways to accomplish our goals.

Claims Sharks

Question 28: Mr. Secretary, DAV strongly believes that Veterans injured or made ill while defending our freedom should receive VA benefits and health care without having to pay someone for what they have rightfully earned through service. DAV's highly-trained and VA-accredited service officers provide free assistance to hundreds of thousands of Veterans, their caregivers, and survivors each year to help them receive their VA benefits. However, in recent years, a growing number of predatory for-profit companies have been aggressively marketing claims assistance services to disabled Veterans, typically charging outrageous fees or high percentages of the benefits those Veterans are already entitled to receive. Mr. Secretary, what will you and VA do to crack down on these "claims sharks" who are typically operating outside the law and remain unaccredited by VA, while taking advantage of America's heroes for profit?

VA Response: VA is committed to safeguarding Veterans' earned benefits, and that includes protecting Veterans from financial exploitation as they navigate the VA claims

process. VA recognizes many Veterans are being targeted by unaccredited companies and/or individuals seeking to make a profit by unlawfully charging exorbitant fees to provide advice and/or assist Veterans with filing VA claims for benefits.

Prior to 2006, under 38 U.S.C. § 5905, there were criminal penalties for "directly, or indirectly soliciting, contracting for, charging, receiving, or attempting to solicit, contract for, charge, or receive any fee or compensation" except where otherwise allowed in law. This language was removed from the statute by P.L. 109-461.

In the interim, the Office of General Counsel's (OGC) Accreditation, Discipline, and Fees program continues to play a vital role. With how 38 U.S.C. § 5905 is currently written, VA has limited authority over non-accredited individual or organizations. For example, when Veterans complain about unaccredited "bad actors," OGC can send cease and desist letters. If the unaccredited actor fails to cease and desist, VA's recourse is to report the matter to the Federal, state, or local agencies that enforce rules against unauthorized legal practices, unfair business practices, or consumer fraud laws.

In FY 2024, the Veterans Benefits Administration (VBA) dedicated an effort to raise awareness around – and warn Veterans and their families about – the threat of claims representatives unlawfully charging to file VA disability compensation benefits claims. Throughout FY 2024 and as of end of the first quarter of FY 2025, VBA completed 115 communications engagements, which resulted in over 21 million interactions with Veterans, dependents, survivors, and advocates. These focused outreach initiatives are making a significant impact in educating Veterans about fraudulent schemes and predatory actors. Additionally, VA will keep exploring avenues of data collection to develop countermeasures and information to help this vulnerable population.

Caregivers

Question 29: The Federal Register recently highlighted amendments to the Program of Comprehensive Assistance for Family Caregivers, including pauses and reassessments. Mr. Secretary, can you provide an update on the current status of these changes and how the VA plans to ensure caregivers receive the necessary support during this transitional period?

VA Response: VA published a notice of proposed rulemaking in the Federal Register on December 5, 2024, marking a significant step towards expanding and improving VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC). Additionally, on July 18, VA announced its plan to propose a rule to extend the transition period for legacy participants, legacy applicants, and their Family Caregivers, through September 30, 2028, to allow time for VA to evaluate the legacy cohort's eligibility for PCAFC using any updated eligibility criteria that takes effect under the notice of proposed rulemaking published in December. While VA works towards making meaningful changes to PCAFC through the rulemaking process, we continue to deliver support and services to the over 68,000 Family Caregivers currently participating in PCAFC. Through PCAFC, Primary Family Caregivers have access to a monthly stipend, certain legal and financial services, and access to health care coverage, if applicable. Further, all Family Caregivers participating in PCAFC have access to mental

health counseling, training and educational programs, and respite care for eligible Veterans, among other resources. Additionally, local caregiver support program teams are available at every VA medical center to provide and facilitate tailored support to caregivers of Veterans, as indicated. VA remains steadfast in our commitment to deliver a program which meets the needs of all eligible Veterans and their Family Caregivers, now, and in the future.

EHR/IT

Question 30: VA has tasked its Office of Information Technology with managing the EHR modernization while maintaining the existing VistA system and other critical programs across the department.

30a. How will you, as VA Secretary, take ownership to ensure the EHR program is implemented successfully and without jeopardizing Veteran care, particularly given the lack of independent VA testing?

VA Response: VA is committed to continuing its progress in improving patient care outcomes and provider efficiency across VA medical facilities and will work to preserve the quality of care through the Federal Electronic Health Record (EHR) implementations.

As outlined in my March 6, 2025, memo, one key effort to ensure the Federal EHR's success is by adopting a standard baseline of products, workflows, and integrations that will accelerate deployments, simplify decision-making, and support future optimizations of the Federal EHR system. Furthermore, I also directed VA to replace its multi-council model for decision-making with a single governance council to streamline decisions.

While VA previously expressed support for an Independent Verification and Validation (IV&V), an IV&V would require a significant investment in time and resources that would draw resources away from efforts to optimize the system and plan for deployments.

In addition, VA has already spent considerable time observing and testing the EHR in a way that is similar to an IV&V, that is inclusive of extensive end-user engagement and feedback.

30b. Additionally, what steps will you take to hold contractors, such as Oracle, accountable for delivering a functional system, and do you plan to maintain leadership continuity to support these efforts and drive lasting results?

VA Response: VA remains steadfast in its commitment to implementing a modernized, interoperable Federal EHR system to improve health care delivery and patient care. In May 2025, VA awarded the third option period for its contract with Oracle Health to support VA's Federal EHR modernization.

Since our initial deployments, VA renegotiated portions of the contract with Oracle Health from a 5-year term to 5 1-year terms, allowing for an annual progress review and renegotiation as needed. This approach has increased shared accountability, including minimizing outages and incidents, resolving clinician requests, and improving interoperability with other health care systems.

With a new administration and leadership comes new direction, and VA is committed to successful Federal EHR implementations, which are fundamental to preserving and enhancing VA's health care.

Question 31: The Administration's budget outline calls to cut half a billion dollars from VA's IT budget, but even in the request, the OMB acknowledges the problems VA faces with IT infrastructure. There's a mismatch here.

31a. How has VA concluded which contracts are unnecessary or which ones should not continue to be funded?

VA Response: The Department acknowledges the tension between resource constraints and critical Information Technology (IT) infrastructure needs. To ensure that reductions do not undermine mission delivery, VA applies a structured review process to determine which contracts remain necessary and which may be discontinued. The Office of Information and Technology (OIT), in coordination with requirements owners and senior leadership, evaluates contract actions under the Federal Information Technology Acquisition Reform Act (FITARA), applicable Executive Orders, and internal memoranda issued in April and July. Reviews focus on alignment with mission priorities, elimination of duplication, and cost efficiency. Where analysis identifies functions that can be performed more effectively by Federal employees, consolidated under existing vehicles, or achieved at reduced cost through negotiation, contracts may be modified, realigned, or discontinued. These determinations are made through governance boards and Chief Information Officer reviews to ensure consistency with law, policy, and fiscal responsibility.

31b. Are you concerned about what happens if a critical contract is cut before a new solution is implemented?

VA Response: OIT's collaborative reviews under the Chief Information Officer's Federal Information Technology Acquisition Reform Act oversight processes, along with briefings to the Senior Advisor, result in cost avoidance without impacting mission outcomes. Existing systems remain operational until replacement systems are implemented, with contracted activities ending rapidly when no longer necessary.

31c. Without funding, how will new solutions be implemented?

VA Response: VA will prioritize and reallocate existing resources to ongoing mission-critical IT modernization efforts, such as the Infrastructure Readiness Program, Zero Trust Architecture, and Financial Management Business Transformation. These initiatives address urgent infrastructure, cybersecurity, and financial management needs while focusing on consolidation, efficiency, and accountability, rather than new discretionary systems.

Infrastructure

Question 32: VA infrastructure funding has long faced challenges, as Independent Budget Veteran Service Organizations (IBVSOs), DAV, PVA, VFW,

have repeatedly highlighted. Decades of underfunding have left the VA with a backlog of \$150 billion of critical construction projects and leasing requirements, hindering its ability to modernize and meet Veterans' health care needs. Do you plan to reinvest funds saved through DOGE reforms into VA infrastructure to support direct care services for Veterans?

VA Response: VA has realigned \$800 million this fiscal year as part of VHA's Non-Recurring Maintenance (NRM) program, which makes infrastructure improvements to health care facilities to ensure safe and effective patient care.

The extra funding means more resources to repair and update aging VA facilities and technology.

The extra money was spent on a variety of improvement projects at various VA health care facilities, including:

- Boiler and Chiller Systems;
- Electric Infrastructure Improvements;
- Elevators;
- Heating Ventilation and Air Conditioner Systems;
- Sprinklers and Fire Alarms;
- Renovation of Clinical/Support Spaces;
- Utility System Upgrades;
- Medical Equipment Sites; and
- Electronic Health Record Modernization Infrastructure.

The funds come from savings gleaned from various VHA reform efforts. The additions brought total NRM program spending for FY 2025 to \$2.8 billion — a nearly \$500 million increase from fiscal year 2024.

Stakeholder Engagement

Question 33: Where do VSOs fit in with your vision for VA?

VA Response: The Veteran Service Organizations (VSO) play a vital role in bringing Veterans into the VA ecosystem, bridging the needs gap with Veterans, caregivers, families, and survivors and by providing essential care, support, and resources that VA cannot provide. The Department is dedicated to working collaboratively with VSOs from across the industry to enhance the Department's ability to better serve Veterans, support unmet needs, and assist our constituents in living a longer, healthier more fulfilled life. VSOs also play an active and effective role in advocating for Veterans both here in Washington DC and locally across this country to ensure that their voices are heard from city hall to the Senate floor. Therefore, it is crucial for VA and VSOs to align their efforts and work together toward the shared goal of supporting Veterans, filling in

the gaps, and meeting the Veteran where they are, rather than approaching each other as adversaries. While VA recognizes that VSOs may have their own distinct interests that do not always fully align with those of the Department, taking an adversarial stance only impedes progress and ultimately harms Veterans. VA is committed to maintaining transparency with VSOs, addressing their concerns, and improving performance through ongoing outreach and open communication.

Student Veterans

Question 34: How is the VA evolving its transition programs to better support the diverse needs of student Veterans, particularly those balancing school, work, and family responsibilities?

VA Response: VA continuously reviews and refines both the content and its delivery methods to ensure VA's transition programs remain responsive to the evolving needs of students. As part of the Department of Defense's Transition Assistance Program (TAP), the VA TAP curriculum is all encompassing course content available to transitioning Service members both in-person, and virtually, designed to ensure that Service members are adequately informed of all the benefits and services available to them, including education benefits and employment resources.

For example, the mandatory VA Benefits and Services course provides a comprehensive overview of the Veterans Readiness and Employment (VR&E) program to include eligibility, VetSuccess on Campus, Veterans Readiness Counselors roles, types of assistance, and support to include the different tracks (reemployment, rapid access to employment, self-employment, employment through long-term services, independent living) that Service members need to be aware of as they look to balance school, work and family. Additionally, the VA Education Benefits Military Life Cycle Module provides an overview of VA education benefits and enables VA to connect with Service members well before transition so they can get an early understanding of their benefits and plan for their futures.

Lastly, the VR&E program provides access to transitioning wounded and ill Service members through the Integrated Disability Evaluation System. VA and the DoD work together to provide a warm hand off to make the disability evaluation seamless and provide the Service member support and early access to VR&E services to improve the likelihood of a successful transition.

Question 35: What is VA doing to address key barriers to student Veteran success, such as access to affordable child care, housing, and food security, and how are these efforts being coordinated with campuses and community partners?

VA Response: VA addresses barriers to student Veteran success through programs such as VA's Personalized Career Planning and Guidance (PCPG) Program. This program is designed to support the unique needs and goals of student Veterans and addresses key barriers to success through initiative implementation and strategic partnership formation with campuses and community organizations. PCPG offers

education and career guidance, planning, and resources (that is, child care) that empower individuals to reach their educational or career goals. Services include a range of valuable benefits to include career choice assistance, educational and employment plans, academic and adjustment counseling, VA benefits coaching, resume writing, and interview skills. Additionally, the Veteran Readiness and Employment (VR&E) program provides individualized services to Veterans with service-connected disabilities. For example, a case manager may, in limited instances, authorize assistance for a Veteran's child care if the case manager determines that child care is necessary.

The VR&E VetSuccess on Campus (VSOC) program also partners with schools and can direct Veterans to other community wrap around resources that may be available and make referrals to other VA benefits and services. VSOC is currently available on 104 campuses around the country.

Question 36: Would you support the creation of a standalone Veterans Economic Opportunity and Transition Administration, and how might it strengthen outcomes for Veterans pursuing higher education and meaningful careers?

VA Response: VA does not support the creation of a standalone Veterans Economic Opportunity and Transition Administration. The Education, Loan Guaranty, VR&E, and OTED programs are part of an integrated suite of interdependent services and benefits that also includes compensation, pension, and insurance programs. Together, they form a suite of benefit-related resources that Veterans can rely on. Keeping all programs aligned under the Under Secretary for Benefits allows for focused accountability and comprehensive improvements to these benefits.

To support such robust and complex operations, numerous enabling staff offices are necessary, such as finance, human resources, facilities, production optimization, outreach and engagement, field operations, business process integration, strategic program management, performance analyses, communications, and executive review. These enabling organizations would have to be recreated within the new administration in order to effectively operate, requiring additional executive leadership and replicated structures. The addition of another administration would increase the leadership oversight for programs that are currently in place, contrary to the modernization efforts that are underway, would replicate existing VBA structures, increase costs, and decrease efficiency.

Reproductive Health Care

Question 37: In this moment when Veterans and their loved ones face numerous barriers to health care, VA should be expanding access to care-including abortion care and counseling-rather than taking it away. Under your leadership, will you commit to preserving access to comprehensive reproductive health care?

VA Response: VA is committed to putting Veterans and VA beneficiaries first, ensuring that those who have earned world-class care receive it. This includes supporting women Veterans before, during and after pregnancy and throughout the lifespan with seamless and integrated health care and services (such as, gynecological care, infertility services,

and maternity care coordination). Prior to the Biden Administration's politically motivated change in 2022, Federal law and longstanding precedent across Democrat and Republican administrations prevented VA from providing abortions and abortion counseling.

VA must comply with the Department of Justice Office of Legal Counsel Opinion dated December 18, 2025, by reinstating the full exclusion on abortions and abortion counseling, which had been removed in 2022. VA is also reinstating the exclusions on abortion and abortion counseling for Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), which also had been removed in 2022. VA will no longer provide abortion or abortion counseling. VA's regulations at 38 CFR 17.38 and 17.272 will be amended accordingly. Life-saving services may be provided under the medical benefits package under 38 CFR 17.38 and may be provided to CHAMPVA beneficiaries within the restrictions of 38 CFR 17.272.

Transgender Care

Question 38: What data and stakeholder input did VA use in deciding to rescind Regulation 1341, and what assessments were conducted on the potential impact of this decision on suicide rates among high-risk groups, including LGBTQ+, women, and minority Veterans? Is the department planning further cuts to LGBTQ+ health programs?

VA Response: VA affirms its commitment to providing respectful and dignified care to all Veterans. VA published [VHA Notice 2025-01\(1\)](#) on March 17, 2025. VHA Notice 2025-01(1) rescinded VHA Directive 1341, Providing Health Care for Transgender and Intersex Veterans, to comply with Executive Order 14168, which changed the parameters under which VA provides certain medical, supportive, or surgical therapy for the treatment of gender dysphoria. Veterans affected by this change are still offered comprehensive medically indicated care, including specialty, primary, and mental health care in accordance with the medical benefits package. VA continues to monitor trends in suicidal ideation among high-risk groups and to prioritize suicide prevention interventions.

DEI Impacts

Question 39: What impact analysis, if any, has VA conducted regarding the removal of DEI-focused programming from its systems, and how does the Department plan to ensure culturally competent mental health care for historically underserved Veteran communities in the absence of formal DEI structures?

VA Response: VA is following Executive Order 14151 of January 20, 2025, "Ending Radical and Wasteful Government DEI Programs and Preferencing," and is adhering to Federal guidance.

In terms of mental health care, VHA is the national leader in training psychologists and currently has 711 funded psychology internship positions in 125 internship programs located across all 50 states, the District of Columbia and Puerto Rico. All VA

psychologists are required to complete an internship accredited by the American Psychological Association (APA).

Question 40: What steps is the VA taking to rebuild trust with minority Veterans who feel alienated or devalued by recent administrative actions, and how is the Department measuring success in engaging these communities going forward?

VA Response: VA supports minority Veterans through the Center for Minority Veterans (CMV), established under the Veterans Benefits Improvement Act of 1994 (P.L. 103-446). For over 30 years, the CMV has advised the VA Secretary on policies and programs affecting minority Veterans and has improved minority Veteran access through outreach and engagement. This demonstrates VA's long-standing commitment to advocating for the minority Veteran community.

Dependency and Indemnity Compensation Claims

Question 41: VA's tracking of important survivor metrics such as age, gender, and era of service has provided valuable insights. We understand that "cause of death" is not currently among the data points collected. Would the VA consider adding "cause of death" to this dataset in the future? This information could greatly inform and enhance support services tailored to survivors, especially those grieving losses due to suicide, illness, or training accidents.

VA Response: Yes, VA will consider and evaluate the feasibility of adding "cause of death" data to Veteran metrics. The VA Chief Data Officer (CDO) will coordinate with the CDO of the Center for Disease Control (CDC) to explore a potential data sharing agreement for the official cause of death stored within CDC's National Death Index.

Question 42: We understand that an estimated 17 Veterans die by suicide each day, and we often hear from surviving families that their initial Dependency and Indemnity Compensation claims following a suicide are denied. Could you share what percentage of suicide-related DIC claims are initially denied? Additionally, is there consideration within the VA for recognizing certain suicides, when linked to service-connected conditions, as presumptive causes of death, similar to how other conditions are addressed under current policy?

VA Response: Currently "manner of death" is not an extractable data point that is captured in VA systems. VA is working to enhance the Veterans Benefits Management System to capture cause of death when a death certificate is provided to VA. Currently, identifying the cause of death as it relates to service connection requires manual review through the claims file. VA identifies that only Congress has authority to designate medical conditions as being a presumptive for service connection.

Question 43: We understand that early estimates identified up to 382,000 potentially eligible survivors, though this figure included a wide range of causes of death. Since the PACT Act was enacted, over 35,000 survivors have applied for related benefits. Based on the VA's most recent data and learnings over the past three years, is there an updated estimate of how many survivors are likely eligible today?

VA Response: The Veterans Benefits Administration is collaborating with its Veterans Experience Office to identify and provide outreach to “unaffiliated” survivors (that is, those who are not in VA records). Outreach to this population will help VA engage with survivors who may be qualified for benefits but not aware they are eligible. There is currently no updated projection of survivor eligibility.

Questions for the Record from Senator Ruben Gallego:

Question 1: You have said you will eliminate over 80,000 positions at the VA. There is no way that this massive wave of firings won't dramatically impact Veterans' access to care, including mental health care.

1a. What will it take for you and the Trump administration to reverse these firings? Will it take Veterans losing access to health care and potentially dying by suicide?

VA Response: VA followed industry standard by first offering voluntary force realignment options. Consequently, VA has announced that it has achieved desired efficiencies for FY 2025. As the agency has released, we will continue to review how we do business, to ensure we effectively provide services and benefits to Veterans and their families while also efficiently using taxpayer dollars. The concepts that we must be judicious stewards of taxpayer resources and effectively deliver on our promise to Veterans are not mutually exclusive.

1b. You yourself in your nomination hearing called suicide prevention a deep personal priority for you. Will you commit to ensuring that VA mental health providers are not among those fired?

VA Response: No staff have been fired as part of a RIF. VA has no plans for a large-scale RIF going forward. Mental health positions have been and remain exempt from any hiring freeze.

Question 2: The VA previously stated that positions which provide services to Veterans were exempt from the Trump Administration's reduction in workforce orders. This has proven to simply not be true. I have heard from providers at Phoenix VA who lost their jobs due to their contracts being cancelled without explanation. This is directly hurting Veterans.

2a. Can you explain why the Trump Administration is violating its own directive to not fire direct providers?

VA Response: This is false and another example of rumors being spread about the Department. I agree there is a need to staff our mission-essential positions such as doctors and nurses—including at the VA Phoenix Health Care System (HCS)—which is why VA continues to recruit and hire for critical positions in primary care, mental health, radiology, and many others. The leaked, pre-decisional data and memoranda, to include information that suggests a flat 15% cut at Phoenix, is harmful rumor and innuendo meant to scare Veterans. Again, to be very clear, while we had been considering a Department-wide RIF to reduce staff levels by up to 15%, VA employee reductions

through the Federal hiring freeze, deferred resignations, retirements, and normal attrition have eliminated the need for a large-scale RIF.

2b. Can you commit today to rehiring these providers?

VA Response: The Phoenix VA Medical Center had 11 fee-basis C&P personnel for exams. These 11 personnel were evaluators and were not providing direct care to Veterans. By making this transition, we aim to improve efficiency and optimize resource allocation for direct patient care while ensuring continued administrative compensation and pension exams through VBA. Prior to making this change, we reviewed the capacity of contracted C&P examiners to ensure Veterans would not be impacted.

2c. The Trump Administration has told the Phoenix VA Medical Center to identify 15% of their staff to lay off. The idea that a Medical Center can eliminate 15% of its staff and there be no impact on Veterans' care is nonsensical. It's also disrespectful to all of those working at VA facilities to ensure our Veterans get the care they deserve.

Will you commit to reversing this dangerous course President Trump has set the VA on?

VA Response: The leaked, pre-decisional data and memoranda, to include information that suggests a flat 15% cut at Phoenix, is harmful rumor and innuendo meant to scare Veterans. There is a need to staff our mission-essential positions such as doctors and nurses—including at the VA Phoenix HCS—which is why VA continues to recruit and hire for critical positions in primary care, mental health, radiology, and many others. Again, to be very clear, while we had been considering a Department-wide RIF to reduce staff levels by up to 15%, VA employee reductions through the Federal hiring freeze, deferred resignations, retirements, and normal attrition have eliminated the need for a large-scale RIF.

Question 3: In your confirmation hearing, you told me that the nearly 40,000 Veterans experiencing homelessness is "not satisfactory". However, your reckless decision to end the Veterans Affairs Servicing Purchase Program leaves tens of thousands of Veterans at risk of foreclosure. Under this directive, and without a replacement program, 80,000 Veterans at-risk of default are vulnerable to losing their homes.

Loans backed by Fannie Mae, Freddie Mac, and FHA all have low-interest rate loan modification or partial claim programs for homeowners, but as of May 1st, the VA has no such options for our Veterans. What is your plan and timeline to enact a program to help Veterans who have fallen behind on their mortgages?

VA Response: VA continues to work with servicers to provide a suite of home retention options, including forbearance, repayment plans, and modifications, and alternatives to foreclosure such as a short sale and deed in lieu of foreclosure. VA will continue to help Veterans, much as it did to assist over 935,000 Veterans retain their homes or avoid foreclosure in the 6 years immediately preceding VASP's launch.

On July 30, 2025, the President signed into law the VA Home Loan Program Reform Act of 2025 (the Act), which includes important statutory changes to the VA home loan guaranty program to assist distressed Veteran borrowers stay in their homes.

Specifically, the Act requires VA to establish the Partial Claim Program under which VA may purchase a portion of a Veteran's indebtedness on a VA-guaranteed loan (generally up to 25% of the unpaid principal balance) that is in default or at imminent risk of default. The Act also requires VA to establish loss mitigation procedures to help prevent the foreclosure of a VA-guaranteed home loan and helps ensure servicers provide Veterans with a consistent approach in avoiding foreclosure. Finally, the Act prevents VA from becoming a costly loan restructuring service, as it limits VA's authority to buy guaranteed loans in full. VA is working to implement these statutory changes to assist Veteran borrowers.

**Department of Veterans Affairs
January 2026**

Attachment for VA Response

VETERANS AFFAIRS PROCUREMENT SENSITIVE

CONTRACT NUMBER	ADMINISTRATOR	CONTRACT TITLE	NAICS CODE	SUM OF NEW BASE AND ALL OPTIONS	TERMINATION DATE
36C10X20N0139	VA	VA Healthcare Transformation Support Services	541611	\$ 21,006,835,144.64	3/4/2025
36C10X24N0062	VHA	VA Healthcare Transformation Consulting Services	541611	\$ 66,084,384.60	3/4/2025
36C24424N0724	VHA	Graphic design services for Wilkes Barre VAMC	541611	\$ 54,000.00	3/14/2025
36C24425N0277	VHA	Fuel polishing services at Philadelphia VA Medical Center	541620	\$ 32,971.20	12/11/2024
36C24E23P0132	VHA	Research consulting for LIMBIC Neuroimaging Core	541690	\$ 127,750.00	3/12/2025
36C26124P0366	VHA	CARE Consultant Services for Polytrauma Programs	541611	\$ 154,842.00	12/6/2024
36C10G21N0018	VHA	VA Program Support Services and Management Consulting	541611	\$ 7,640,800,988.99	4/9/2025
36C10G23C0004	VHA	Dental and Medical Benchmark Data Services	541611	\$ 22,121,355.00	4/10/2025
36C10X24C0021	VA	VA Program Management Consulting Services Contract	541611	\$ 9,976,000.00	3/4/2025
36C25020F1191	VHA	Industrial Hygiene Services for Chillicothe VA Medical Center	541620	\$ 10,465,913.64	3/5/2025
36C25023C0010	VHA	Legionella testing services at Wade Park VAMC	541618	\$ 315,851.84	5/2/2025
36C25223N0590	VHA	Patient Satisfaction Survey Services at Jesse Brown VA	541611	\$ 474,811.55	9/26/2023
36C26024N0429	VA	Construction Management and Environmental Compliance Services	541611	\$ 507,662,475.57	3/28/2025
36C26921F0472	VHA	Acquisition support services by Stafford Consulting Company	541611	\$ 441,659.04	3/28/2025
36C26124P1434	VHA	Site Consultant Services by Daniel Consulting	541611	\$ 180,000.00	1/22/2025
36C77622P0084	VHA	Lease budget model maintenance and updates	541611	\$ 1,145,416.50	2/25/2025
36C10X23F0086	VHA	Healthcare Transformation Consulting Services	541611	\$ 67,976,772.27	3/4/2025
36C10X22N0154	VA	Healthcare Transformation Project Management Services	541611	\$ 297,467,044.42	3/4/2025
36C10X23F0096	VA	Healthcare Audits and Advisory Services by GENTECH	541611	\$ 30,527,696.10	9/26/2023
36C10X23N0152	VA	Patient Safety Virtual University Support for VA	541611	\$ 5,893,527.12	3/4/2025
36C10X24C0025	VA	Systems Safety and Instructional Design Support	541611	\$ 34,802,569.60	3/4/2025
36C10X24F0069	VA	VA Acquisition Workforce Training Services	541611	\$ 3,772,230.00	2/25/2025
36C24624N0653	VHA	Medical Coding Services for VA Facilities	541611	\$ 14,153,656.44	3/31/2025
36C24E24N0216	VHA	Acquisition Support Services by Pathfinder Consultants	541611	\$ 1,998,920.00	9/21/2024
36C25623P0493	VHA	Statistical Support Services by ADSURGO LLC	541690	\$ 1,862,954.55	3/4/2025
36C25821F0048	VHA	ISO 9001 Certification and Maintenance Services	541611	\$ 744,573.96	6/22/2023
36C26221N0624	VHA	ORSI Registration Training by ResearchTalk, Inc.	541690	\$ 36,570.00	11/29/2021
36C26224F0475	VHA	Assessment and Reporting Services for VA Clinics	541611	\$ 18,416,242.26	3/26/2025
36C26322C0084	VHA	Consulting services for health research and evaluation	541611	\$ 370,500.00	3/10/2025
36C26323P0419	VHA	Patient simulators and medical training services	541611	\$ 1,426,815.00	3/27/2025
36C10X21N0153	VA	VA Healthcare Transformation Consulting Services	541611	\$ 743,671,388.36	3/4/2025
36C10X23F0027	VA	IV&V Services for Medical Disability Examination	541611	\$ 19,424,563.20	3/4/2025

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36C10X23F0093	VA	Supply Technicians and Logistics Services by CALADWICH	541614	\$	17,951,866.08	3/4/2025
36C24E2P0144	VHA	Biosafety Research Project Review and Inspections	541690	\$	842,955.03	1/22/2025
36C25223R0806	VHA	ACM Monitoring and Testing Environmental Services	541620	\$	-	3/5/2025
36C26223C0068	VHA	Press Ganey NDNQI Membership Subscription Services	541611	\$	207,353.30	3/4/2025
36C26224P2070	VHA	Bioinformatics services for Agent Orange research project	541690	\$	28,000.00	3/26/2025
36C77625P0004	VHA	Program support services by Veterans Management Services, Inc.	541611	\$	6,326,010.72	2/3/2025
36C10F23F0026	VA	Due Diligence Services for HUDSON FL VHA	541611	\$	1,892,023.22	4/14/2025
36C10X22N0172	VA	VA Healthcare Transformation Consulting Services	541611	\$	39,301,451.52	3/4/2025
36C10X22N0202	VA	VA Healthcare Transformation Executive Admin Support	541611	\$	59,158,164.00	3/4/2025
36C10X24N0193	VA	Consulting Services for VA Administrative Management	541611	\$	738,024,585.10	3/4/2025
36C24124P0913	VHA	Qualitative Research Training Services by ResearchTalk, Inc.	541690	\$	75,825.00	3/10/2025
36C24624P1993	VHA	Third Party Commissioning Services for Franklin CBOC	541690	\$	16,569.00	4/3/2025
36C24625P0150	VHA	Environmental consulting services for programmatic agreement	541620	\$	-	3/5/2025
36C25024P0162	VHA	Chemical Management Program and License Fees	541690	\$	30,000.00	4/23/2025
36C25622E0199	VHA	Wall to Wall Inventory Services by CALADWICH CONSULTING	541614	\$	11,394,995.20	3/17/2025
36C26124C0041	VHA	Consulting and educational services for VA facilities	541611	\$	894,870.00	1/23/2024
36C26222P1325	VHA	Building evacuation planning and training for VA	541611	\$	1,741,514.00	3/5/2025
36C26225C0116	VHA	Inspection and setup services for VA in Laguna Hills, California	541620	\$	863,430.00	3/21/2025
36C10F24A0003	VA	Claims consulting services by Summit Federal	541330	\$	-	9/30/2024
36C10F24N0033	VA	NRHP Nomination Revisions for Historic Sites	541620	\$	399,367.76	3/18/2025
36C10X23F0072	VA	Rehabilitation surveys and reports for VA programs	541611	\$	16,459,831.92	4/1/2025
36C24222P1360	VHA	Food Service Consulting for Syracuse VAMC	541611	\$	282,335.69	3/11/2025
36C24425C0004	VHA	Accreditation readiness reviews for VA medical centers	541611	\$	-	3/14/2025
36C24E24N0213	VHA	Acquisition Support Services by Pathfinder Consultants	541611	\$	5,216,016.00	9/21/2024
36C25525N0022	VHA	Switchboard Operator Services for KC VAMC	541611	\$	2,769,663.00	10/1/2024
36C26224C0297	VHA	Consulting Services for Scientific and Management Training	541690	\$	9,290.00	3/4/2025
36C26225C0066	VHA	Ventilation Equipment Inspection and Testing Services	541690	\$	60,300.00	3/4/2025
36C77624C0048	VHA	Nursing Workforce Services and Project Management Support	541611	\$	661,342,402.08	3/5/2025
36C77624N0892	NCA	508 Document Remediation Services by Schatz Publishing Group	518210	\$	898,976.52	2/27/2025
36C10X21N0150	VA	VA Healthcare Transformation Consulting Services	541611	\$	91,179,201.68	3/4/2025
36C10X23F0089	VA	Consulting Services for Marketing and Events	541611	\$	242,168,640.00	2/25/2025
36C10X23N0193	VA	Consulting Services by Meraki Communications Group	541611	\$	-	2/10/2025
36C24624N0210	VHA	VA Pharmacy Testing and Competency Observations	325412	\$	1,927,307.20	12/1/2023
36C24625N0199	VHA	VISN 9 Wall to Wall Inventory Services 2025	561990	\$	3,000.00	10/31/2024
36C25025P0370	VHA	Tele-town hall meetings for VA Northeast Ohio	541618	\$	1,750.00	3/6/2025

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36C25923P1131	VHA	Training and Coaching for Veteran Engagement Groups	541611	\$	6,585,548.80	4/15/2025
36C26122P1576	VHA	Respirator Training and Fit Testing Services	541680	\$	2,776,310.10	3/12/2025
36C10X20F0040	VA	Payment resolution services for Waco Financial Services Center	541611	\$	127,537,646.85	5/2/2025
36C10X20N0105	VA	Strategic Communications and Branding Services	541611	\$	1,062,245,976.96	2/25/2025
36C10X23F0036	VA	IV&V Services for Medical Disability Examination Program	541611	\$	543,941.76	3/4/2025
36C24124N9777	VHA	Industrial Hygienist Services for VAMC Renovation	541620	\$	26,000.00	7/11/2024
36C24520C0105	VA	National Academies of Science Health Education Forum	541680	\$	675,000.00	3/5/2025
36C26124N0331	VHA	Fresno Coding Services by Maxim Healthcare	541611	\$	16,337,630.40	12/27/2024
36C77624N0843	VHA	Support for Event Set Hierarchy Repair and Optimization	541680	\$	8,181,108.00	3/5/2025
36C77625P0006	VHA	Health Informatics Services for VHA	541611	\$	2,198,840.00	4/4/2025
36C10F24N0045	VA	VAMC Poplar Bluff land survey and title services	541611	\$	37,400.00	3/5/2025
36C10X23N0076	VA	VA Healthcare Transformation Support Services	541611	\$	25,989,821.30	3/4/2025
36C10X23N0125	VA	VA Program Management and Acquisition Services	541611	\$	46,525,868.32	3/4/2025
36C24424N0271	VHA	Fuel polishing and testing services for VA centers	541620	\$	182,876.20	4/1/2025
36C24523N0595	VHA	Environmental consulting services for Martinsburg facility	541620	\$	1,078,119.37	9/25/2024
36C24823N0735	VHA	Flat roof survey and cleaning services	541680	\$	157,987.00	2/27/2025
36C77624N0396	VHA	Acquisition and project management services for Louisville Medical Center	541614	\$	42,437,654.00	4/15/2025
36C10X22P0102	VA	OSSI Program Management Support Services by Omni Consulting	541611	\$	387,127,756.62	3/4/2025
36C10X21N0160	VA	Workforce Management and Consulting HR Modernization	541611	\$	242,712,181.20	3/4/2025
36C10X24N0172	VA	Consulting services for budget and data management	541611	\$	104,404,272.00	3/4/2025
36C10X24N0172	VA	Managed Settlements Support by Metrics LLC	541611	\$	343,811.52	3/4/2025
36C24424N1053	VHA	VAPHIS Construction Management and ID Services	541611	\$	863,219.00	4/4/2025
36C77623N1240	VHA	Program support services for PSAI and RPO-C	541611	\$	1,504,434.08	2/24/2025
36C77624N0837	VHA	Energy and Fleet Program Services by TAURIAN CONSULTING	541611	\$	8,920,701.92	2/25/2025
36C77625P0018	VHA	Pre-planning services for El Paso VA Medical Facility	541614	\$	1,251,843.20	12/10/2024
36C10X21N0060	VA	Women's Health Program Management Services	541611	\$	3,969,348,506.76	3/10/2025
36C24724N0673	VHA	Patient Satisfaction Survey for VA facilities	541611	\$	823,191,712.40	3/4/2025
36C24E24N0215	VHA	Acquisition Support Services by Pathfinder Consultants	541611	\$	964,912.00	9/21/2024
36C24E25P0013	VHA	Peer review professional services in Boston, Massachusetts	541680	\$	(21,673.00)	4/30/2025
36C25624C0091	VHA	CAST IRON STUDY for VA Medical Centers	541680	\$	25,563,045.76	4/22/2025
36C77624P0075	VHA	White City Activation Project Management and Support Services	541614	\$	1,941,939.84	3/25/2025
36C77625N0046	VHA	Data quality consulting for VA real property program	541611	\$	903,722.40	2/25/2025
36C10E20P0271	VHA	VBA LQY Regulatory Drafting and Impact Analysis Services	541611	\$	225,533,297.63	2/25/2025
36C10X23N0142	VA	VA Healthcare Transformation Consulting Services	541611	\$	114,770,913.60	3/4/2025

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36C10X23N0161	VA	VA Health Informatics Consulting Services	541611	\$	1,017,724,325.10	3/4/2025
36C10X23N0185	VA	Administrative management consulting services for VA	541611	\$	-	3/12/2025
36C10X23N0190	VA	Vector Program Administrative Management Consulting Services	541611	\$	-	2/18/2025
36C10X23P0107	VA	VED EX Support Services for Management Consulting	541611	\$	148,973,139.60	11/30/2023
36C24E24P0382	VHA	Boiler and Chiller Treatment for Lebanon and Coatesville	541620	\$	21,131,828.50	5/2/2025
36C24E24N0220	VHA	Independent review panel for species implementation services	541690	\$	670,593.68	9/5/2024
36C25E23P1160	VHA	Long Term Care Mock Survey Service	541611	\$	336,000.00	3/4/2025
36C25E22C0047	VHA	Patient Survey Services for VA Facilities	541611	\$	37,987,185.50	3/25/2025
36C77624N0540	VHA	Indianapolis Feasibility Study by The Craddock Group	541611	\$	24,755,054.87	2/25/2025
36C10X23N0141	VA	VA Healthcare Transformation Consulting Services	541611	\$	20,509,866.60	2/25/2025
36C24E24P0383	VHA	Data Scientist Services for VA Health R&D	541690	\$	1,475,072.88	2/25/2025
36C24E24N0288	VHA	Professional development services for VA leaders	541611	\$	4,466,469.44	3/11/2025
36C24E24N0218	VHA	Medical Coding Services at Perry Point and Baltimore VAMC	541611	\$	9,459,701.00	3/4/2025
36C24E24N0176	VHA	Space Management Services and Software Licenses	541611	\$	6,509,118.59	3/26/2025
36C24E24P0869	VHA	Research symposium support and training for VA researchers	541618	\$	200,000.00	4/3/2025
36C25E22C0006	VHA	Acquisition support services by Pathfinder Consultants, LLC	541611	\$	1,960,608.00	9/24/2024
36C26024P0869	VHA	Clinical Microbiologist Services for Clement J. Zablocki VAMC	541690	\$	6,266,592.00	4/17/2025
36C26123P0004	VHA	MALDI Biotyper Maintenance Service Agreement	541690	\$	77,100.00	3/17/2025
36C26E24N0136	VHA	Team Development and Facilitation for Rehabilitation Services	541611	\$	1,563,600.00	10/1/2024
36C77624N0294	VHA	Coding services for inpatient and outpatient encounters	541611	\$	1,577,048.96	12/11/2024
36C77624P0087	VHA	VA Energy and Water Management Handbook Development	541611	\$	1,991,547.04	4/22/2025
36C10D21F0015	VA	Budget submission compliance services for FY2025 and FY2026	541611	\$	60,231.60	3/5/2025
36C10X24F0103	VA	EDU Outcome Measures Task Order	541611	\$	2,231,172,481.98	2/20/2025
36C10X24N0117	VA	CVO Services for Non-Community Care Network Providers	541611	\$	1,197,125.00	2/25/2025
36C24E20P1847	VHA	Help Desk Services for VA Pension & Fiduciary	541611	\$	138,510.80	2/25/2025
36C25E22N0151	VHA	Life Safety Barriers Assessment at VA Caribbean Healthcare	541611	\$	1,938,227.60	6/18/2024
36C25E20C0030	VHA	Patient Satisfaction Survey Service for Madison VA Hospital	541611	\$	389,760.30	11/30/2022
36C26E24N0416	VHA	Sourcing for Digital Health Innovation at STL VAMC	541618	\$	180,000.00	4/1/2021
36C26E24P2237	VHA	Acquisition support services and training for VA	541611	\$	2,919,545.01	3/26/2025
36C77623P0093	VHA	Consultation for Continuous Glucose Monitoring Design	541690	\$	8,125.00	3/11/2025
36C10X20P0073	VHA	VISN 16 UESC Project Facilitator Support Services	541690	\$	784,728.00	2/25/2025
36C24E24N0425	VHA	Curriculum Development Support for VAAA Program Management School	541611	\$	465,312,303.83	2/25/2025
36C24E24P0026	VHA	Fuel polishing and testing at Philadelphia VA Medical Center	541620	\$	34,523.20	2/21/2024
36C24E24N0431	VHA	EAP services for Charleston VAMC	541612	\$	645,092.88	4/8/2025
36C26E24N0431	VA	Acquisition support services by Stafford Consulting Company	541611	\$	1,112,429.54	3/26/2025

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36C10F24N0008	VA	Environmental assessments at Fort Scott by Anderson Engineering	541330	\$	376,713.90	3/4/2025
36C10G32F0020	VA	Outward Mindset Training and Coaching Services	541611	\$	3,028,775.64	3/17/2025
36C10X24N0070	VA	Consulting services for VA project management and assessments	541611	\$	3,147,529.50	2/16/2024
36C24624C0133	VHA	Data abstraction services for VA administrative management	541611	\$	3,866,661.60	3/11/2025
36C24525F0203	VHA	Medical Research Services by University of Maryland	541611	\$	927,777.00	4/10/2025
36C25T20C0090	VHA	Sterile Compounding Compliance Quality Management Services	541620	\$	500,528.00	3/4/2025
36C26225F0441	VHA	NDNI Nursing Membership Subscription for VA	541611	\$	11,053.96	3/6/2025
36C77623N0815	VHA	Terminology Standards Support Services by J. P. Systems	541690	\$	50,940,539.76	3/5/2025
36C77624F0015	VHA	Acquisition Support Services for NCO and PCAC	541611	\$	100,710,550.72	3/24/2025
36C77624N0056	VHA	SCIP Process Support Services for VA	541611	\$	44,039,457.99	4/25/2025
36C77624N0926	VHA	Clinical Decision Support Services for Section 508 Compliance	541611	\$	-	4/9/2025
36C78625N0263	NCA	Document Remediation Services by Schatz Publishing Group	518210	\$	454,784.00	3/11/2025
36C10X21N0182	VA	Technical writing support for GAO OIG program	541611	\$	22,410,960.00	3/4/2025
36C10X24C0039	VA	Lean-Agile Coaching and Implementation Program	541611	\$	60,858,096.56	3/4/2025
36C10X24F0101	VA	Marketing and Outreach Support Services for VA	541611	\$	7,154,190.00	2/25/2025
36C10X24N0137	VA	Healthcare transformation consulting services for VA	541611	\$	3,091,950.48	4/24/2025
36C26323P0907	VHA	Consulting services for PPROPS and CPRP programs	541611	\$	9,704,176.16	3/4/2025
36C10D23F0023	VHA	Schwartz Center Membership for VA Services	541611	\$	35,940.00	8/21/2024
36C10X20P0038	VA	Consulting services for VR&E project management support	541611	\$	31,981,704.24	3/13/2025
36C10X22N0195	VA	VA Acquisition Academy Operational Support Services	541611	\$	12,296,616.48	2/25/2025
36C24424N0644	VHA	VA Clinical Services and Digital Media Support	541611	\$	24,712,267.84	3/4/2025
36C24E24N0174	VHA	Accreditation readiness reviews for VISN 04 facilities	541611	\$	340,750.00	3/14/2025
36C25924C0078	VHA	Medical Supply Prime Vendor Liaison Services	541611	\$	-	4/7/2025
36C26124P0773	VHA	Research Symposium Support for Learning Health Systems	541618	\$	269,500.00	3/20/2025
36C26324P0007	VHA	Joint Commission accreditation consultation services	541618	\$	100,500.00	3/13/2024
36C10D23F0030	VHA	Brady Lockout Tagout Procedures for Fire Safety	541690	\$	110,000.00	4/15/2025
36C10F23F0016	VHA	Institutional Review Board services by University of South Dakota	541614	\$	572,647,485.25	4/8/2025
36C10X21N0025	VHA	Digital Modernization Support Services for VA	541611	\$	1,719,698.40	4/11/2025
36C10X22N0067	VHA	Annual workplace evaluations and security assessments	541690	\$	258,469.38	3/5/2025
36C10X23N0057	VHA	Consulting and Survey Services by Concourse Federal Group	541611	\$	4,021,088,136.39	9/17/2024
36C10X22N0128	VHA	VHA Policy Transformation and Management Services	541611	\$	3,747,750.60	3/4/2025
36C10X23N0057	VHA	COMPACT Act Project Management Support Services	541611	\$	206,658,959.30	3/4/2025
36C24423P0547	VHA	Healthcare Transformation Services by RB Management Consultants	541611	\$	18,532,838.05	3/4/2025
		Healthcare transformation consulting and support services				
		Fuel Polishing Services for VA Healing Oil Tanks	541620	\$	668,971.80	5/28/2024

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36C2525R0140	VHA	Joint Commission Mock Survey for VA Medical Centers	541611	\$	-	3/6/2025
36C26024N0292	VHA	Supply Technicians for Portland VAMC	541611	\$	1,529,137.20	4/21/2025
36C26225R0485	VHA	NDNQI Nursing Membership Subscription by Press Ganey	541611	\$	7,675.31	3/6/2025
36C77624N0823	VHA	Energy and climate program services for VA	541611	\$	1,278,631.20	2/25/2025
36C710D21F0011	VHA	PMR Services and Program Management Consulting	541611	\$	204,210,915.00	4/29/2025
36C10F23F0038	VA	Due Diligence Services in Madison, WI	541611	\$	2,780,184.00	3/5/2025
36C10X22N0208	VA	Healthcare transformation consulting services for VA	541611	\$	88,701,831.60	3/4/2025
36C10X24N0181	VA	Help Desk Services for VBA's VR&E	541611	\$	67,213.08	9/17/2024
36C24524N0610	VHA	Environmental consulting services for Martinsburg	541620	\$	734,234.75	5/31/2024
36C24524N0611	VHA	Environmental consulting services for Martinsburg	541620	\$	432,667.68	5/30/2024
36C24524N0696	VHA	Temporary Supply Technicians for VA Logistics Support	541611	\$	573,335.72	4/24/2025
36C77624N0300	VHA	Acquisition Utilization Specialists for NCO support services	541611	\$	31,232,520.00	2/29/2024
36C10X22C0010	VA	Logistics and Supply Chain Support Services	541611	\$	289,970,924.60	8/30/2024
36C10X23C0064	VA	INET Accelerator Program Support and Training Services	541611	\$	96,046,470.00	2/25/2025
36C10X24N0225	VA	Consulting Services for VA System Access	541611	\$	1,743,331.25	3/4/2025
36C10X24N0236	VA	VA Strategic Communications and Management Services	541611	\$	51,995,065.00	3/4/2025
36C24525N0265	VHA	VA Strategic Communications and Management Services	541611	\$	16,463.04	4/24/2025
36C10D22F0019	VHA	Joint Commission Mock Survey Services for VA	541611	\$	1,577,184,363.90	2/25/2025
36C10X21N0097	VA	LGY Staffing Support Services by Dynamic Integrated Services	541611	\$	343,572,314.82	6/10/2024
36C10X23N0189	VA	Training support and curriculum development services	541611	\$	-	2/10/2025
36C10X24F0020	VA	Administrative management consulting for Vector Program	541611	\$	596,629,528.55	3/4/2025
36C24224F0118	VHA	PFSO Service Support and Consulting Services	541611	\$	3,969,484.40	2/25/2025
36C24424N1140	VHA	Power BI Reporting and Analytics Services Contract	541611	\$	267,203.56	3/14/2025
36C24624P1858	VHA	Engineering support services for VA staffing needs	541620	\$	285,800.00	4/7/2025
36C24624P1858	VHA	Fuel testing and additives for Boiler Plant tanks	541620	\$	285,800.00	4/7/2025
36C24E24N0214	VHA	Acquisition support services by Pathfinder Consultants, LLC	541611	\$	3,962,400.00	9/24/2024
36C25222N0156	VHA	Patient Satisfaction Survey Service at Madison VA Hospital	541611	\$	4,159,543.70	12/4/2023
36C25221N0572	VHA	Medical Coding and Auditing Services for VA	541611	\$	7,603,717.22	3/18/2025
36C26021P1203	VHA	Ergonomical Assessment Services for Seattle VAMC	541690	\$	-	3/12/2025
36C26024N0415	VA	Acquisition Support Services and Training for VA	541611	\$	3,739,899.36	3/26/2025
36C26322C0058	VHA	Research contract for Iowa City VA primary care services	541611	\$	276,164.40	3/11/2025
36C77021N0226	VHA	Integration services for TCA unit modifications	541614	\$	1,573,800,000.00	2/27/2025
36C77623N0967	VHA	Terminology Standards Support Services for VA	541690	\$	10,265,101.69	3/17/2025
36C77623N0888	VHA	Terminology Standards Support Services for VA	541690	\$	2,963,496,996.00	3/5/2025
36C10X20C0065	VA	Risk Management Communication Support Services	541611	\$	1,657,896,140.44	3/4/2025
36C10X20N0145	VA	VA Communications Support Contract with Titan Alpha LLC	541611	\$	43,169,636.25	3/4/2025

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36C10X24F0055	VA	Acquisition support and management services for VALOR PMO	541611	\$	78,353,906.95	4/18/2025
36C10X24N0208	VA	Data analysis and reporting services for VA	541611	\$	4,600,564.02	3/4/2025
36C24724P0384	VHA	Quarterly expired medication disposal services for Augusta pharmacies	541614	\$	528,000.00	11/12/2024
36C24623N0101	VHA	Wall to wall inventory services for VA pharmacies	561990	\$	145,000.00	12/12/2022
36C26323P0600	VHA	Consulting services for Relationship Awareness Platform	541612	\$	35,391,825.00	3/11/2025
36C10D24F0069	VHA	Mortgage Market Data Services for VBA	541611	\$	36,298,092.42	4/7/2025
36C10F23C0011	VA	Advisory Board Company Membership for Healthcare Consulting	541618	\$	646,750.00	3/5/2025
36C10X22N0063	VA	Annual Inventory Services for VISN 10 Detroit	541614	\$	1,267,870.23	3/4/2025
36C25025C0047	VHA	Cancer registry services by Best Practices Group LLC	541611	\$	2,606,448.00	3/5/2025
36C26121F0302	VHA	Professional Engineering Services for VA Projects	541611	\$	1,248,174,736.66	12/16/2024
36C26121N0911	VHA	Consulting services for lease procurement requirements	541611	\$	2,807,452.70	10/7/2022
36C10X22P0121	VA	VA Health Care Risk Management Support Services	541618	\$	478,020,508.80	3/4/2025
36C10X23N0155	VA	Medical Disability Examination Customer Service Surveys	541611	\$	285,824,922.63	3/4/2025
36C10X24N0164	VA	VA Program Management Support Services by Omni Consulting	541611	\$	55,549,593.60	3/4/2025
36C24722P1066	VHA	Molecular analysis and vector research services	541690	\$	443,747.64	3/11/2025
36C25623C0040	VHA	NDNQI Subscription including RN Survey Magnet Module	541611	\$	935,443.52	2/25/2025
36C77623N0991	VHA	Consulting services for capital asset initiatives	541611	\$	390,573.18	2/25/2025
36C77624N0603	VHA	Terminology Standards Support Services by J.P. Systems	541690	\$	8,169,335.52	3/6/2025
36C10F24C0010	VA	OFA Strategic Planning Support by ELK Consortium LLC	541690	\$	1,179,804.00	3/5/2025
36C10X21N0164	VA	VA Healthcare Transformation Stakeholder Engagement Services	541611	\$	560,281,442.80	3/4/2025
36C10X22N0052	VA	Annual Inventory Services for VISN 10 Locations	541614	\$	1,515,540.00	3/4/2025
36C10X23N0198	VA	Vector Program Consulting Services by Tenacity Solutions	541611	\$	-	2/24/2025
36C10X25N0128	VA	VA contract for business modernization services in Washington, DC.	541611	\$	4,003,948.80	2/25/2025
36C24423F0011	VHA	Magazine graphic design services for VA	541611	\$	501,976.00	3/12/2025
36C24624N1188	VHA	Durham VAMC Medical Coding Services Contract	541611	\$	2,304,898.54	4/7/2025
36C24723P0776	VHA	Acquisition of non-VA medical records for decedents	541690	\$	121,500.00	4/23/2024
36C24E23P0075	VHA	Research consulting for Parkinson's disease effectiveness	541690	\$	300,000.00	3/10/2025
36C26025N0141	VHA	Wall-to-Wall Inventory Services for VA Facilities	541614	\$	1,008,700.27	3/18/2025
36C79624N0747	NCA	508 Document Remediation Services by Schatz Publishing Group	518210	\$	200,000.00	3/3/2025
36C10X20F0033	VA	VA Program Management Support Services Contract	541611	\$	44,810,439,432.92	3/4/2025
36C10X24F0047	VA	Financial Audit Services for MDE	541611	\$	629,424,827.00	2/25/2025
36C24723P0334	VHA	Commitment Management Training Services for VISN7	541611	\$	2,479,724.12	12/20/2024
36C24E24N0219	VHA	Acquisition support services by Pathfinder Consultants	541611	\$	1,716,832.00	9/21/2024
36C26023F0388	VHA	Patient Satisfaction Survey Services by Press Ganey	541611	\$	3,628,353.82	3/25/2025
36C10D24F0040	VBA	Executive Leadership Program by Partnership for Public Service	541611	\$	25,800.00	3/3/2025

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36C10X23F0014	VA	ECO Fellowship Training for VHA Employees	541611	\$	12,312,000.00	3/4/2025
36C10X23N0158	VA	VA Healthcare Transformation Consulting Services	541611	\$	386,311,485.00	3/4/2025
36C10X23P0008	VA	AWE Inspection Services for Space and Facilities Management	541620	\$	5,643,954.96	2/25/2025
36C10X25N0037	VA	Program Governance Support for Economic Development	541611	\$	1,929,878.86	2/25/2025
36C24224P1758	VHA	NYSDEC permit application for environmental consulting services	541620	\$	39,760.00	9/10/2024
36C24622P1867	VHA	Fuel polishing and sample services for Salem VAMC	541620	\$	4,946,868.00	4/10/2025
36C24625C0007	VHA	Legal services for E3 PACT project at Salisbury VA	541611	\$	37,267.50	3/13/2025
36C24724P1158	VA	NCO 7 Acquisition Support Services for Veterans	541611	\$	2,599,914.40	9/19/2024
36C26225P0220	VHA	Furniture Pools for Bridge Home Facility	541614	\$	7,988,246.00	11/14/2024
36C10X21N0077	VA	Annual Inventory Services for VISN23 Locations	541614	\$	71,512,603.10	3/4/2025
36C10X23N0128	VA	Medical supply and training services for VA hospitals	541611	\$	53,509,945.43	3/18/2025
36C10X23N0146	VA	Consulting services for health systems and program analysis	541611	\$	1,488,473,461.00	3/4/2025
36C24E23C0006	VHA	Practice Greenhealth National Subscription and Membership	541620	\$	1,586,616.00	3/7/2024
36C25224N0188	VHA	Patient Satisfaction Survey Service for Madison VA Hospital	541611	\$	1,29,920.10	12/29/2023
36C25622P0682	VHA	RX Reverse Distribution Services by INMAR RX SOLUTIONS	541614	\$	2,396,500.00	3/19/2025
36C25722F0133	VHA	Consulting services for administrative management support	541611	\$	205,013,142.24	3/19/2025
36C26220C0132	VHA	Cooling tower cleaning and sanitizing services	541620	\$	668,988.00	3/20/2025
36C77623P0083	VHA	Albuquerque ESPC Project Facilitator Support Services	541690	\$	356,030.28	2/25/2025
36S79724P0017	VHA	Support Services for VACO Integrity and Compliance	541611	\$	3,888,519.15	3/4/2025
36C10G23N0065	VA	VHA Integrated Healthcare Transformation Reporting Services	541611	\$	56,771,250.00	3/4/2025
36C10X22N0162	VA	Employee Well-Being and Burnout Mitigation Support	541611	\$	164,656,960.80	3/4/2025
36C10X24N0059	VA	Instructional design services for VA medical training	541611	\$	164,461,784.40	3/4/2025
36C25024P0646	VHA	Research services for Louis Stokes Cleveland VAMC	541611	\$	240,000.00	2/13/2024
36C26024N0413	VA	Acquisition support services by Stafford Consulting Company	541611	\$	123,303.10	3/26/2025
36C26123P0739	VHA	Human Rights Committee Consulting and Travel Services	541618	\$	2,262,899.70	1/4/2025
36C10G23N0006	VA	Acquisition Support Services for VA Programs	541611	\$	5,191,222.40	2/16/2023
36C10G24N0135	VHA	Consulting services for VHA Integrated Healthcare Transformation	541611	\$	67,499,827.20	3/4/2025
36C10X22N0165	VA	Change Management Training Courses for VA	541611	\$	345,036,342.30	3/4/2025
36C10X23N0143	VA	Consulting services for GAO high risk list removal	541611	\$	184,927,664.22	2/25/2025
36C25024P1909	VHA	Environmental Compliance and Sustainability Advisory Services	541620	\$	414,180.00	3/21/2025
36C25221N0679	VHA	Patient Satisfaction Survey Services at Jesse Brown VA	541611	\$	94,962.31	9/28/2021
36C25924F0604	VHA	DISC Certification Training by Management Resource Services	541611	\$	31,408.00	3/6/2025
36C26121F0180	VHA	Comprehensive equipment inventory and bar code scanning services	541614	\$	6,569,340.00	3/4/2025
36C26121F0449	VHA	Patient satisfaction survey for San Francisco VA	541611	\$	13,107,696.00	6/24/2024
36C10X23N0163	VA	Consulting and Data Management Services for VA	541611	\$	5,600,984.04	3/4/2025

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36C10X24N0200	VA	Annual Inventory Services for VA Assets	541614	\$	101,684.00	3/4/2025
36C24121C0063	VHA	Radiation Safety Officer Services for VA	541680	\$	347,900.00	10/31/2023
36C24624P0511	VHA	Administrative services funding by University of Maryland	541611	\$	4,507,345.92	2/28/2025
36C25021F0134	VHA	MRI Injector Maintenance Contract for Radiology Equipment	541614	\$	2,919,016.24	3/5/2025
36C25522N0203	VHA	Legionella Testing Environmental Consulting Services	541620	\$	17,778.00	4/2/2024
36C25522N0255	VHA	Kansas City VAMC Medical Coding Services	541611	\$	47,471,200.84	3/18/2025
36C25625F0088	VHA	Pharmacy Reverse Distribution Contract by DS Ventures	541614	\$	275,200.00	4/22/2025
36C25922P1161	VHA	Nursing Managerial Leadership Education Support Services	541611	\$	1,645,189.60	4/17/2025
36C26122P0979	VHA	Joint Commission Consulting Services for VAOCHCS	541611	\$	2,256,540.00	6/27/2024
36C26124N0818	VHA	Lease procurement services by Planate Management Group	541611	\$	114,813.91	3/25/2025
36C27625P0027	VHA	Support Services for VISA 21 in Las Vegas	541680	\$	735,045.52	4/17/2025
36E77620C0061	VHA	VA Extended Use Lease Program at Watco TX	541611	\$	194,380.00	4/15/2025
36C10X21C0067	VA	ESG Consulting and Analytics for VBA's LGY	541620	\$	163,734,126.60	2/25/2025
36C24624N0607	VHA	Archaeological study and consultation for Fisher House	541620	\$	690,612.12	3/5/2025
36C24623F0256	VHA	Leadership training and coaching services for VA	541611	\$	18,519,449.25	3/5/2025
36C26124N0402	VA	Contract Specialist Support Services for VA	541611	\$	377,548,936.34	4/17/2025
36C26121P0689	VHA	Acquisition support services for EHRM at VISA20	541611	\$	254,891.36	3/26/2025
36C10F24F0011	VHA	Press Ganey NDNQI Membership for VA Palo Alto	541611	\$	699,536.04	3/10/2025
36C10X23P0117	VA	Environmental studies and surveys in Keokuk	541330	\$	760,083.72	4/17/2025
36C10X24N0191	VA	ISO 9001:2015 Certification Audit for VA DMC	541611	\$	68,158.00	2/25/2025
36C24621F0046	VHA	Program and Project Management Support Services	541611	\$	56,507,584.20	3/4/2025
36C24724P0158	VHA	Graphic Design Services for VHA Health Promotion	541611	\$	5,250,940.24	4/21/2025
36C25721P0006	VHA	Press Ganey NDNQI Access for Ralph H. Johnson VAMC	541611	\$	84,636.36	3/27/2025
36C25722P0135	VHA	Medical literature search services for VA	541680	\$	404,071.98	3/20/2025
36C26024N0458	VA	NDNQI Basic Membership for VA facilities	541611	\$	616,717.76	3/18/2025
36C26120F0518	VHA	Acquisition support services and training by Stafford Consulting	541611	\$	112,215.55	3/26/2025
36C26125P0209	VHA	Contract Specialist Support Services for NCO 21	541611	\$	375,814,737.28	3/11/2025
36C10F23F0036	VA	Maradero Creek Restoration Project Environmental Services	541620	\$	27,383.90	4/22/2025
36C10X20N0146	VA	Program Management Support Services for VA Facilities	541611	\$	62,659,964.72	2/25/2025
36C10X22P0110	VA	VA Integrated Healthcare Transformation Support Services	541611	\$	1,338,097,809.96	3/4/2025
36C10X23P0036	VA	Trauma-Informed Care Implementation and Assessment Services	541614	\$	11,569,628.00	3/4/2025
36C10X24C0031	VA	Acquisition Lifecycle Framework Consulting Services	541611	\$	84,871,507.98	3/4/2025
36C24624N1107	VHA	Integrated Health Practices Support Services Contract	541611	\$	18,337,473.00	3/4/2025
		Flat roof survey and cleaning services for VA	541680	\$	294,400.00	4/17/2025

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36C24E24N0217	VHA	Acquisition support services by Pathfinder Consultants, LLC	541611	\$	4,789,697.50	9/24/2024
36C26024N014	VA	Acquisition support services by Stafford Consulting Company	541611	\$	2,148,231.16	3/26/2025
36E77620C0033	VA	Mentlo Park Enhanced Use Lease by ALARES LLC	541611	\$	134,330.00	5/2/2025
36C10D25F0023	VA	Training Analysis and Development Support Services	541611	\$	286,761,055.88	3/4/2025
36C10X21N0076	VA	Annual Inventory Services for VA Facilities	541614	\$	3,370,320.00	3/4/2025
36C10X23N0154	VA	Healthcare transformation consulting services by Aptive HTG	541611	\$	94,408,931.52	3/4/2025
36C10X23N0187	VA	Administrative management consulting for VECTOR PROGRAM	541611	\$	2,500.00	3/4/2025
36C24824P0823	VHA	Inventory services for VA medical centers in Florida	541614	\$	118,200.00	1/22/2025
36C25721P0061	VHA	VISN 17 Mock Survey Accreditation Services Contract	541611	\$	20,590,648.00	3/20/2025
36C10X23N0103	VA	Consulting services for program management and analysis	541611	\$	10,099,596.00	3/4/2025
36C10X23N0197	VA	Vector Program Consulting Services by Revolve Solutions	541611	\$	-	2/18/2025
36C10X24N0224	VA	Consulting Services for Data Stewardship and Management	541611	\$	14,098,614.12	3/4/2025
36C24822P0009	VHA	Medical equipment inspections and evaluations	541690	\$	124,917,708.00	10/1/2024
36C24824P2039	VHA	Tumor Registry Services for VA	541611	\$	-	3/10/2025
36C24E24P0083	VHA	Biostatistical Consultation Services for Research Support	541690	\$	2,850.00	4/10/2025
36C25025F0295	VHA	Patient Survey Services by Press Ganey Associates	541611	\$	-	3/5/2025
36C25724P0250	VHA	Gas Management Services for Central Texas Veterans	541611	\$	2,155,086.10	3/25/2025
36C26323C0063	VHA	Iowa City Research Service Contract for Employee Engagement	541618	\$	87,945.18	3/17/2025
36C77620P0102	VHA	Administrative Assistant Services for Disabled Persons	541611	\$	1,313,008.88	4/9/2025
36C77622P0170	VHA	VISN 2 UESC Project Facilitator Support Services	541690	\$	1,096,918.40	2/25/2025
36C10X23N0036	VA	Annual Inventory Services for Jesse Brown VAHCS	541614	\$	864,750.00	3/4/2025
36C10X24C0037	VA	Supply Chain Systems Support for VA Management	541611	\$	499,007,989.20	3/4/2025
36C10X24N0183	VA	SAMI Acquisition Management Program Modernization Services	541611	\$	68,715,000.00	3/4/2025
36C10X25N0018	VA	Knowledge Management and Data Analytics Support	541611	\$	7,170,711.56	2/25/2025
36C24724P0741	VHA	Nursing Excellence Assessment and Travel Services	541611	\$	1,004,944.64	3/7/2025
36C25024P0225	VHA	Membership Fees for Microbial Threat Forum	541690	\$	600,000.00	3/5/2025
36C25622N1029	VHA	Patient Centered Care Certification Services	541611	\$	1,016,914.86	3/13/2025
36C25623P0025	VHA	TJC Mock Survey for New Orleans VAMC	541611	\$	1,351,500.00	3/5/2025
36C25820N0363	VHA	Auditing Services for VA Clinical Practices	541611	\$	1,010,610.00	6/23/2021
36C77624N0781	VHA	Enterprise-wide lease management and consulting services	541611	\$	7,775,750.32	2/25/2025
36C78625F50126	NCA	Cemetery Director Training Program for FY25	541611	\$	33,830.28	1/10/2025
36C10X23F0064	VA	Annual Workplace Evaluations by MABBETT AND ASSOCIATES	541620	\$	493,019.45	3/4/2025
36C10X23N0005	VA	VHA Integrated Healthcare Transformation Support Services	541611	\$	3,193,596,257.85	1/21/2025
36C10X23N0047	VA	VA Healthcare Transformation Project Management Support	541611	\$	106,595,851.05	3/4/2025
36C10X24C0011	VA	Consulting Services for Organizational Realignment and Research	541611	\$	64,571,630.72	3/4/2025

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36C10X24F0042	VA	IV&V for Medical Disability Examination Program	541611	\$	99,874,657.86	3/4/2025
36C10X24P0115	VHA	Human Factors Services for Health Systems Optimization	541611	\$	14,131,266.96	3/4/2025
36C24624N0989	VHA	VISN 6 Contracting Support Services	541611	\$	1,265,610.96	3/11/2025
36C25020F0828	VHA	Financial planning and budget execution services for Dayton VAMC	541611	\$	13,806,786.64	4/14/2025
36C25723P0686	VHA	Bioinformatics and computational analysis for PTSD data	541690	\$	892,800.00	2/25/2025
36C10F24N0016	VA	Due Diligence and Appraisal Services	541611	\$	289,609.60	3/5/2025
36C10G23N0067	VA	VA Healthcare Transformation Consulting Services	541611	\$	147,536,403.50	3/4/2025
36C10X22N0031	VA	Annual Inventory Services for VISN 10 in Ohio	541614	\$	4,997,300.00	3/4/2025
36C24520F0774	VHA	Data Warehouse BI Solutions for VISN 5	541611	\$	97,120,294.50	3/27/2025
36C26123F0483	VHA	Construction Contract Specialist Support Services	541611	\$	18,291,524.34	3/31/2025
36C26224P1889	VHA	Environmental consulting for West LA Medical Center services	541620	\$	736,000.00	3/5/2025
36C10G24C0010	VA	AI Program Support and Management Services	541611	\$	49,415,884.80	3/4/2025
36C10X22N0112	VA	Graphic Design for Franchise Fund Annual Report	541611	\$	1,404,159.50	2/25/2025
36C10X24C0032	VA	EPM Support Services by Shoulder 2 Shoulder Inc	541611	\$	980,146.44	3/4/2025
36C24424N1054	VHA	VAPHIS Construction Management and Interior Design Services	541611	\$	386,476.58	3/25/2025
36C24725F0032	VHA	Historical Preservation Services by New South Associates	541620	\$	3,819.86	3/5/2025
36C25624P0448	VHA	Consulting Services for Baldridge Criteria Systems	541611	\$	493,312.50	3/19/2025
36C77620P0077	VHA	Health Information Governance Services for VA	541611	\$	380,528,920.83	4/4/2025
36C77624C0162	VHA	Radiology consulting services for Southeast Louisiana Healthcare	541690	\$	731,284.00	8/28/2024
36C10X23F0090	VA	LMS Management Support for VHA Healthcare Transformation	541611	\$	1,794,468.24	3/4/2025
36C10X25N0017	VA	Program Management Support for Economic Development	541611	\$	10,623,273.92	2/25/2025
36C24822P1834	VHA	Environmental consulting services for Miami-Dade County	541620	\$	26,588.00	4/17/2025
36C26120C0041	VHA	Lean Consulting Services for VA Palo Alto	541611	\$	60,515,963.83	3/11/2025
36C26223N1033	VHA	Training courses for VA CSHIP Investigators	541690	\$	36,570.00	9/27/2023
36C77624N0072	VHA	Strategic Capital Investment Planning Services Contract	541611	\$	6,952,466.16	3/5/2025
36C77624P0043	VHA	Evidence Based Practice Support Services for VHA	541611	\$	17,036,960.40	4/29/2025
36C10F22F0027	VA	Environmental Services for Marion National Cemetery	541620	\$	1,014,313.23	6/22/2023
36C10F23N0039	VA	Environmental Consulting for Historic Preservation in Montana	541620	\$	67,698.42	9/30/2024
36C10F24F50015	VA	Environmental Due Diligence Services in Multiple Locations	541620	\$	391,078.91	4/4/2025
36C10X21N0117	VA	Annual Inventory Services for VISN 15	541614	\$	3,941,625.60	3/4/2025
36C10X21P0013	VA	Enterprise Mail Management Program Support Services	541611	\$	131,349,272.58	3/4/2025
36C10X25P0003	VHA	Business Advisory Support Services for VA	541611	\$	349,698,568.00	3/4/2025
36C25620F0242	VHA	Patient satisfaction surveys at Michael E. De Bakey VAMC	541611	\$	148,928,629.73	3/24/2025
36C10F24F0030	VA	LEAN SIX SIGMA Consulting Services for VA	541611	\$	528,900.00	3/7/2025
36C10X22N0176	VA	VA Cemetery Administration Support Services Contract	541611	\$	129,420,542.00	3/4/2025

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36C10X23P0111	VHA	Program and Project Management Support Services	541611	\$	154,662,852.48	3/4/2025
36C24125F0054	VHA	Forensic delay analysis for Brockton VAMC project	541611	\$	23,835.95	3/21/2025
36C24624N0425	VHA	Joint Commission Mock Survey Services for VA	541611	\$	3,312,000.00	3/5/2025
36C24E24C0012	VHA	Biostatistics and Data Analysis for PTSD Research	541680	\$	281,230.40	6/1/2024
36C25820F0130	VA	Contractor Support Services for VA	541611	\$	167,490,686.13	4/25/2025
36C26124P1814	VHA	Jupiter Intelligence Database integration for Climate Health Study	541620	\$	26,642,577.60	9/26/2024
36C26224N0467	VHA	NHPA Section 106 Consulting Services for VA	541620	\$	1,051,716.24	3/25/2025
36C26323C0054	VHA	Research contract for Iowa City Primary Care Analytics	541611	\$	261,600.00	3/18/2024
36S79724P0011	VHA	Warehouse modernization consultation for Golden, Denver, Hines	541614	\$	150,000.00	3/10/2025
36C10X23N0186	VA	Vector Program Administrative Management Consulting Services	541611	\$	2,500.00	3/4/2025
36C10X24F0062	VHA	Healthcare and Supply Chain Consulting Services	541611	\$	85,987,699.20	3/4/2025
36C24223P0476	VHA	Expert consulting services for Williams Building Company	541611	\$	395,437.40	1/23/2025
36C10X22N0097	VA	Technical writing support for EHR patient safety education	541611	\$	81,046,709.88	3/4/2025
36C10X23F0054	VA	PF-SO Support for Project Management and Procurement Analysis	541611	\$	35,679,954.40	3/4/2025
36C25224F0236	VHA	Lean Six Sigma and System Redesign Services	541611	\$	9,179,258.00	9/11/2024
36C26122P1210	VHA	NDNQI Membership Services by Press Ganey	541611	\$	278,061.52	3/10/2025
36C26124N0853	VHA	Medical Coding Services by Maxim Healthcare	541611	\$	1,551,049.72	8/28/2024
36C77622P0098	VHA	M&V Support Services for VISN 5 ESPC Project	541690	\$	1,148,196.48	2/25/2025
36C24823N0800	VHA	Flat roof inspection and cleaning services	541680	\$	4,193,630.56	11/14/2024
36C24923F0341	VHA	Inventory management for TVHS hospitals and CBOCs	541614	\$	3,147,288.71	4/3/2025
36C24923P0357	VHA	Medical gas inspection services for VA facilities	541690	\$	340,440.00	2/2/2024
36C24E24F0057	VHA	Consulting for computerized interventions in mental health	541680	\$	23,200.00	3/5/2025
36C2625P0174	VHA	Spill Control Plan Review for Puget Sound VAHCS	541620	\$	8,832.78	3/18/2025
36C2622P0487	VHA	Rees Scientific maintenance and calibration services at VA	541620	\$	280,763.08	3/25/2025
36C26224N0405	VHA	Clinical Auditing and Monitoring Services for VA	541611	\$	4,960,032.00	4/1/2024
36C24822P1639	VHA	NDNQI Memberships by Press Ganey Associates	541611	\$	292,413.15	3/6/2025
36C24925N0251	VHA	Oncology peer review services at Memphis VAMC	541690	\$	12,600.00	3/21/2025
36C25723P0334	VHA	Patient Satisfaction Survey Services for VA	541611	\$	4,145,454.00	3/25/2025
36C26224N0819	VHA	Medical Coding Services by Maxim Healthcare	541611	\$	609,752.00	3/5/2025
36C77624P0088	VHA	Activation Program Support Services by The Cradlock Group	541611	\$	6,128,048.10	9/19/2024
36C10F24A0004	VA	Auditing Services BPA by Ollie Green & Company	541211	\$	-	9/30/2024
36C10X21F0012	VA	Closeout and Obligation Processing Support Services	541611	\$	27,956,929.68	3/4/2025
36C10X23N0188	VA	Vector Program Consulting Services by 640 Acres LLC	541611	\$	2,500.00	3/4/2025
36C10X24F0100	VA	Tribal Consultation Services for VA Meetings	541611	\$	4,022,655.00	2/25/2025
36C10X24N0068	VA	VHA Integrated Healthcare Transformation Consulting Services	541611	\$	5,819,111.58	3/4/2025

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36C10X24N0153	VA	Executive Leadership Support and Program Management Services	541811	\$	6,255,020.88	2/19/2025
36C24622N0541	VHA	Environmental consulting services for Martinsburg VA	541620	\$	828,066.00	11/12/2024
36C24622P2337	VHA	Accreditation Readiness Consultation for VA Facilities	541811	\$	73,863,866.26	4/17/2025
36C24E24N0116	VHA	Symposium support for VA healthcare research dissemination	541818	\$	40,000.00	4/3/2025
36C25821P0210	VHA	Licensing for ISO Standards at NMVAHCS	541811	\$	428,160.00	7/7/2024
36C26224N0649	VHA	Technical Assistance for VA GPD Case Management	541811	\$	8,000.00	3/6/2025
36C77623P0082	VHA	Project Management and Support Services for VA	541814	\$	23,724,555.75	4/22/2025
36C77624N0699	VHA	Clinical Decision Support Services by INNOVET HEALTH LLC	541811	\$	4,069,476.00	4/29/2025
36C10F20F0059	VA	NEPA compliance for Portland VAMC construction projects	541620	\$	338,120.44	4/27/2022
36C10F21F0024	VA	CFM Stakeholder Feedback Survey Contract	541519	\$	15,927,296.00	3/6/2025
36C10M22F0028	VA	Retirement training for VA Office of Inspector General	541812	\$	157,800.00	4/1/2024
36C10X22N0215	VA	Consulting services for VHA Integrated Healthcare Transformation	541811	\$	80,585,341.16	4/23/2025
36C10X24N0140	VA	Healthcare Transformation Consulting Services by Sierra 7, Inc.	541811	\$	55,465,680.80	3/4/2025
36C24624P2211	VHA	Consulting for Brain Imaging at University of Florida	541890	\$	41,666.50	3/10/2025
36C10F24N0043	VA	Due diligence services in Poplar Bluff, MO	541811	\$	271,712.64	3/5/2025
36C10X23N0129	VA	Consulting services for VA health care systems	541811	\$	801,922,748.97	3/4/2025
36C10X24N0206	VA	Rural Master Tracking Database Expansion Services	541811	\$	21,120.00	3/4/2025
36C10X25N0048	VA	Program Management Support Services by METRICS LLC	541811	\$	53,610,003.03	3/4/2025
36C26024N0432	VA	Acquisition support services for Stafford Consulting Company	541811	\$	2,588,067.48	3/26/2025
36C77624N0410	VHA	Fleet electrification consulting for VA planning staff	541811	\$	404,151.12	2/25/2025
36C10G23F0018	VHA	Clinical Decision Support Services by INNOVET HEALTH LLC	541811	\$	31,066,953.96	3/6/2025
36C10G23F0018	VHA	Data analytics support services for VA	541811	\$	124,658,209.60	3/4/2025
36C10X24C0028	VA	Career Path Development Consulting Services	541811	\$	22,344,465.00	3/4/2025
36C10X24N0192	VA	VHA Neurology Clinical Administrative Support Services	541811	\$	119,272,704.00	3/4/2025
36C24123P1264	VHA	Grant Writing Services for VA Health R&D	541814	\$	148,500.00	3/6/2025
36C24624P1855	VHA	Third Party Commissioning Services for Asheville OR	541890	\$	26,286.00	4/7/2025
36C24623P0030	VHA	NDNQI Membership for Nursing Quality Data	541811	\$	409,263.54	1/23/2024
36C24623P1630	VHA	Health and Safety Inspections for VA Clinics	541890	\$	2,814,350.00	3/7/2025
36C24E23P0111	VHA	APT Center Market Assessment Services for VA	541811	\$	315,000.00	4/10/2025
36C77624N0878	VHA	Community Engagement and HL7 Standards Consulting Services	541811	\$	4,687,950.28	4/21/2025