U.S. DEPARTMENT OF VETERANS AFFAIRS BUDGET REQUEST FOR FISCAL YEARS 2026 AND 2027 ADVANCE APPROPRIATIONS

HEARING

BEFORE THE

COMMITTEE ON VETERANS' AFFAIRS

U.S. HOUSE OF REPRESENTATIVES

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C O N T E N T S

THURSDAY, MAY 15, 2025

Page

OPENING STATEMENTS

The Honorable Mike Bost, Chairman 1
The Honorable Mark Takano, Ranking Member 3

WITNESS

PANEL 1

The Honorable Douglas Collins, Secretary, U.S. Department of Veterans Affairs 6

APPENDIX

PREPARED STATEMENT OF WITNESS

The Honorable Douglas Collins Prepared Statement 73

STATEMENTS FOR THE RECORD

National Association of Veterans' Research and Education Foundations Prepared Statement 77
Housing Policy Council Data for the Record Submitted by The Honorable Chris Pappas, U.S. House of Representatives, (NH-1) 79

U.S. DEPARTMENT OF VETERANS AFFAIRS BUDGET REQUEST FOR FISCAL YEARS 2026 AND 2027 ADVANCE APPROPRIATIONS

THURSDAY, MAY 15, 2025

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

The committee met, pursuant to notice, at 2 p.m., in room 360, Cannon House Office Building, Hon. Mike Bost (chairman of the committee) presiding.

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

Also present: Representative Deluzio.

OPENING STATEMENT OF MIKE BOST, CHAIRMAN

The CHAIRMAN. Good afternoon. The committee will come to order without objection. The Chair may declare recesses at any time. Before we begin, I ask unanimous consent that all members have five legislative days in which to revise and extend their remarks and include any extraneous material. Hearing no objection. So ordered.

Before we begin, I want to thank Secretary Collins for being here today. You know, this is his first time to testify before our committee, but not his first time in the House. Welcome back. I want to ensure that we have a productive hearing today. To have a productive hearing, I want to ask that all members be respectful to other members and the witnesses. Let us follow the House rules on decorum. We are here to review the Department of Veteran Affairs budget requests for Fiscal Year 2026. One couple other things I want to add to that is what we are going to do is rather than 5 minutes, we are going to have 7 minutes for the questions. We know that. We are also-I and the Ranking Member-will wait and ask our questions probably last and the reason we are doing that is we know that probably 2 hours into this, which odds are it will take more than 2 hours, we will be called for votes. I know many of you will want to catch a flight if you can. That is the idea and intent is to try to get the members that have to have flights out have an opportunity to ask questions.

Let us get right to it. The president has requested 187.2 billion for (VA) U.S. Department of Veterans Affairs for next year. That

includes 134.6 billion in discretionary funding and another 50 billion from the Toxic Exposure Fund. That is an increase of more than 17 percent over last year. Now, it is a serious proposal and a clear reflection on the priorities, I believe, of this administration. While it seems there is not much common ground to be found in Congress these days, one issue does unite us, and that is the belief that VA should be fully funded to provide top notch care to our veterans and their families. House Republicans will continue to ensure that promise remains true. While I am optimistic about the proposal so far, I am hoping that this administration can avoid the total chaos and financial mismanagement that we witnessed during the end of the Biden Administration. Despite receiving the largest VA budget in history, the department reported an alleged shortfall late last year, not because of underfunding, but because of poor internal accounting and a lack of fiscal discipline. That is putting it nicely.

Biden VA officials misused the hiring and pay authority Congress provided then when the numbers did not add up, they turned around and tried to shift the blame. They needlessly alarmed veterans and accused Republicans of putting them their care at risk, all while refusing to take responsibility for the decisions that got them there in the first place. It was political theater at its worst. While doing that, the department budget practices have become harder, not easier to follow. It makes you wonder if it was on purpose. Key obligations were shifted between accounts; basic funding needs were moved around. That is not what Congress intended. It is not what veterans deserve. I would also like to take a moment to address and recognize efforts underway at the VA. Over the last few months, I have heard baseless accusations from my colleagues on the other side of the aisle about how Department of Government Efficiency (DOGE), "Boogeyman" and Secretary Collins are planning to reduce VA's workforces by 83,000 employees. This is simply not true.

As we have heard countless times from the Secretary, VA is currently reviewing its organizational structure to find reforms that best suit the needs of our veterans today. By the way, this review is long overdue. The one reoccurring theme that we have constantly hear from the VA in our hearings is that VA bureaucracy poses a greater danger to the health of our veterans than the illnesses they seek treatment for. I applaud the Trump Administration for conducting this necessary review to change course and ensure veterans have access to the care they deserve.

We will also hear from the other side that Secretary Collins refused to answer their questions and will not communicate with Congress. That is also not true. On several occasions the Secretary staff have come up the Hill to brief the Committee staff in both the House and the Senate on the status of the reorganization efforts. To tell my fellow veterans when my colleagues try to catch a sound bite and tell you that Secretary Collins and the Trump Administration are dismantling the VA, do not take the bait. I would also like to remind my colleagues about the lack of transparency under the previous administration.

Last Congress, our committee sent countless letters and inquiries to Secretary McDonough and that were simply went unanswered.

In fact, Secretary Collins office when he took office, VA's mailbox was full of our unopened letters for oversight requests. That is not a way to run a department, and it is certainly no way to work with Congress. To my colleagues, I would say those who live in glass houses should not throw stones. From my position as Chairman, I look forward to Secretary Collins' efforts to restore transparency and accountability. Because of that, that makes VA work better and I know he shares that goal. Our obligation to veterans demands proper leadership in ensuring that this budget is applied to veterans' care and benefits. This is a more disciplined budget request, focusing on delivery, not distraction. That said, we know this is just the beginning of the process. We still have not received the full, detailed budget. I, along with many of my colleagues on both sides of the aisle, have questions about the VA plans to spend these funds, how those decisions will improve care for veterans and their families.

We are all ready to do our part. We appreciate Secretary Collins being here today, and I look forward to the productive conversation. Not fear mongering, not political posturing, but to deliver to the men and women that we serve. Ranking Member Takano, I now recognize you for your opening statement.

OPENING STATEMENT OF MARK TAKANO, RANKING MEMBER

Mr. TAKANO. Well, thank you, Chairman Bost. Mr. Secretary, good afternoon. When I first heard of your nominations at this position, I recall saying to my staff, I think we will be able to do some good work at VA with Doug Collins. I had optimism, based on your time as a member of this chamber, that you would have an appreciation for our duty to perform oversight. When a new secretary is confirmed, every member of this committee, Republican or Democrat, wants to see them succeed, and because veterans deserve leadership, not chaos. Well, I have to say, this is why I am incredibly. It is incredibly upsetting and frustrating to me that the questions my colleagues and I have about decisions you have made in your short tenure at VA remain unanswered.

You came in with an opportunity to build trust across this institution and across the aisle, but instead, you have undermined it, not just with me, but with VA staff and with the veterans who rely on VA every day. I reviewed your Senate testimony, and any reasonable viewer would have to would conclude that you were evasive and not transparent with your answers. I hope you will not do that with us today. I would say to you, you have the power to change course. Veterans need answers, not excuses. We will see today whether you are ready to lead or just continue to blame. This hearing is the first time we have met in person since you were sworn in. You have not so much as called me since your confirmation 99 days ago. My experience with your predecessor was that he would proactively call both me and the Chairman before major news broke about VA, so that our first time finding out about it was not from reading the paper or seeing it on television. For instance, he would have called us before canceling a program as important as Veterans Affairs Servicing Purchase (VASP), where the consequences for veterans are as dire as foreclosure on their own

homes. This is the basic transparency that I expect from the Secretary so we can work together on the challenges facing VA.

Now, VA is not perfect. It has never been perfect. We are not satisfied with the status quo at VA and that is what brought all of us to work on this committee. We are not just going to going to blindly support your changes at VA without you giving us all the facts or any semblance of a plan. You have not earned our trust, at least not yet. That is what I will be listening for today. Answers that contain facts and plans that are based on those facts. Last week before the Senate, you failed to answer questions asking for details about decisions you have made as Secretary. Senator Hirono asked you the exact dollar amount that VA claims to have saved from firing staff. You rather flippantly threw out a culture war statement about Diversity, Equity and Inclusion (DEI) instead of answering her question. Senator Boozman raised questions about VASP and you gave a rather incomplete answer. Questions about how many clinical trials are on pause and how many veterans are affected by that pause on clinical trials were also unanswered.

This morning in the Military Construction, Veterans Affairs, and Related Agencies (MILCON-VA) Appropriation Subcommittee you admitted that VA shifted over $300 million to private, for-profit community care without following the law. That money was meant to support care and capacity inside VA. Instead it was siphoned away from veterans hospitals and clinics and handed off to the private sector. Now the law is very clear. If VA needs more funding for community care, it must ask Congress not illegally raid funds meant for direct VA care. Both the Chair, Chairman Carter and Ranking Member Wasserman Schultz of the Appropriations Subcommittee agree, agree with what I just said. You know, so does the Chairman of the full Committee-Chair of full Appropriations Committee-and I hope Chairman Bost joins me and joins the appropriation four corners in demanding accountability on this very point.

Now this morning before the MILCON-VA Appropriation Subcommittee, you also gave very disturbing answers to questions about the effects of pauses on clinical trials. You said that having clinical trials paused is not affecting veterans health care, that it is above and beyond health care. Is that really what you are saying to veterans with cancer whose hopes are pinned on clinical trials that they can no longer access? All of the questions we are going to ask today are ones that you should have come prepared to answer and I will be disappointed if you are not prepared. We have already asked many of them in letters. Many of them have already been asked in your previous appearances before the Senate and before the House Appropriations Subcommittee. This is basic congressional oversight.

The members and staff on both sides of this committee collectively have centuries of experience working on VA policy and serving our Nation. We have written some of the most consequential pieces of veteran legislation in history, including the Honoring Our PACT Act. We can only carry out our oversight responsibility as mandated in the Constitution if you answer our questions fully and truthfully. We have serious concerns about your plans related to

the VA workforce, and this hearing is an opportunity for you to put our minds at ease. VA is comprised of over 400,000 dedicated employees who show up every day motivated by the call to service to deliver the care and benefits veterans have earned.

The majority of veterans are satisfied with their VA care. Let me say that again. The majority of veterans are satisfied with their VA care. Yet many have expressed to me the weight of the chaos and turmoil they have witnessed during Trump's first 100 days and are left wondering what will happen to the care they rely on and love. They are worried that their provider, with whom they have spent years building rapport and trust, could lose their job. Now I have a poster behind me. We have heard from a veteran for whom this fear sadly became a reality. This veteran lost her whole health coach, who she described as, quote, the only person really making a difference in my life. We have heard countless stories of the trauma and harassment VA staff have endured at the hands of Trump's senior advisors and political appointees since day one of this administration. I want to hear directly from you today whether you agree with the director of Office of Management and Budget (OMB), Russell Vought, that the trauma is the point. Does this administration want to traumatize public servants into submission or into quitting their jobs so the work can be farmed out to Trump's billionaire friends?

Let me tell you one thing clearly, Mr. Secretary. VA is not for sale. I am truly worried about the combative tone you have taken in addressing VA staff. You have instilled a culture of fear by making them sign non-disclosure agreements (NDA) and accusing them of rumors and innuendo. Frankly, it is insulting and demeaning that you continue to accuse VA staff and veterans of lying about their experiences, their concerns, and the things they are seeing with their own eyes. How are the veterans supposed to be inspired? Excuse me. How are employees of VA supposed to be inspired to fight for a better VA with you if you are constantly positioning yourself against them as if they are the enemy? I would say fear as a tactic for leadership is not effective. As one clinician put it behind me, I have it up in print. Quote, I have felt harassed by and have diminished faith in the leadership of the VA secretary who continually throws VA employees under the bus and has shown no interest in learning about the concerns of his frontline staff. His line about VA now putting veterans first particularly irks me. In my 15 years of working at two different VA medical centers, I know we have always put veterans first. That is from a VA psychiatrist.

We need more answers about your plans for VA. These plans directly affect veterans staff and the economy in all our districts. You have set a goal to fire 83,000 employees. It is a goal and it has been publicly stated. Leaving VA staff waking up every morning with the torture of not knowing if that day is their last one with a job. You took away veterans last lifeline to keep their homes when they faced foreclosure, when you ended the VASP program. You are doing all these things during a time of financial turmoil for families in America while we deal with the impacts of Trump's chaotic tariffs and economic policies. We are all trying to make sense of it all so that we can better serve veterans.

Mr. Secretary, I hope that this hearing today is an opportunity to build some trust and I want to have confidence and your leadership. As the leader of VA, you owe it to VA staff and you owe it to veterans to be transparent and forthcoming and to take some accountability. You have the opportunity to answer our questions fully and truthfully, and I hope that you will seize that opportunity. With that, I yield back.

The CHAIRMAN. Thank the Ranking Member for yielding back. I know some housekeeping things. In accordance with the Committee rules, I ask unanimous consent that Representative Deluzio from Pennsylvania be permitted to participate in today's committee hearing. Without objection. So ordered.

Alright, if Secretary Collins would please stand and raise his right hand. Do you solemnly swear under penalty of perjury and the testimony that you are about to provide is the truth, the whole truth, and nothing but the truth. Thank you. Let the record reflect that the witness has answered in the affirmative.

[Witness sworn.]

The CHAIRMAN. Now, I would like to recognize people, as I said, 7 minutes for each person. We are going to hold sticks to that 7-minute rule because we are under the pressure of votes later on. With that, I now recognize General Bergman. Oh, I am sorry. Was I wrong? Oh, wait a minute. How about you give an opening statement? That would be really good. Mr. Secretary, you are recognized for your opening statement.

STATEMENT OF DOUGLAS COLLINS

Secretary COLLINS. Thank you, Mr. Chairman. Thank you, Ranking Member. If we did not want to go through that, we can go. I think it is interesting to set the tone for our opening statements, and I think that, you know, the tone has sort of been set here. I think the undeniable aspect of this is that I have one purpose and one purpose alone, and that is to make the VA exactly what it is supposed to be, and that is to take care of our veterans and do so in the most efficient and effective way, whether it be in our Veterans Health Administration (VHA), our Veterans Benefits Administration (VBA) or National Cemetery Administration (NCA). The one thing that I have had to do for the first, and I am glad to be here today and to answer all the questions that you might have, I will be frank with you, and what I have found over the last little bit is I can answer questions, but if we do not like the answers, then we just say I am not answering the question. That is just simply not always the case. We are going to deal with that as we go forward today.

Specifically, you know, and just as I just had to sit through, I will say that the VA psychiatrist that you just referenced is exactly the kind of employee that I want to see at the VA, someone who is putting the veteran first, somebody who is concerned about taking care of that. They have absolutely nothing to be concerned about when it comes to restructuring of the VA or looking at our VA healthcare systems, because when you look at what we do, the VA doctor is exactly the person that has been protected from day one in this. We have put 300,000 positions off limits. In fact, they are being hired as of this day. If you are in a hospital, as I told

just told the folks in Minneapolis when I was just there this week, if you are in a hospital taking care of veterans, you are the ones that we want and want to have and be a part of. You are the ones that should be the most happy in the sense of you are getting to do your job now because you have a Secretary who actually wants to cut the red tape, wants to cut your decisions, and so that we do not have to continually get in our own way.

The VA, unfortunately, over the years has become the absolute, at many times frustrating point for many of our veterans of what is known as red tape, of going through the process of trying to get things to happen, and yet it being denied. The sad part about it is, for the last number of years, and I have been in this body as well, and I voted for some of those pieces of legislation, the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act, also our Accountability Act and other issues that came before this body as we look forward to how do we actually better serve our veterans. Over the last few years, it seems that as we have looked at this issue, and we have looked at it from afar, even as far as back that we began to believe that the only issues in VA could be solved by simply giving more money and giving more employees. In fact, we have actually increased 52,000 full-time equivalents from 21 to 24. Things still have not gotten better. In fact, to be honest, according to the metrics of the VA that was established before I ever got there, they have gotten worse.

You have to simply ask yourself the question is what we are doing and how we are doing it the same way, the same way, making a difference. The answer is no. When your wait times go up, your backlogs go up, and you are not fulfilling the mission to the veteran, that is an issue that we have. Now when we look at these as we go forward, I am not going to be shy addressing the issues that we do and will in this room address today. That is that we are looking at our structure of our workforce and we are looking at a structure, by the way, as has been said, we have 465,000. It goes up actually a little bit depending on the day because we still in our VHA organization have 409,000 employees. We have over 28,000 physicians, 91,000 nurses. What is also not said, and it has not been said in this room today, is many of those doctors and many of those nurses do not see patients on a regular basis, if at all. Yet we still have doctor shortages, nurse shortages in clinics and hospitals in which we are hiring for every day.

My question is simple when I look at an organization plan is why are we simply looking at numbers that are not affecting? Why are we keeping a bureaucracy level that has grown tremendously over the last little bit with billions of dollars and with people. Yet the very metrics that this committee, under both Republicans and Democrat uses to judge efficiencies at the VA are going the wrong way, just to let you see. One of the things that concerned me from the moment I stepped into this job was 10 years ago, the Government Accountability Office (GAO) said that the VA was on the high-risk list. The GAO, not Doug Collins, not Democrats or Republicans. The GAO said that and they have renewed that every year. In fact, February we got our last needs improvement and also high risk. The answer has simply been many times to just, let us just

add more and add a little money and add this to it to see if we get any better. It is not worked. Many things of what we have tried so far. When it comes to the workforce and it comes to what we are doing is actually not having chaos, but actually freeing up our doctors and our nurses and our disability claims adjusters to actually do their jobs, to give them the tools. I found a department that could not even tell me how many employees we actually had. It took a week and a half. Where has oversight been on that? I think an organization that looks at it from a perspective of the bills that have been passed. We have been looking at Mission Act, The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, which is being implemented, although it was put together rather quickly. We are now getting it underway. In fact the numbers are pretty good in the sense that we have already had 6 million-over 6 million exposure screenings. We have added 985,404 total enrollees for health care on the PACT Act since it was signed in law. That is over a 2-year period and over 6 million 6 PACT Act disability claims approved.

When we look at what we have going on, we are addressing as many things as we possibly can. When we come at it at this, I will also say this, and I hope to answer your questions today. I hope we will can find some common ground and the Ranking Member if we cannot find common ground, we will attempt to find common ground. You and I came in together, we have been here a while and I commit to that. I will not say that we will see everything the same. To a VA workforce out there who has had to endure 100 days of false rumors and innuendo and what somebody from behind a paywall says, that is what scares veterans, that is what scares employees. I ask anybody on this committee today as we go through these questions, as we look at what we are trying to do and how we are trying to do it, if you are cutting away the red tape, if you are trying to get a doctor to be able to be seen or have more doctors in the clinics and more nurses in the clinics, that is the things we need. If you are wanting more and quicker disability claims and our backlog drop, which by the way, Mr. Chairman, I am happy to report that when it was I took office just 99 days ago almost, it was 260,000 in the backlog, it is now at 200,000. We have cut it 21 percent in less than 100 days.

When we look at this going forward, I look forward to your questions. I look forward to honest answers as we go forward from both sides. What we cannot do is deny that VA needs to change. The VA has things that need to be fixed, but we cannot continue to do the same things and call it a victory. As we go through today, I look forward to your questions and I appreciate the opportunity.

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

The CHAIRMAN. The written statement of Secretary Collins will be entered into the hearing record. Now. We will proceed to questions. General Bergman, you are recognized for 7 minutes.

Mr. BERGMAN. Thank you, Mr. Chairman. Mr. Secretary, good to see you.

Secretary COLLINS. Good to see you, too.

Mr. BERGMAN. I will cut right to the chase. I was encouraged by your recent comments at a Cabinet meeting highlighting the impor-

tance of advancing research into psychedelic treatments to improve care for our veterans, actually breakthrough therapy care. Last January, VA issued a request for application for proposals from VA Network researchers to study such treatments. In December, VA announced 1.5 million in funding for 3,4-Methylenedioxymethamphetamine (MDMA) assisted therapy, the first VA funded study for psychedelic assisted therapy since the 1960's.

Question would you talk a bit, even if a little bit, about the studies being supported by these funds? Do you have any visibility on that yet?

Secretary COLLINS. We are getting there, Congressman. I think that is one of the things that I have started to look at. I am also probably one of the first of the secretaries who have actually decided that we will take a look at it. We are not simply putting it off and we are going to do everything we possibly can under the rules given to us by Congress to actually continue that. Look, what we are seeing so far is positive. What we are seeing so far in some of the studies that are related to VA and also outside of VA as well, is that there has been, especially when it comes to PTS and also traumatic brain injury (TBI) and others, we are seeing some actual positive outcomes there, especially when it is coupled with intense counseling. I think that is one of the keys that we look forward to.

There are 11 current studies that are either with VA or around VA and that we are going to continue to look at. I am committed to working with the Administration, but also in what we are doing across the lines with Health and Human Services and also at U.S. Department of Defense (DOD) to say how can we actually make this a possibility? Now, I will say this. I do not believe it is a magic cure. I do not believe that it will work for everyone. It is something that could work for some. We are going to continue to look at it.

Mr. BERGMAN. Thank you. Congressman Correa and I lead the Congressional Psychedelics Advancing Therapies (PATH) Caucus here in Congress. I would like basically to consider you consider committing to incorporating congressional voices in some of these important conversations because over the last couple of years, we as the caucus have had some really spectacular research speakers come in. If we can be included as appropriate, that would be great.

Secretary COLLINS. Of course, Congressman.

Mr. BERGMAN. Second, Choice for Veterans. I appreciate your acknowledgment that VA is in desperate need of reform. For too long, veterans have been forced into a "one size fits all" bureaucracy that fails to deliver to them the earned care and benefits in a timely manner. Under the Biden Administration, the agency experienced huge backlogs and rising care wait times. Something has to change and it is our job to make the change. The VA Committee recently approved the Choice for Veterans Act here last week in this room, a bill that Chairman Bost and I had introduced to help veterans secure their disability benefits by expanding access to accredited representation and imposing new penalties on bad actors in that space who are seeking to prey on vulnerable claimants. Do you believe that expanding the options available to veterans, particularly by allowing them to work with trusted accredited representatives, that that could help improve the outcomes they experience when

they are pursuing their benefits? Basically, all good actors accredited, no bad actors.

Secretary COLLINS. I think anyone that helps the veterans get what they need is something that we need to look at. I am going to also take it a different step for just a second. It is fundamentally flawed in my mind that we have a system in which veterans have earned benefits that they feel like they need to get somebody to help them with to get. I think this is, I guess, goes back to a core statement for whichever, you know, I think for both sides of the aisle. Why do we have a system in which you have a veteran who has served our country, earned a benefit, have to go through a process in which they feel like that they have to get outside help to do that, whether, you know, accredited, unaccredited, I mean, have that choice. What we are looking at right now, and I have talked to every regional office I have went to and every other is how do we make this process simpler? I mean, there is a simple.

There is an interesting page for me that I found the other day that when you are beginning your claim for disability, do you realize that we have a whole sheet that asks for your entire military history, basically, and where you served and when you served? We do not need that. We just need their name, their Social Security number, their date of birth. We can get that. Why are we making them fill that out? This is the kind of stuff we are talking about. That makes general sense to most everyone. We are looking at, you know, any way we can to help the veteran get the benefit they need. We are starting internally to make sure that we can do the administrative stuff we need so that you can cut through the bureaucracy to get the benefit that you need and get it done quickly.

Mr. BERGMAN. Absolutely. The idea that only within the VA can the responsibility reside for really solid, exact accreditation on all counts. Who is ever asking to be accredited. That is in the, in the VA's ballpark and that is what we are asking for, is that the VA will actually accept that responsibility. That is where the key is, I think in the better outcomes for the veterans in the appeals process.

Secretary COLLINS. Yes. I think that is one of the things I will state that to get that started with us in accreditation, it is sort of outside our scope as far as us accrediting outside individuals. We are willing to do whatever the Congress asks on that and we are going to focus it and we will make sure that the resources are available to make that happen. Can I also hit though you talked about community care because this is actually where this all goes. I do not agree, and this is just a difference of opinion. I do not agree that community care is a giveaway to private physicians in public hospitals. In fact, I think that is the actual non-intent of the Mission Act was if you met criteria you could go outside the system or wait times or even the fifth number is where it is the best medical interest of the patient, between the doctor and the patient.

This is something we have got to deal with as well is that that is the intent of the law and that we are not taking VA care from one and giving it to other. VA care we expressed in our hospitals are expressed in through community care and which we are paying for is VA care and we are going to hold it to the highest standards.

Mr. BERGMAN. Thank you. With that, Mr. Chairman, I yield back 40 seconds.

The CHAIRMAN. Gentleman, yield back. Representative Pappas-Ms. Brownley. Recognized. Ms. Brownley, you are recognized.

Ms. BROWNLEY. Thank you, Mr. Chairman. Thank you Mr. Secretary for being here. I am going to start out with a question and I do not want you to think I am being combatant here. I am not. I just want to understand what is going on. It is a question around non-disclosure agreements that I am hearing. I have a copy of a non-disclosure agreement here that it appears as though you are requiring supervisors at VA to sign these nondisclosure statements as you go through this reduction in force plan. I think one of the things in this non-disclosure that seems to be not in it is a protection for whistleblowers. I think Title V requires that there needs to be protection for whistleblowers. That seems to be lacking in this non-disclosure agreement.

I am also hearing from employees that they are saying that spyware is being installed in their computers to monitor their emails and teams messaging, et cetera. You know, generally my question is this kind of feels as though you are not creating an environment that is where people are motivated to work as hard as they can for our veterans. You know, I was selected at the same time you were. You know, certainly I would think as a former member as you are, you would be asking similar questions, I think. I am just asking, why are you doing this?

Secretary COLLINS. Thank you, Congresswoman. It is good to see you again. We did come in together. Look, the NDA simply restates, you know, Title 18 USC 1905, in which the employees and others are not to discuss is to keep sensitive information in any department internal. We are dealing with a issue right now that is a dramatic change for the VA and we are looking at workforce and one of the issues that we are having to deal with workforce is one of the things. I am going to just, I will be very upfront with all of you here today before we even go down some of the line of questioning. There is not a time that I am going to, in a public setting go into details as far as this group of people being looked at, that group of people being looked at, not in a setting like this. That is not fair to them, and it is not fair to this Committee.

This is simply a restatement. All of the protections that are afforded a whistleblower or work with, communication with Congress, classified information, any reporting to Inspector General, mismanagement, anything else, are all protected in that NDA. It does not curtail them. This is simply an opportunity for us to have open and honest dialog about where our workforce should be shaped.

Ms. BROWNLEY. Where does a whistleblower go if they feel the need that –

Secretary COLLINS. Office of Whistleblower Protection. We have it inside our own agency. That is where they go.

Ms. BROWNLEY. It is still there? It is still operational?

Secretary COLLINS. Yes. It never went anywhere. Ted is still there.

Ms. BROWNLEY. I am not sure what you are saying, but anyway. Okay, so let me move on. The Elizabeth Dole Bill. I was very in-

volved with the Elizabeth Dole Bill and was wanting to hear from you about when you think the it will be implemented. It was passed about, I think 6 months or so ago. It is certainly something that our veterans and certainly the Elizabeth Dole Foundation is very anxious to see implemented and get started. Could you speak to when the implementation is going to take place?

Secretary COLLINS. We have already started the meetings in internal operations only Dole Act on how to actually we are going to be doing that, but we are not rushing through it. One of the things I think that we did learn from the PACT Act was that something even a good idea such as the PACT Act, if implemented quickly, could lead to issues of budgets, issues of staffing and who actually how it is actually rolled out. Probably over the next couple of months we are going to see we have already been meeting, and I think there is actually been some conversations with the Hill and staff and we can be happy to get you more on where we are exactly at right now. We are looking to do that and get it on time with the requirements of the Dole Act.

Ms. BROWNLEY. When our staff was being briefed, they were told that Section 120, which is an important section because this is where the 65 percent cap on expenditures for non-institutionalized care is lifted. We were told that the VA is not planning on implementing that until January of next year. I bring this up because we have veterans, Amyotrophic Lateral Sclerosis (ALS) veterans, veterans with spinal cord injuries that need and want their care at home for a quality of life. I think that they deserve and they cannot. They are out there and they cannot have it because this cap is on there and there is not enough resources to have them stay at home with dignity. They are out there waiting.

We have actually heard that some veterans who have been on ventilators have lifted the ventilator because they do not want to go into institutionalized care and really have just taken their own life. They are out there, you know, just hoping, praying that this will be implemented so that they can be taken care of with the dignity, as I said, that they deserve.

Secretary COLLINS. Yes, thank you, Congresswoman. I agree. We are going to move as fast as we can and make sure that it is actually done properly to get it to everybody so that when implemented it will be done. I will check into the year there and go back and get you more information on that and we, what we are finding is as we get into it there may be times that we can actually implement things quicker. I think they want to give a timeframe that may be workable but could be done quicker. We will actually look into that.

Ms. BROWNLEY. Well, and I will say to you that the implementation of the Elizabeth Dole you will save money because getting the care at home is less expensive than it is an institutionalized care. It is a win-win because that is where veterans want to be cared for is in their homes, particularly aging veterans, disabled veterans. That is what the Elizabeth Dole bill was really all about. It is, you know, it is a win-win all the way around. I know you are trying to, you know, use resources as effectively as possible. Well, implementation of this bill is a road to go down quickly where you can save money and invest in other areas.

Secretary COLLINS. I agree. That is also one of the issues that we are making sure that we do have the investment because some of the bills is still, you know, we are still determining what the funding mechanisms were because they were not funded in the act as we go through. Those will be issues that we are going to work toward. Let me just say on a personal note, I understand that completely. Having a daughter who has spina bifida and in a wheelchair, the needs at home sometimes can be just something that you have to prepare for. We have had to do things in our own house over the last 30 years that I would have never thought I would have to.

Ms. BROWNLEY. Very good. Well, my time is running out but I did wanted, I wanted to ask you, I know you have talked about world class healthcare for our veterans. Just hoping that you will uphold the world class standard of team based the team-based model of anesthesia within our hospitals. I think it is really important and with that I yield back.

The CHAIRMAN. Gentlewoman yields back. Dr. Miller-Meeks, you are recognized for 7 minutes.

Ms. MILLER-MEEKS. Thank you very much Chairman Bost, Ranking member Takano. Thank you very much Secretary Collins for being here. As both a veteran and a physician, thank you for your advocacy and support of our veterans. Let me also just start off before my question echoing Ms. Brownley's last statement about the team-based model in anesthesia care. As both a nurse and a physician, married to a nurse and a veteran, I would echo that sentiment that we want to deliver the best care to our veterans. The committee has heard about reports of a referral coordination initiative being used as a means to bring back care into the VA once a veteran has been referred to community care. I am also going to say that I was a proud veteran delivering community care within a community for veterans. I have been part of that process on the delivering end of community care.

You made a statement that community care is VA care. My presumption would be that it should be left to the veteran to make that determination or whether they, if they have had initial community care, if they want to transfer back. Could you give me your thoughts on that?

Secretary COLLINS. Yes, that is. That is exactly right. I think this is a choice that we need to give to the veteran because it is in law and this is the way the law is interpreted. You meet the qualifications, you get the choice of community care. I think that is one of the things that we have seen, though, unfortunately in the last few years is. This is a story I will tell, and it is because it is very concerning to me because we, unfortunately for some, the MISSION act and some with internally in the VA seem to view the MISSION Act as setting up an us against them scenario, the VA care versus community care that the doctors here and the doctors there. In fact, it was unfortunate this past week I was asked a question when I was traveling in Minnesota in which somebody was not happy with, with me and that is normal, but you know, we get it. They actually said through the reporter and the reporter asked me the question, well, why would we need to keep all veterans in VA. VA has the quality care and the community does not. I thought to

myself, why would somebody who is one protesting us degenerate all the doctors in Minnesota? That is exactly what they did.

Whether they meant to or not was irrelevant. That is what they did. We have got to get over this idea that it is one doctor against another. There is also a thought inside the VA that the VA doctors in some way are supervising the community care doctors. This is slowing some of our work down. The other issue with community care that is problematic and we can, I hope we get to talk about this today is our electronic health records (EHR) management system, which does not allow us to communicate with doctors. For us, it is just about getting the care to where the-again, veteran first, not VA first, veteran first. The VA is there to exist to serve the veteran.

Ms. MILLER-MEEKS. Thank you. This FoxGrant program is set to expire at the end of this fiscal year. What do you see as the long-term role of this program in VA suicide prevention strategy?

Secretary COLLINS. I think it is a great program because it actually brings in some different voices into the conversation. I am not satisfied at all with where we are in our response to our veteran suicide issue, our death by suicide issue. This is just not something that is tolerable. To the folks on this committee and especially if you are new to this committee. Just understand, since 2008, our veteran suicide number has not changed. Understand 2008, our veteran suicide number has not changed. Yet over the past few years, we have added $588 million every year for the last few years to veteran-to suicide prevention. It is not working. I want to use grants and programs like this to reach out beyond the scope of where we are currently reaching to say how can we actually touch the veteran that is not being touched right now by these programs?

Here is another thing for you out of that, whether you use 17 is your number, 22 is your number, whatever number you have, half of those have never had VA connection. Half of them we have never had a chance to touch. We have got to do better at using the grants, using our programs to go outside the normal bubble and use others to help get the word out.

Ms. MILLER-MEEKS. You may not hear this question. I agree with that. Also General Bergman's comments about emerging breakthrough therapy. Never thought in my medical career I would be talking about that. Yet it does show promise in reducing Post-Traumatic Stress Disorder (PTSD) and suicide. The VA's leasing process continues to face long delays, overruns, and cost overruns with outpatient clinic leases. The building for those leases, the construction, I mean, often taking years to complete. Do you have a plan for that? If not, I would love to meet with you. I have met with people within my district who actually do construction. They are more than happy to save the VA money at their behest, making less money for them in order to have a more efficient process.

Secretary COLLINS. Congresswoman, this is going to be the one time I am looking at the Ranking Member and the Chairman and just as I did this morning with the appropriations committee and everybody in this community, help me. Our procurement system, especially when it comes to construction and new facilities, is broken. I mean, and we are not even at the point where, and this is not throwing anybody under the bus. It is just they are given a sys-

tem that does not work. I was here and many, several of you were here when we had the issue first come up and we started. One was in Colorado. Then there was others that, you know, were right now, it is no reason, in all fairness that it takes a billion six to build a medical center. There is positions on this panel. Your local hospitals, in fact, in my hometown just built a hundred plus you know, several hundred plus bed system, put an Operating Room (OR) in it, put an Emergency Room (ER) in it. They built it in less than 2 years and it is a lot less cost.

Our leasing programs need to be streamlined, our building programs need to be streamlined because right now there is not really, if you would, as I call it, that touch point, that one belly button touch point where I can actually say you are responsible for this or holding them accountable for contracts in which they do not meet their deadlines. I am asking for help here on this one.

Ms. MILLER-MEEKS. Be happy to help you with that in our Communities Helping Invest through Property and Improvements Needed for Veterans (CHIP IN) Act. Then this is just a very, very minor thing, and I know it is minor, but I have had veterans in my district contact me and send me photographs of our VA hospital which show a blank wall and the photographs of the President and the Vice President are not there. I know it is a minor issue. Is this something that comes from the VA or, or how can I help these veterans and answer their problems? If you could just address that quickly. I know you gave me extra time, so.

Secretary COLLINS. No, I appreciate you. No, they should have the pictures. There was a delay and I think one of them was at the Vice President's picture was one of the delays. My picture. You know, look, it is out there in the President's picture. It is. It is very important to our veterans. I get those calls all the time. We are doing everything we can to get those pictures out and make and this is a change to any administration. It needs to happen quicker. It did not. It does not most of the time. I think it is being done as quickly as possible.

Ms. MILLER-MEEKS. Thank you so much. I yield back.

The CHAIRMAN. Representative Pappas.

Mr. PAPPAS. Thank you very much, Mr. Chairman. Mr. Secretary, thanks very much for your comments. I want to ask you about an issue that is critically important to veterans in New Hampshire. New Hampshire remains the only State in the contiguous 48 states without a full-service VA hospital. The Manchester VA Medical Center was built in the 1950's. It continues to experience serious infrastructure issues. Pipes bursting in the winter, flooding, heating outages, even insects in the operating surgical suite. On May 9th, the Trump Administration announced an executive order (EO) directing a feasibility study at the VA within 180 days of the order, submitting a plan to the president, an action plan to expand services at the Manchester VA into a full service medical center.

Veterans have been asking for this for about 20 years now. They are ready to move past the talking stage and to see some action on this. I am wondering if, as this study is moving forward, you are going to work to engage with veterans and stakeholders in the

State of New Hampshire to make sure you are hearing directly from them and capturing their feedback.

Secretary COLLINS. Yes, Congressman, I appreciate that and I appreciate you carrying the torch for that. Also, I have talked with your Governor about this as well, and I can report to you that that feasibility study started this week and we are going to be working with our stakeholders in New Hampshire and other places to make sure that this goes through. Following through the promise of the President who made the promise to look at your facilities up there, that is what the EO said and we are already started that process and we started it this week.

Mr. PAPPAS. I appreciate that. Do you start this process with the commitment to establishing a full-service hospital in New Hampshire?

Secretary COLLINS. I believe that is the desire of the administration as we go forward and we are looking at it from that. You have a system in which we are going to look at and make sure that we get the proper needs and the proper care in that area.

Mr. PAPPAS. Thank you. I appreciate your attention to that. Before I get to my next questions, Chairman Bost, I ask unanimous consent to enter into the record data received from the Housing Policy Council showing over 80,000 veterans State by State, who are at extremely high risk of foreclosure.

The CHAIRMAN. Without a rejection.

Mr. PAPPAS. Thank you very much. I disagree fundamentally with VA's decision to end the VASP program. I want to ask you a little bit about the timing around that because it was extremely unclear who was informed and when. VA briefed committee staff on April 9th that VASP would stop accepting applications from lenders on May 1st. I am wondering when VA first publicly posted the information to the general public about its plans to stop accepting VASP applications.

Secretary COLLINS. As far as an exact date on when published, I would have to get you an exact date. I think going the VASP program in general, though, this is a program that I think many on this committee have strong feelings about. Should have never started to begin with. This was not a congressional mandate. This was not a congressional program. It was stopped and it had already got into an area VA did not need to be in to start with.

Mr. PAPPAS. We have the date. Basically, April 23d is when that was posted publicly. Literally a matter of days before veterans were made aware of the fact that this program was coming to an end. I ask about this because we heard directly from a constituent who was caught up in this. He is a veteran who-his name is Daniel. He is 100 percent service disabled, veteran of the first Gulf War, reached out to our office days before the end of VASP, understanding that he might still have a chance to get into this program and to make sure that he could start making payments and stay in his home along with his service animals. I am wondering if you have any guidance for veterans like this who have been caught up in this period of time where VASP is coming to an end. There was not clear communication from the department. What do veterans like Daniel do to be able to stay in their homes while we wait for

Congress to take the important step forward to develop a partial claims program?

Secretary COLLINS. Well, I think that is what the first step is, is Congress needs to act upon this. This should not have been a program that was taking money away from other things to start and getting the VA into a mortgage business. I mean, the numbers here, I think at this point, it stopped on May 1st. No one who is currently in VASP was taken off VASP. Anybody who currently is working through VASP is still on VASP. We just did not take any more.

Mr. PAPPAS. Respectfully, it is not a good enough answer for my constituent. He is someone who understood that the date was coming May 1st, was trying to work with his lender to get into the program, and now he is not sure he has any other opportunity to protect his home and to stay in his home. We are facing a housing crisis in New Hampshire as we are in states across the country. Would you be open to a foreclosure moratorium in the interim while we await action in Congress to develop a bipartisan plan for a partial claims program?

Secretary COLLINS. I am not going to commit to a program on the fly here in the middle of the hearing. I think I understand your concern in looking at it, but again, sort of, we set up a problem that was going to end up developing. The reason VASP was stopped was because the VBA, which took money from other programs, reprogrammed from other things to do this program, came forward and they were now going to ask for multiple billions of dollars out of their mandatory program to go forward, which I would have had to come to Congress for. It was just an area that it had to be a time to cut it. We did it as much as we could. It is not an answer I know you want to hear or the veteran might want to hear, but this is just, it is a program we should have never gotten into.

Mr. PAPPAS. Look, I disagree with that answer. I think the fact is this was a last resort program that was a should, should have been a stopgap while Congress developed something that was more permanent and we are working on that. We have got to be looking out for constituents like this who number 80,000 across the country, people that are at risk of foreclosure, veterans who deserve our support. I want to get to just a final statement here. I hear from veterans across New Hampshire that are deeply concerned with some of the moves they see being made by VA. Now, I agree with your statement that you made in your testimony that we have got to be looking out for end veterans, and I believe that we do that on this Committee. I have served here for 6 years now through administrations of both parties. I take exception to the claim of what you have said, which is that, quote, literally all VA stakeholders agree with what needs to be done and that is reflected in the action that you are taking.

I do not think that is true because veterans I talked to do not agree with the abrupt ending to VASP. They do not agree that we should put more veterans at risk of foreclosure. They do not agree with the fact that we have seen crisis line employees lose their jobs who are in probationary status. They do not agree with the fact that your stated goal is to fire 83,000 workers. That would cut

deeply into VA's ability to meet the needs of our veterans and provide the kind of care and benefits that they deserve. We have got work to do to make sure that we are improving services at VA, that we are getting things done for veterans. Let us be willing to work together and do what it takes to meet the needs of these heroes who have worn the uniform and have done everything to serve the United States of America. Veterans know that we need more. We need better cooperation. We need better leadership from you to get the job done. I yield back my time.

Secretary COLLINS. Mr. Chairman, can I answer? Alright, that is fine. We will keep going. Just keep going.

The CHAIRMAN. Just real quickly. We are scheduled to pass the Partial Claims Bill next week off the floor over to the Senate. I would encourage everybody to support that so that we can cure those type problems and then go and encourage our Senators to do the same as quickly as possible. With that, Dr. Murphy, you are recognized for 7 minutes.

Mr. MURPHY. Thank you Mr. Chairman and welcome Secretary Collins, I am very heartened to see someone of your caliber, intellect, and desire to help our veterans. We appreciate your service. You know we started off the Committee, we talked about what things are different now. It is oversight, it is accountability. Personally, I liked our last secretary, but I thought he was extremely ineffective. We come in here and we were riddled with a sexual scandal cover up that occupied unfortunately a couple hearings in this Committee. We had cost overruns, but they were not cost overruns. It is time actually for people to come in and as you said, the VA is broken and continuing to pour money and to hire individuals who by the last administration's report over hired. It just is nonsense. It does not help our veterans. To that point, you have been in this job 4 months. Can you tell me on a scale of 1 to 10 how good you believe our VA is efficient?

Secretary COLLINS. An overall number would probably not do justice to everything. I think there is some areas that we are completely inefficient and then there is other areas that we have been able to do things better. I think it is, I am not going to make a blanket statement on that we are a four or five. I mean I was, I do not rating a record but yes, I think, I think we are probably at a special age when it comes to our Information Technology (IT) programs, when it comes to our employee management, when it comes to our efficiencies in doing things such as contracting, payroll, Human Resources (HR). We are probably, you know, lower than we need to be, especially when compared to the industry.

Mr. MURPHY. Yes. You know, you spoke, you spoke a little bit about building a hospital. I have been intimately involved in a lot of administrative stuff. I still practice, I still see veterans. If the outside world can do things infinitely more efficiently, less cost effective, why can the VA not do it? This is just emblematic of what you know, some people feel our government should do is just pour money into a system that does not work. I appreciate the efficiency and accountability that you bring into the office.

One thing speaking of which, I would love to bring up the EHR issue. I have sat on this Committee now, I think close to 6 years and I am still dumbfounded at the billions and billions and billions

of dollars that have been poured into an EHR that should have never been done to in the first place. It is not a system that should be used for the largest healthcare system in the country. I know this is a big priority, yours, and I would love to know your thoughts about how we can actually implement a system that is only in just a few hospitals and centers at this point.

Secretary COLLINS. Thank you, Congressman. This was the one that was dropped on my plate from day one. Frankly, it was just dropped as a, you know, just a cold fish, so to speak. It was just nothing was happening. The previous administration, the previous secretary had put a pause and basically it was just sort of a death knell because nobody was talking, nobody was doing anything to move anything forward. This was after we had poured billions of dollars into the system. Now, I choose to. I could go back and I could, you know, talk for days about how it was, you know, probably poorly started, poorly funded, poorly integrated, poorly everything. What I chose to do was from day one is walk in with fresh eyes and say, okay, here is what I have been given. Here is what we have to do.

What we did was we basically took the two positions, the VA position and Oracle position, and we came to see what each said about each other. Then we put them in a room and then I had them basically talk to each other and then I locked them away and said, we got to fix this system. Do not come out until you fix it. What we are at right now is instead of maybe four next year in the Michigan area, we are actually going to be doing 13 across that entire Veterans Integrated Service Network (VISN). Let me just tell you what I have control over and also what I have control over a vendor or a client, which I believe Oracle to be. VA is, we had almost, I think it was eight or nine committees that everything had to go through to determine what standardization would look like. In other words, if we wanted to code something, it had to go through eight different committees differently then to come to a final committee before then could go to be discussed with Oracle.

I did away with every committee except the final committee after they had their meeting. We only have one committee now. Dr. Evans talks directly to Oracle, Oracle talks directly to Dr. Evans on standardization issues. We are going standardized from here on out, which is what every other hospital in the world does. We have about 10 percent that is unique to VA, and we are going to work through those again as we go forward. By doing that, that was able Then to allow us to speed up the process and allow us to add the nine more sites that we are going to. This also then takes into account looking ahead to gain momentum. Is anybody here in a longer system? If you go back to DOD and for both sides of the aisle, the DOD did this over the years. They had a pause and they actually came out of the pause and were standardized and got it done. They finished their side of it and roughly the same time the VA was supposed to be. We are just looking to actually now get the momentum so we can go into others 20 to 25 to 30 to get this done.

Mr. MURPHY. I applaud you at that. It was criminal that nothing more was done. This has been a failed system from the start. It is neglect, it is point blank neglect that this is not already in every VA system. To your point earlier about being able to communicate

with community care doctors, everything. I do not know what the hatred is about community care on this, on in this committee. Sometimes I swear to God, they just do not. I do not understand it. I have taken care of patients. We want a seamless approach, and we want the best physicians and the most readily accessible physicians. It is nothing a pro or con, anything against or for the VA. It is pro veteran. It is what is being done. We need to be able to communicate with those individuals. I do not know how many times I have seen a veteran and I cannot get records from hell about the patient itself. Thank you for actually doing something about it.

I am going to follow up with one other point that is already been stated twice. Anesthesiologists need to be in charge of the operating room. It is a team approach. There needs to be a quarterback. I do not care if the fullback says that they are as good as the quarterback. They are not. That is what we want. We want the best for our veterans and that is the period. Finally, an issue that is near and dear to me. You have talked about veteran suicide. We have talked and talked and we have poured money upon money upon money and we have not moved the needle. I have scrubbed a particular therapy that I truly believe moves the needle in the State of North Carolina. It is doing tremendous things to help our veterans. That is hyperbaric oxygen. I do not know why this is a partisan issue. They are using it all over in Israel. They are using it in other places in the country. I have a bill, H.R. 1336, Veterans National Traumatic Brain Injury Act, that heretofore the VA has opposed the bill. We want to do everything for those individuals who are at the end of their rope. I would love to have the VA drop its opposition. This is something our veterans should have in their arsenal.

Secretary COLLINS. Congressman, I look forward to working your bill through the Congress. We will be from our perspective, giving the treatments we have had, the research that we have to provide you, the research that we have seen and where we can find that it might work. They will be happy to see that. Come on. We will follow the lead of this Congress.

Mr. MURPHY. I appreciate that commitment. Thank you, Mr. Chairman, I yield back.

The CHAIRMAN. Representative Cherfilus-McCormick, you are recognized for 7 minutes.

Ms. CHERFILUS-MCCORMICK. Thank you, Mr. Chairman. Thank you, Secretary, for being here today. I have a few questions for you. Would you agree that housing is an important priority for our veterans?

Secretary COLLINS. In generalization, question, I mean, is housing important for anyone? I mean, I am apologize, I am not sure what.

Ms. CHERFILUS-MCCORMICK. Do you prioritize veterans benefits when it comes to housing? Making sure that our –

Secretary COLLINS. I prioritize all the benefits that are veterans earned.

Ms. CHERFILUS-MCCORMICK. No, specifically, it is yes or no. Then we can just do yes or no.

Secretary COLLINS. Well, I will do that if it actually answers the question.

Ms. CHERFILUS-MCCORMICK. Is it a yes or a no, sir?

Secretary COLLINS. For what?

Ms. CHERFILUS-MCCORMICK. Do you prioritize veterans housing?

Secretary COLLINS. I prioritize all veterans benefits.

Ms. CHERFILUS-MCCORMICK. Yes or no? Yes or no, please.

Secretary COLLINS. Yes or no to what? I mean we can play this game back and forth.

Ms. CHERFILUS-MCCORMICK. Secretary Collins. I am not interested in that. I am really getting –

Secretary COLLINS. It seems you are.

Ms. CHERFILUS-MCCORMICK. Secretary Collins. I am not interested in that. We have real concerns, especially in the State with our veterans. Could you please answer it yes or no. If you choose not to answer, just say you choose not to answer and it is not important.

Secretary COLLINS. Do we prioritize housing for veterans? Yes. We also prioritize healthcare.

Ms. CHERFILUS-MCCORMICK. Thank you. Do you prioritize and fully commit to housing veterans, especially when it comes to flexible assistance to homeless veterans?

Secretary COLLINS. I will fully commit to helping the veterans in any way we can through the programs we currently have. I refuse to get the VA involved in something like VASP that we should have never been involved with to start with.

Ms. CHERFILUS-MCCORMICK. Excuse me, could you please answer my question because we are not talking about VASP. Once again, the question is, if you would like to listen to the question is do you support providing flexible assistance to our homeless veterans like access to transportation, hygiene products, blanket support to help our veterans.

Secretary COLLINS. The answer is we support our veterans.

Ms. CHERFILUS-MCCORMICK. Yes or no?

Secretary COLLINS. Yes. I mean, yes. The question, I have a question. Where are we not?

Ms. CHERFILUS-MCCORMICK. Do you believe that access to lands owned by VA should be in part used to address veterans homelessness. That is yes or no.

Secretary COLLINS. If the land is suitable, it can be used.

Ms. CHERFILUS-MCCORMICK. Yes or no?

Secretary COLLINS. I cannot give you an answer to a question that has a hypothetical. That cannot be answered.

Ms. CHERFILUS-MCCORMICK. It is a yes or no.

Secretary COLLINS. No, it is not.

Ms. CHERFILUS-MCCORMICK. It is. Okay, so.

Secretary COLLINS. Mr. Chairman, I mean, I cannot answer.

Ms. CHERFILUS-MCCORMICK. Excuse me, it is my time, sir. It is my time. You do not need to look at the Chairman. I am right here, and it is my time.

Secretary COLLINS. I know exactly where you are.

Ms. CHERFILUS-MCCORMICK. Okay. Thank you.

Secretary COLLINS. I cannot answer your question.

Ms. CHERFILUS-MCCORMICK. The respect that I am giving you, I deserve it also.

Secretary COLLINS. I will get it.

Ms. CHERFILUS-MCCORMICK. Please answer those questions as yes or no, because you are taking up my time with this. The next question I have for you now, there is so many veterans who are losing their homes, especially in Florida, and we are finding more of them becoming homeless. My real concern is about the Elizabeth Dole Act. We have a clause in there that actually deals with that, and you have not been implementing it. That is why I want to identify if this is actually important to you or if it is a priority. My veterans do want to know if this is one of your priorities.

Secretary COLLINS. Yes, it is a priority. Anything in the Dole Act we will implement.

Ms. CHERFILUS-MCCORMICK. Why have you not taken it to implement it in these stances?

Secretary COLLINS. The Dole Act was given at the end of last administration. It came in, and I have been in here over 4 months. There are 72 total provisions in the Dole Act. We have completed nine. We are working on track with 55. We got two that we are still at risk and we are still working. We are doing everything we can in the time.

Ms. CHERFILUS-MCCORMICK. If housing was in fact a priority for you, would not you skim it to find out which priorities or how can you actually make housing accessible? My question is, we looked at and we saw that there was a significant gains were made toward homelessness from January 2023 to 2024. Right now we are seeing that there is a potential for us to lose the momentum that we have been gaining. In addition to that, when we talk about the purchase, the Service Purchase Program, which you said that you would like to terminate or you are terminating, we want to know what are the other instances or what do you have in place for our homeless veterans to protect them?

Secretary COLLINS. The issue in termination of VASP is we go is that we are looking to do everything we possibly can that is already currently there for veterans in the VA for assistance, whether it be their mortgage or other things. We also can work with other agencies such as U.S. Department of Housing and Urban Development (HUD) and others to find ways to help them as we go forward. I am willing to look and move forward anything we can without sacrificing also the bigger picture. I am not unfortunately able to just simply pick the areas, especially in a Dole Act where I want to get all of it implemented for all of the caregivers as we go forward. I think the Trump, Donald Trump, just a few with Congressman Pappas as well, that EO also talked about using facilities. The VA, which has been ignored and frankly under previous administrations was allowed land that we had that we could have helped homelessness in LA was actually farmed out to private schools and ball fields. I am trying to look at it from a State of mind.

You and I actually agree probably more than unfortunately, this came off and I apologize for that. We agree on this issue that we need to look at what we can do within the confines of what we have.

Ms. CHERFILUS-MCCORMICK. How quickly do you believe that you will start prioritizing or putting this in place? I have to answer to my veterans also to make sure that we see them and we understand that housing is so critically important, especially toward their dignity and the contract that we have with our veterans, which is to protect them and make sure they live with dignity.

Secretary COLLINS. I agree with you and I will be happy to work with you and talk about specific answers, especially Florida. I have Georgia is my home. I do not get there very often anymore. It is a very similar situation for us on housing cost and housing quality. Any of those information within the Dole Act we are going to continue to implement. If there is ways that we can help expand something we currently already have, I am willing to look at that as well. Well, but I think this is just where we need to make sure that we are doing stuff that help and does not either have a negative impact some other place with other programs.

Ms. CHERFILUS-MCCORMICK. My last question is going to be really quick. Even though it is a huge issue. It is about the dismantling of the Office of Equity Assurance. We just had a roundtable where we had many of our minority veterans there who talked about the disparities in them actually drawing down their benefits. Specifically, when it comes to PTSD. How are you going to handle these situations? Specifically when that office has been dismantled?

Secretary COLLINS. That office, again, being dismantled has nothing to do with the fact of my commitment to make sure any veteran who has earned a benefit gets their benefit, no matter what their background, what their skin color.

Ms. CHERFILUS-MCCORMICK. Specifically the disparities I wanted to point to. How are you going to handle the disparities? We have years and years of documentation, especially when it came to housing where we saw different generations that were disadvantaged. How are you going to do that, specifically when this office has actually been dismantled?

Secretary COLLINS. I think it is. It is when you are actually supposed to be doing your job. It takes a secretary to lead and make sure that our organizations are not doing anything away from it.

Ms. CHERFILUS-MCCORMICK. Will you be handling that? Will you be handling it? You said it takes a secretary.

Secretary COLLINS. It takes a secretary to give leadership to the organizations that are supposed to be approving our benefits. Congresswoman, if you have somebody who has been discriminated against or not getting the benefits they have earned, then I will be happy to work with you to make sure that is rectified. That is something against the law that we are not going to break law. We are going to actually give the benefits that they have earned.

Ms. CHERFILUS-MCCORMICK. Okay, so specifically, should they contact your office then, because this office has been dismantled, who should they reach out to?

Secretary COLLINS. Well, the question is it is not the office. It was not a part of the benefits that they were not getting. Why are they not contacting the office of the benefits in which they were denied?

Ms. CHERFILUS-MCCORMICK. Excuse me, sir. The question specifically is who should they contact?

Secretary COLLINS. Which benefit are they looking for? If they should call VBA, which is the benefits, that would be the area to call. If it is a –

Ms. CHERFILUS-MCCORMICK. There is not going to be, the elimination now is going to be shifted to different offices. Thank you. I yield back.

The CHAIRMAN. Representative Van Orden, you are now recognized for 7 minutes.

Mr. VAN ORDEN. Thank you, Mr. Chairman. Mr. Secretary, I want to thank you for getting something accomplished in less than 100 days that I have been trying to do for 2 years, and that is to get rid of a program that has never existed since the time someone lent someone seashells to buy a cave. That is the VASP program. The Veterans Affairs Administration, under the previous administration, decided to take on $17 billion worth of debt without conferring with Congress. To me, that should be unlawful.

Let me explain what the VASP program is for those people that are not on me and Chris's subcommittee. The Veterans Affairs Administration, in the previous administration, decided to start buying home loans, reducing the interest rate. If it was at 7.5 percent, the VA would buy the loan from a lending institution, lower the interest rate to 2.5 percent, and they spend an average of $360,000 per home. They did this up to the tune of $17 billion. The amount of money the average veteran was in arrears was $25,000. It was a $25,000 problem that was solved with a $360,000 solution. That is how the previous administration ran the VA. Doug, excuse me. Dennis McDonough was a friend of mine and I actually respect him tremendously, but that was just foolish and wrong.

In 99 days, or whatever the heck it is, you got rid of that. I thank you tremendously for doing that. That showed really incredibly bold leadership. We are getting arrows from this, right? Well, guess what? I am going to give all of my Democrat colleagues the opportunity to help rectify what they are talking about today because H.R. 1815 will be on the floor next week. I would encourage everyone to put their money where their mouth is and vote for that partial claim thing. You do not want someone to get kicked out of their house. Vote for H.R. 1815 or stop talking. That is all I am going to say to everybody about that.

Here is what happened, Mr. Secretary. I had my graphics team draw this up so I can explain to some people what is going on. Here it is, right there. That is the whole VA. This is the problem with the VA, okay? This is the increase in bureaucrats. These are the doctors. It is almost a flat line. Then we have an increase with the veterans because of the PACT Act. Right. When we are going to cut the VA, and I hope you do, sir, this is where you need to make the cut. Right there in this line. Right there, sir. Mr. Secretary, if you cut this, then this line with the doctors and stuff, the people that are actually touching our veterans and providing care, can go like this, right? Then we can match the increase with vets.

Mr. Secretary, I am incredibly happy and looking forward to working with you and your administration. If there is anything, just if you have a top line item that we can do from the congressional side, power of the person, all that stuff, if you could, you

know, rattle off one or two of them, would be great. We will write these down and we will take it for action. Mr. Secretary.

Secretary COLLINS. Thank you, Congressman. I think one of the things you mentioned there at the end is something that is very important because it is also been one of the most misconstrued and also used to scare veterans and also scare employees concerning what we are looking at in regards to a reorganization of, of staff and how we look at this. As I stated earlier, we have 465,000 as of today in our total VA organization. What is interesting about that is in VHA, there is 409,000, there is 34,000 in VBA, and there is 2,400 in NCA, which is our cemetery account. You know what is interesting? We have 16,375 in the central office who are not, you know, are doing policy, doing other things. By the way, most of them are not actually showing up at 810 Vermont or somewhere else. They are, they are not showing. What the question becomes.

Mr. VAN ORDEN. Mr. Secretary, I am sorry, will you say that number again just so people can understand the scope of this, the ludicrousness of this bureaucracy?

Secretary COLLINS. Just at central office. This has nothing also to do with some of the other levels that are built into these numbers that I have talked about is a 16,375. Yes. As we look at this, the question becomes, is not are we, you know, where are we at with our programs. As I stated earlier, we have 28,000 physicians. We have 91,000 nurses. Also, one of the things I did not mention on the GAO report was this. Veteran numbers not changed. We are still looking at 9 million veterans every year. That is the enrollment, 9 million for the last 10 years. It is been the same. Yes, PACT ACT shot up. PACT ACT gave us some more. Here is the interesting. We got total number 985,000 that came to new enrollees in PACT Act. That is not just for PACT. That is all enrollees, 985,000 in the last couple of years. Our numbers still stayed at 9.1 million. The reason is, is because over 2 years, we also lose 400,000 veterans in this country every year. You may add 900,000, but you are also decreasing 400,000 each year on 2 years. 404, you are basically drawing even here, our total veterans in this country have dropped from about 4 million in the last 10 years.

We are dealing in a circumstance here in which you cannot really justify the layers of bureaucracy. Let me give an example, if you do not mind, Congressman, about this. One of the issues that we have, and just to show you where it is again, when somebody says, oh, you are going to cut dollars. I actually saw this article again today, and somebody thinks that in one hospital we are going to cut 15 percent of everybody in that hospital. That is just stupid, wrong, and I do not want to hear it again, okay? That is just not the way this goes about. You are looking at organizational structure. Here is the interesting issue. I told you earlier, when I first came in, I could not get an actual count of our employees because our HR system was not set up the way we could to get employee count. Nobody in here has been in the military could understand that concept, but that is what happened.

The other issue that we had is we had then we went to payroll and said, payroll, how many people do we have? Payroll came back at central office, which is our centralized payroll system, which was supposed to be implemented. Again, this is all oversight stuff that

has not been, you know, for the last few years, is looking at. It was supposed to be centralized. They said we had 230,000 employees. I said, and even our guy said, we got more than 230,000 employees. Come to find out that there was a permissive attitude that allowed 60 or roughly 60 of our hospitals to continue to do their own payroll with multiple hundreds of people involved in that process. We have contracting. It is all over the country. None of it is centralized. All of it doing different things. You have differences of opinion between even hospitals on how they actually do purchasing. Again, tens of thousands of people. We also have human resources. It is all done in this.

Mr. VAN ORDEN. Mr. Secretary, I just have a couple seconds. I want to say one thing. I want every single person that has served this country, is serving this country or feels like they want to serve in the future, to have access to the Veterans Affairs Administration Home Loan Guarantee Program. By shutting down this disastrous, VASP program, you accelerated that. Thank you very much for that. Mr. Chairman, I yield back.

The CHAIRMAN. Representative McGarvey.

Mr. MCGARVEY. Thank you, Mr. Chairman. Thank you, Mr. Secretary, for being with us today. We have our differences on this committee like any committees, but the thing I love about this committee in particular is that it is mission centered. Despite those differences, we often come together and try to do what is best for our veterans. That is what we are here to do. That is what we try to do. Now, I can tell you as someone on this committee and from Louisville, Kentucky, I hear a lot of complaints from veterans. Those complaints are very rarely about the care they receive. They are far more about how long it takes to get that care, how far they have to go to get that care, how they access their benefits that they have earned. Earned by putting on the uniform. I will tell you we have to do better about that. I think everyone would agree we have to do a better job of doing that.

I will also tell you that because of that, I am concerned about some of the things that I have heard you and this administration say over the last few weeks. Like the stated goal of cutting 15 percent of the VA's workforce, which is roughly 83,000 jobs, or possibly terminating nearly 600 contracts, which no one can tell us what the contracts are or what the actual number is. Or even just ending the VASP program in such a way that it could leave a thousand veterans in my home State of Kentucky without a home. I personally believe the term homeless veteran should not exist. I want to use my questions today to focus on an issue that I actually hope we can agree on, because right now there is a part of VA that is decreasing wait times. It is improving medical outcomes, it is reducing costs, it is making the department more efficient. It is not DOGE, it is the VHA in house innovation ecosystem. I know you know about some of this, but let us just outline some of their work for everyone else.

This is like VetText, which sends text reminders to veterans about upcoming appointments, decreasing missed appointments by 10 percent and reducing wait times for our veterans. The VHA Uber collaboration which has provided veterans with rideshares across 100 facilities, saving VA nearly 200 million dollars. There is

a remote diabetic foot ulcer smart mat. I know that might not sound like the most exciting thing in the world, but it has cut hospitalizations in half, and it has saved the VA almost $100 million and again hospitalizations in half. It is saving veterans lives. Vital, Important, Optional, Not needed and Every (VIONE), it is a physician created initiative that helps VA in prescribing unnecessary medications and improving patient safety. It saved VA over $300 million annually. I say I think we can agree on this because I actually read your op-ed on May 2 with interest when you went to Michigan and talked about some of the cardiology care there and praised this high quality, high tech and veteran centered care. I want to keep this innovation going in the VA. What I would like to know from you today that with all the cuts that are ongoing is a commitment that while you are Secretary, the Trump Administration will not eliminate the VHA innovation ecosystem.

Secretary COLLINS. Congressman, I am not sure where it got out there that anything that I have said or done or misconstrued by anybody that wants to is to take away anything good that the VA is doing. In fact, we are not going to do that. We are going to applaud that. I tell our employees all the time, go make mistakes. You are not going to get in trouble at the VA for making a mistake if you are trying to do good, because I am going to pick you up and put you back out there and try again. What we do not want to have is issues where we get in our own way. I think that is the biggest thing I am trying to emphasize, just as I emphasized just a second ago, things that take away time, effort and money from the very things that you are talking about are the things that I am looking at trying to change. Look, we are on the same page. You and I can agree on this. Believe me. When I was here, I was on Judiciary Committee. We did not come close to congeniality most of the time on the Judiciary Committee. This is actually good with it, with what we have here.

Mr. MCGARVEY. I like the agreement, although that was not a yes or a no answer on whether the innovation ecosystem is going to stay. I hope it does.

Secretary COLLINS. I agree with you.

Mr. MCGARVEY. Okay, perfect. I mean, I say this, we have such possibility there. When you look at the VA, we have 9 million patients, largest patient population by a multiple of any hospital system in the country. Nearly 75 percent of physicians do some of their training at the VA. We have the largest longitudinal data set of any hospital system in the country. We are not putting enough focus into research, into innovation. I really believe we have the ability not just to take care of our veterans, but forward our resources so that maybe we find a cure for PTSD or TBI or a spinal cord injury that then benefits everybody in America. Then of course, of course we know those are service connected injuries. What happens if somebody comes in with Parkinson's cancer, heart disease, and we find a cure for that? We could change healthcare not just for our veterans, but for everybody in this country.

I want to switch gears a little bit while staying on healthcare though. The fastest growing group of veterans in this country are our women veterans. We know that they have different healthcare needs. On February 18th of this year, the President, who once re-

ferred to himself as the fertilization president, signed an executive order instructing the Domestic Policy Council to identify ways to reduce barriers to In Vitro Fertilization (IVF). We know that women veterans do not have as much access to the service. We also know that their infertility rates are higher than their civilian counterparts. Secretary Collins, are you and the VA right now working on a plan to improve IVF access for women veterans?

Secretary COLLINS. Yes, we are fully implementing the Executive Order from the President. We fully intend to.

Mr. MCGARVEY. When can we get an update on that?

Secretary COLLINS. We will get with your office and tell you the updates that we have at this point. Again, working with administration as they roll out their positions as well.

Mr. MCGARVEY. Thank you. Again, shifting topics on you again. I am not scared about technology. I think technology can be used for a lot of good things. We are advancing in Artificial Intelligence (AI) rapidly. One of the things I have heard from my veterans is they are worried about the AI systems potentially going into place, particularly in making the final decisions on benefits. I know you cannot forecast way into the future, but while you are Secretary of the VA can, you commit that there will always be a human who is making the final say on a veteran's eligibility for their claims?

Secretary COLLINS. I think, yes, the issue there, because there is such differences in somehow these disability claims are actually adjudicated out. One of the things I think we both can agree on, though, using technology, is that there are simple claims that should not have to go through the long, tedious process that we have that we can automate and automize. It gets them their benefit quicker. I think that is the big thing. If there is always a concern about a disability diagnosis or something, we are going to have somebody adjudicating that.

Mr. MCGARVEY. Thanks. Only because I have 13 seconds left. I want the claims resolved quicker. I want them faster. I do want to make sure that a veteran knows that it is another person who is ultimately making that determination for them. Thank you, Mr. Chairman. I yield back.

The CHAIRMAN. Representative King-Hinds, you are next. Recognized for 7 minutes.

Ms. KING-HINDS. Thank you, Mr. Chair. Thank you, Secretary Collins, for your time today. I have the privilege and great pride actually of representing the CNMI Commonwealth of the Northern Mariana Islands. We have hundreds of veterans who lack essential VA health care and VA resources because we are a smote remote community. With your help and the help of my colleagues in this committee, I hope we can start affecting serious change and improvement for many of our veterans. One of whom is here today who flew 8,000 miles for some other business. He is back in the back row. Mr. Brad Rosala, who is the local Veterans of Foreign Wars of the United States (VFW) representative for Saipan.

You know, with the help of the Chairman and his amazing team, I have been pushing to fill the only VA administrative role in the entire CNMI, a position that has been vacant for over 18 months. The administrative specialist position is a critical resource for our community of underserved veterans. It is the only person in the

CNMI actually, that is responsible for assisting our vets by answering questions, providing information, giving guidance, and, you know, given your earlier statement about, you know, our veterans do not need to hire somebody or, you know, get somebody to be advocating for them. Right. That position has been very critical, a critical lifeline to getting our vets to be able to get the help they need. Is there any way you can provide us an update with that?

Secretary COLLINS. I appreciate that and thank you for your work. I mean, you are in an area that is, again, remote. As you said, it is very difficult, but in working with you, and our folks have been talking about this, we recognize the vacancy in that position and have worked with that to make sure it was not affected in any hiring freeze or anything else. I am here also as your one who has traveled 8,000 miles that your new administrative specialist will be on the job June 16th of this year.

Ms. KING-HINDS. Oh, my gosh. That is amazing news. Very much welcome. You know, God forbid that you wake up a little late, right? A lot of times to be able to get the, for our vets to be able to get the service, they have to call Guam, and then Guam has to go through Honolulu. If you missed that time period, you just do not get the service at all for that day. Thank you, much appreciate it.

Secretary COLLINS. Well, I want to thank you and the Chairman and the Ranking Member and all on this, who have actually helped through this and get this done, and I appreciate that work. Again, sometimes it just takes, you know, we got to push, and there is in just an area that is very difficult to find work in, but hopefully you will be able to have good success starting in June of this year.

Ms. KING-HINDS. Thank you very much. Just one other thing. In December 2023, the VA announced the establishment of a vet center, outstation in the CNMI, a smaller satellite office aimed at improving access to counseling services for veterans and service members. This was incredibly welcome as there is currently a significant lack of services available to the veterans in the CNMI. However, a year and a half later, the outstation has yet to be established. The most recent update we have is that the outstation is in the leasing phase with no set date for its opening. Can you please provide an update on the status of the VA's effort to open the Vet Center outstation in the CNMI? Specifically, at what stage is the process and when can we expect it to be operational? I know you have mentioned some challenges with procurement and leasing processes, so any update would be very welcome at this point.

Secretary COLLINS. I wish I could go two for two here, but I cannot on this one. I can give you at least a little bit. 500 is it least better than none? It is still in that lease process. As I said earlier, this is the part that I really wish we could have some change on. We have got to get this better. It is still in that leasing process. I want to go ahead and say, what are we doing to look ahead? That is that the readjustment counseling service is currently recruiting for counseling positions and expect selection and onboarding in the next several months, and it is dependent on available. We are actually already looking for folks to fill that position, and we will continue to look for a place to put them and, you know, to get your help that you need.

Ms. KING-HINDS. Alright, thank you. I yield the remainder of my time, Mr. Chairman. Thank you very much for your time.

The CHAIRMAN. Thank you, Representative Ramirez.

Ms. RAMIREZ. Thank you, Chairman and Ranking Member, and Secretary Collins it is good to meet you. As Ranking Member of the Oversight and Investigation Subcommittee, I made a commitment to honor the service of veterans in this country with action. That includes 20,727 veterans that live in my district. When I talk about veterans, I talk about all veterans. That includes women, that includes people of color. That includes first generation, low income, LGBTQ veterans and also deported veterans. I know we do not talk about it enough here, but there are veterans who have fought for this Nation, have now been deported. Because every veteran is entitled to the full benefit they earned and were promised, I want to make sure that we have a conversation today about where we are on diversity, equity, and inclusion.

When you, Secretary Collins, and my Republican colleagues celebrate turning your backs on a commitment to diversity, equity, and inclusion at the VA, it feels like you are turning your back on veterans. I will tell you why I say that I do not believe that any administration and any secretary has the authority to decide which veteran is worthy of the services and care that they are entitled to and which is not. Secretary, given the VA's mission to serve every single veteran, is meeting veterans where they are a priority for you? Yes or no? Thank you. If that is the case, why has the VA paused all outreach efforts? Let me explain to you. We have been attempting to work with the VA to do outreach services with the veterans and meet veterans. Sometimes veterans cannot make it to a VA center, sometimes they cannot make it to a Veterans Service Organization (VSO). There is outreach, there are fares. We have been told that outreach services have been put on pause. My question has been, how has halting outreach improved access for veterans?

Secretary COLLINS. That is not true. We have been at events, and I can give your office plenty of events. I was just in Detroit where we are doing outreach events in bus stations, we are doing outreach events, at sporting events, we are doing outreach events all over.

Ms. RAMIREZ. Secretary, I am really glad you said that, because now I am more concerned. I am going to tell you why. On March 6th, I sent a letter asking about Paul's outreach programs on behalf of veterans in my district who were confused and frustrated. We invited the VA to participate in some of the fairs and events that we do in outreach, and they told us that services had been paused. Did you receive the letter that we sent on March 6th?

Secretary COLLINS. I am sure we did.

Ms. RAMIREZ. We have not heard back from your office. When can I expect an answer?

Secretary COLLINS. You are going to expect an answer right now because what you have just described is malicious compliance, and it is not tolerated. That is not what is happening. For a VA employee to tell you that they could not come to a fair or outreach is taking what was done and said. I have had to already face this, so I appreciate your question. I am as upset about it as you are. That

is malicious compliance. What they wanted to be able to do was say we could not do outreach, although they can do outreach.

Ms. RAMIREZ. Well, Secretary, let me just tell you then for the record here in the letter that you have from March 6th. On Wednesday, March 5th, 2025, we received correspondence from Chicago community leaders of the Jesse Brown VA Medical Center noticed that they were temporarily pausing any comprehensive outreach programs, effective March 7th. I am going to make sure that we enter this into the record, Secretary, after you and I can have a conversation about it, because obviously there are concerns there that I know you want to address.

Secretary COLLINS. Could I have a, could I get a copy of that letter as well?

Ms. RAMIREZ. Yes, actually, we have a letter for the copy of the letter here. We will be sure to get it to you.

Secretary COLLINS. Look, I am. This is something that frustrates me. Even if I had to pause and wait for this, I do not want you to feel like you are losing time, Mr. Chairman, because this one is upsetting to me, because I am having to deal with this a lot.

Ms. RAMIREZ. That is why we bring this here. That is why members of.

Secretary COLLINS. I am so happy you did. Thank you so much for bringing it, because that is exactly. Malicious compliance right now is hurting our veterans. If our VA employees are doing that, it is wrong.

Ms. RAMIREZ. Thank you for saying that, Secretary, because outreach, making sure we are meeting veterans where they are, is so incredibly important, making sure that they access the resources they need. You and I agree, necessity to ensure that outreach is being done in every part of the country is critical. I will say to you, I find it even more critical because sometimes I know that there are veterans that can make it to certain places. Black and brown veterans are placed in housing at lower rates. We know that by fact. We know that women veterans face greater barriers to care, and we know that trans veterans are living authentically, still face discrimination inside the very system meant to serve and honor them.

Secretary, just this morning I heard from diverse veterans who said going after diversity, equity and inclusion programs feels like an excuse to not to serve all veterans. You said earlier you are committed to our veterans, but I did not hear you clarify when my colleague asked you about the Office of Equity, how these disparities are going to be confronted and how you are going to make sure that disparities are addressed. Can you talk a little bit more about it?

Secretary COLLINS. Yes, I am happy to. It does not need an Office of Equity Inclusion to actually make sure that veterans are treated properly. That is something that we have developed and I understand something, there are offices for you, me, anybody, no matter where their service is, if, if they have earned the service, if they have earned the benefit, they are going to come.

Ms. RAMIREZ. Secretary, where would they go if they have experienced discrimination? Who should they be calling?

Secretary COLLINS. The same place you would, in the same Office of Whistleblower Protection. They can call their Congressman, they can call. There is several outlets for them to do that. I will tell you right now, no matter what background they are, male, female, gender, it does not matter if they have earned a benefit and they have something at the VA that they feel like they are not getting, then you personally call me, and I will walk into the clinic.

Ms. RAMIREZ. I am glad you say that, Secretary. I have a follow-up question to that. Trans veterans are veterans. They wore the uniform. They serve this country. Gender affirming care is health care. It is suicide prevention. It is dignity. Last time I raised this with your team, the responses were unsatisfactory. Mr. Secretary, gender affirming care is shown to reduce suicide risk and ends veteran suicide. Ending veteran suicide is a VA priority. Will you defend and expand access to gender affirming care, yes or no?

Secretary COLLINS. We are going to continue those that are in the VA system to receive the care that they were currently, but we are not adding sex change in the VA. That is just not what we are going to do. They will get every benefit they have earned.

Ms. RAMIREZ. Thank you, Secretary. I just have 47 seconds left. I am disappointed in hearing that, but I am not surprised. This administration and my colleagues keep supporting a divisive agenda for the VA that harms our veterans. American veterans are diverse and we do not get to decide who is worthy of a promise to honor their service with action. The reality is that in this moment, we have veterans who do not believe they will be able to get care under this administration. I want to make sure, for the record and in the work that we do in oversight, that when we talk about every single veteran, we mean every single veteran. That means gender affirming care as well. With that, Chairman, I yield back.

The CHAIRMAN. Representative Barrett, you are recognized for 7 minutes.

Mr. BARRETT. Thank you, Mr. Chairman and Secretary, great to see you again. I want to start by thanking you for coming to Michigan last month, spending time with veterans in my district. We deeply appreciated that and appreciate your commitment to fulfilling the mission we have to every single one of our veterans across the country and the interest you took to come to Michigan. We really appreciate and appreciate your willingness to step up and serve in this role. I know that it is not always easy to step into the management role of such a large organization with a lot of political pressure and a lot of spotlight on you. Thank you for being willing to do that.

I wanted to ask you specifically about the electronic health record modernization (EHRM) and the increased funding in the budget proposal before us and wanted to ask how this enhancement and funding is going to be used to ensure that we have a success in the electronic health record rollout, knowing that we have had challenges with the program in the past.

Secretary COLLINS. Thank you, Congressman. I do appreciate the commitment, especially in your area, because of, you know, April next year, the four sites will be going live in Michigan. I think it is just a restart is what we have to sort of look at here. This was a system that had been broken in the sense that nobody was work-

ing with it. They were not. They just sort of went to their corner and just held the ball and money was being wasted all the time. What we did is restarted the system from minute one. One of the biggest issues that I would heard that was a concern not only from a perspective of patient safety, patient quality, dealing with these health records. It did put my understanding, at least looking back on some of the stuff in Washington State and Oregon, is that it was not working properly and was actually giving some bad results. That is just an issue there.

Most of that came from the situation in which we did not standardize what we were doing. They just sort of were allowed to do whatever they wanted to do. One of the ways going forward is, is we are holding accountable on a very short timeline on our end to make sure that all of our employees are trained. Everybody is going to be up to speed, and we are expediting up that integration process. We are also holding Oracle accountable for realistic time—time limits and also bidding the equipment in and also adding things such as AI and others on top of that to help our doctors in their treatments and the nurses as well, practitioners going forward, which is something they see in the private sector right now if they just walked across the street and went into a private care facility.

We believe that we are putting in the safeguards to make sure that going forward, this is going to be something that can actually work, but also giving it the tools to expand in a quicker fashion.

Mr. BARRETT. Thank you. I appreciate that. I chair the Technology Modernization Subcommittee here, and one of the issues we have taken up is the external provider scheduling (EPS) program. One thing that was clear throughout that hearing we had recently is that provider participation is really critical in making sure that EPS works for veterans and reducing that community care appointment wait time in the seamless integration there. I personally had an experience with the community care scheduling that was fraught with challenges and problems. Can you tell us what steps the VA is taking to encourage community care providers to participate in EPS and educate them about the program and not delay the implementation or discourage its use?

Secretary COLLINS. Yes, and this is something I think that anybody sitting in my position right now would have this problem and I do not care which administration it could be going forward because frankly, the third-party administrating of this has been a problem in struggle and I am not saying completely their fault. I think there is a VA component to this as well on things that we have done to exacerbate the problem going forward. One of the things, and I do not think I have mentioned this is my second hearing, but if I have not mentioned it already, I want to at least emphasize this again is that when about the second week that I was on the job, I was brought, it was brought to my attention that we could not put out the contract Request For Information (RFI) for the third party administrators this year as we were supposed to because the work was supposed to have been. Please do not hear me just trying to say blame, but this is just an honest assessment. They did not do it last year. They basically, it was supposed to been done in the fall of last year in the previous administration.

They just did not do it. The groundwork, legwork to work up to this was, was not done. We had to put it off a year.

What has given us the ability to do now is spend time looking at the qualifications for these contracts. Looking at these things, we. I think one of the latest conversations I have had with some of our folks on looking at this system is there is going to be literally hundreds of changes to the RFI proposal so that we get better work with our community care doctors and with our VA. Just to let you know on this committee, if you have not understood this issue, one of the problems is, and some of the doctors have alluded to this, is that you have doctors who cannot communicate with our system and our system does not communicate to them. They are waiting weeks with, I kid you not, we are faxing information, we are putting it on compact disc and sending it up. This is something all of us could, you know, hold hands and say why are we doing this? This is what is been going on and that is what is delaying care for our veterans.

Mr. BARRETT. Yes, no, I appreciate that. It felt like there was a bit of a, you know, dragging of feet to get this integrated and to expand it. One thing I raised in committee that I am hopeful we can look at is if we are doing the change management around the electronic health record, modernization and upgrade and roll out to these facilities, it might be the appropriate time to put them onto this scheduling program at the same time so that we are doing that kind of comprehensively or with some thought there. I am not in your position to kind of discern that practicality or not, but I do think that we need to do a far better job of rolling this out in a much more aggressive fashion to kind of achieve the benefit of getting these things scheduled in a timely way for our veterans.

Secretary COLLINS. I agree. It is not just the issue of inside of our own facilities. It is also the veteran using it as well. It is a twofold purpose of how we are training and how we are also rolling this out. I feel good about where we are now and anything that we can add on. I have already experienced to Oracle that, you know, we expect compliance, we expect this to go forward. Fortunately, about 3 weeks ago, the Senate confirmed my deputy, Paul Lawrence, to be our Deputy Secretary. That is statutorily under his purview, and I have turned him loose to do that. He is getting involved now heavily on a weekly basis and even a daily basis on it. Anything we can add will be definitely looking forward.

Mr. BARRETT. We look forward to working together through the subcommittee in that effort and appreciate you being here today. With that, Mr. Chairman, I will yield back. Thank you.

The CHAIRMAN. Gentlemen yields back. Dr. Conaway, you are recognized for 5 minutes or 7 minutes. I am sorry.

Mr. CONAWAY. Thank you, Mr. Chairman. Thank you, Secretary Collins, for being here today and answering questions. In the interest of time, I am going to ask you a series, series of yes or no questions just in the interest of time. I am very concerned about what this administration is doing to safety net programs such as the Supplemental Nutrition Assistance Program, otherwise called SNAP and Medicaid. The cuts to those programs that are proposed are, in my mind, completely unacceptable and will put many people at risk. Many of our veterans rely on these services to put food on

the table and to access healthcare coverage. If any veteran loses their Medicaid coverage during this administration, would you allow those veterans to be eligible for VA health care under Priority Group 6 to receive health care coverage? Yes or no? If you would.

Secretary COLLINS. At this point in time, I do not foresee any of that happening. I would have to take it as it came and look at it as if it happened. If that was an understanding, that is not something that we have dealt with so far.

Mr. CONAWAY. I will take that as a no for the moment.

Secretary COLLINS. Take it any way you need to.

Mr. CONAWAY. If any veteran loses their nutrition benefit during this administration due to changes in the law, as you know, there are some drastic proposals out there, in my view. Would you be open to directing the VA to provide cash subsidies for those veterans who have lost that important food security program?

Secretary COLLINS. Veterans are exempt from the SNAP work requirements. They are not included in these issues.

Mr. CONAWAY. Well, but if the SNAP or the work requirements are a separate issue on the SNAP, as you know, the SNAP program itself, if it is cut, that means people are not going to be able to get the SNAP benefit at all. My, my question is, and I will ask it again, would you be open to directing to replace that money? You have the authority to do this with cash subsidies to make sure that veterans are not food insecure.

Secretary COLLINS. Veterans are not a part of the program. That is been described as what is passed.

Mr. CONAWAY. Yet they are on SNAP. I will move on.

Secretary COLLINS. They said they will continue to get their SNAP program.

Mr. CONAWAY. Well, not if the program is cut by $230 billion. Let me just move on.

Secretary COLLINS. I appreciate it.

Mr. CONAWAY. What do you intend to do about veterans who cannot—let me move on. I have significant concerns regarding DOGE's access to VA data. Specifically, I am worried about their access to sensitive personal veteran data. Secretary Collins, can you ensure this committee that DOGE personnel who have had access to VA data have not retained any copies of that data?

Secretary COLLINS. Yes, and they follow all the personnel and all strategic information as any employee would at the VA.

Mr. CONAWAY. Can you commit to this committee that no personnel, excuse me, or sensitive veteran data such as Social Security numbers, driver's licenses, medical records, or financial records have been retrieved or will be retrieved by DOGE after, I guess, their time in service ends and that those employees have not stored that data elsewhere or have used it for personal gain?

Secretary COLLINS. There is no even resemblance of anything that would happen in that regard.

Mr. CONAWAY. The VA is a major player in medical research and innovation. How many researchers have been fired or dismissed from the VA?

Secretary COLLINS. None.

Mr. CONAWAY. How many research projects and studies have been impacted due to the firing of researchers? We have a lot of reports about clinical trials being disrupted or being canceled or otherwise postponed or paused.

Secretary COLLINS. Dr. Conaway, I am not trying to evade your question, but I do need to draw a distinction here. Are we discussing research trials or are we discussing clinical trials?

Mr. CONAWAY. Clinical trials.

Secretary COLLINS. Clinical trials. This is, there is no clinical trials has been halted. Now, if there have been other issues that may have done it, but none has been canceled. The research trials, I mean the clinical trials. Let me also say something and I want to get this out because it is important. There is over 1,500 clinical trials going on right now and of which this is not, hopefully not going to shock you. Did you realize that we have no centralized control over those clinical trials? I have no idea. No one person is overseeing those. To get those information and to find out what is going on, on some of those, we have nobody that is actually over those, but yet we have 1500 that are actually going on currently.

Mr. CONAWAY. I suspect many of those trials, because I work in this area, have worked in this area, are probably being done through research grants from universities that are testing various new proposed new drugs and the like and they are being run there. I take your point that you might not have knowledge of them within the VA itself.

Some of the information, just for the record, I would provide you with some of the estimates stakeholders have given us. Since the hiring freeze by the President and that continues to be in effect. 370 extramural studies and clinical trials will be suspended or canceled at the VA. 10,000 veterans that are relying on these clinical trials and studies will be denied care and the VA will lose $35 million in research funding due to delays and cancellations. During earlier today during a hearing at MILCON-VA Appropriations Subcommittee, you stated that clinical trials are not health care for veterans, that they are above and beyond health care. I must tell you that I completely disagree with that statement. If you wish to correct it, that is fine. Clinical trials are health care and for those veterans, as has been mentioned earlier by my colleague, might be a lifeline for a veteran who has cancer and is in a trial or perhaps has a neurodegenerative disease and is in a trial. Those potential discoveries that treatment that is given during a clinical trial and it is treatment because I have been an investigator, I know that is treatment that any pause or delay in cancellation of such trials is a delay in cancellation of treatment. Are you taking any steps to ensure that veterans who lost access to clinical trials will still receive the care that they need?

Secretary COLLINS. Yes. I would appreciate the opportunity to clarify because my words were taken out of context and I think when you have to have proper context, what I said was because I am having to also deal with a lot doctor about people who are lying about what doing in all honesty. When you get to the point where it is I have had many people come up and say dealing with research or dealing with clinical trials saying they have lost all access to healthcare. This was their wording. All access to healthcare.

That is just. I am with you on this. It is not. It is a part of healthcare, but it is not. They did not lose their access to their primary care physician. They did not lose their access to anything else. Even if it is true, we did not cancel any of the clinical trials. As we move forward on that, we are going to continue to do that because they have actually provided a great deal of service to not only our veterans, but outside that veteran organization as well. The same is true with that. No research trials have been canceled. That is one of the reasons we put the pause in that we did as well for that.

Mr. CONAWAY. Thank you, Mr. Secretary. Thank you, Mr. Chairman.

The CHAIRMAN. Representative Hamadeh, you are recognized for 7 minutes.

Mr. HAMADEH. Thank you. Thank you, Mr. Chairman. Secretary Collins, it is good to have you here.

Secretary COLLINS. I believe happy birthday.

Mr. HAMADEH. Thank you. It is. I have turned 68 today. I am just doubling my age. I can fit in with my other colleagues over here.

Secretary COLLINS. Well, that is it for me, Mr. Chairman. I am gone.

Mr. HAMADEH. As we all know, the number of veterans in America has declined over the past two decades. Yet VA spending continues to skyrocket, and this trend is simply unsustainable. Mr. Secretary, under your leadership, the VA is finally taking long overdue steps to increase accountability, eliminate waste and refocus the department's mission of serving veterans and not preserving bureaucracy for bureaucracy's sake. As my Democrat colleagues fearmonger, the reality is more than 300,000 jobs have been exempted from the hiring freeze. The focus is on eliminating the administrative fat, not doctors and nurses. Veterans need the VA bureaucracy to work for them, not the other way around. It should not have taken the VA's Chief Financial Officer (CFO) 2 weeks to give a simple set of basic budget accounting information to you. That is what we had until recently. With more than 60 disparate HR systems, outrageous tales of corruption and chronically broken veterans integrated services networks, we have lacked fiscal accountability for decades.

Now Phoenix's Carl Hayden VA Medical Center, which is quite infamous, failed so many veterans that it became ground zero for reform efforts. I know there has been a lot of progress being made over there. Veterans in my district and across Arizona expect the VA's budget to directly support their care, not layers of administrators removed from the mission. I look forward to assisting your continued efforts to refocus the VA on its high-minded mission, taking care of Veterans. The Trump Administration's reforms aspire to accomplish this by providing greater oversight, less bureaucracy and a culture of nonstop effectiveness.

Now, Mr. Secretary, we have heard a lot of scare tactics, but I want you to talk about once more. List the services and jobs excluded from the hiring freeze.

Secretary COLLINS. Thank you for, you know, offering the question. One of the things is I can, I want. There is something you

said in your, in your question that I want to address if I could, and I will get to that part. You talked about our Chief Financial Officer. I wish I had one right now. Right now, our Chief Financial Officer, our lead general counsel and our national cemeteries Undersecretary are being held up in the Senate. These are three veterans who have all served one who is going to be Sam Brown, who is going to be head of our mortuary affairs, our cemeteries, gave some of his own body to service of this country after being blown up and yet is right now being held hostage in the U.S. Senate by the same people who actually want to say we want you to hire veterans and not fire veterans. Well, now I just got a sense, and I have told the Senators this as well. It is time to stop that. If you want to hire veterans. I got three of them that need to be approved and need to get on the job working for veterans. When you say I have a CFO, I do not have one because I cannot get the Senate to approve them.

Do not tell me they want to help veterans when they got three of them sitting right there, one who was grievously injured in wartime that they refused to approve. That is what I am dealing with right now. In addition to what you are saying and what we are looking at, we are not looking at doctors, we are not looking at nurses, we are not looking at this. You just look at the numbers in general and you have your poster there. I mean, we are looking at issues that I talked about earlier where we have payroll that is being done at 60 locations, which was supposed to been centralized a long time ago with hundreds of employees that we are now having to look to see how we can consolidate to make sure we are running it efficiently and more cost effective.

We do not need them all over the place. We do not need the issues that we have of human resources being run in every location again with hundreds of employees. We have a system of a vision system which many of you may understand is was put in the 90's to give general oversight over our hospitals. Did you realize that? I talked to some folks from that timeframe when they actually put this in, that they were supposed to be minimally staffed. 10 to 20 people will be in the, look at our VISNs right now, our VISN structure with everything we have added onto it. Instead of having at number, most of them have full time staff between 60 and 100, but added staff of nearly 16,000 in the VISN structure.

These are not also some of them, by the way, someone said, well, they are impacting healthcare because you have some doctors, I have one of my VISN directors actually tell me. They said, yes, we have some of ours who are, quote, dual hatted. They do 4 hours a week in a clinic. That is not helping us with our veteran backlog. That is not helping with our wait times. It is still being done from a level that is far up. We have 200 plus call centers in the VA. You want to talk about that one for a second? These are, I mean, every one of our VBOs, our business have one of their own call centers for their mortgage issue. It is like, why do we have this? This is the part that has just grown over time and it is not affecting healthcare. We are going to make it easier for a veteran to call on one of these lines and get to talk to somebody on the other end of the line. We are also going to make it to where we have people who are actually working in these, our clinics, working in our disabil-

ities and working in our cemeteries that actually have firsthand touch.

The last thing that I have to say is, you can say what you want about where we are at and how we got here, but in 10 years, GAO has said, we got a problem. We have increased money, we have increased. By the way, before we get into it, some will say, well, the PACT Act was why we had the money. Okay, you are right. If you look at the numbers, we are basically giving some of the same money to the same people that were already there, just in a different capacity. I respect that. They have earned it. As I said before, I am a veteran who served under a burn pit for almost 5 months. I think these are the areas that we have got to look at. For anybody out there, giving. Again, I go back to the assessment where you are cutting 15 percent of doctors, 15 percent of nurses is frankly just not helpful to do what we need to do, because that is not what we are looking at. Frontline workers should be the happiest at the VA right now because we are going to be freeing them up to do their job and not get bogged down with paperwork.

Mr. HAMADEH. Absolutely. I hope to see your CFO Senate confirmed very soon. You need that. You have a tough job right now ahead of you and I just want to thank you for your service to our Nation's veterans and I appreciate your laser focused outcomes over optics. Now, please know that you have my full support in refocusing the VA on its founding principle, delivering the best care for those who born the battle. With that, Chairman, I yield back.

The CHAIRMAN. Thank you, Representative Budzinski, you are recognized for 7 minutes.

Ms. BUDZINSKI. Thank you, Chairman Bost. Thank you, Ranking Member Takano. Thank you, Mr. Secretary, for being here today. Appreciate your time. I do want to take a minute to just address the claims that you have made about the VA's performance has gotten worse from the previous administration by many measures. I want to highlight the great work of the VEO, the Veterans Experience Office within the VA that has been measuring specifically Veteran Trust Scores. They have come up with a Veteran Trust Score which is at an all time high at 80.4 percent in 2024, which was an increase of 25 percent since 2016 when we first started recording this metric. VA employees, many of them veterans, as you know, have been stepping up to meet the demands.

You referenced the PACT Act, which was a historic expansion of care. Now with more staffing cuts on the horizon, these public servants are being asked to do more with less is my concern. Almost four in five VA employees are members of unions and collective bargaining rights give them a process to address their concerns in the workplace and ensure sound working conditions. I believe this helps both the employee and the veteran being served. Mr. Secretary, when you endorse President Trump's executive order stripping VA employees of their labor rights, I believe you devalue their work. Coupled with the threat of significant staff downsizing, I hear from constituents working at the VA in my district that they have increased fear and stress and there are deep morale issues at the workplace where they deeply believe in the mission of serving our Nation's heroes.

Of course we agree that improvements can and should be made at the VA. I want to say that despite testimony, none of us on this committee believe that the VA is perfect. Improvements and changes, I really do believe need to be done in a manner that is thoughtful, legal and based on the input of stakeholders, which includes us in Congress. I am going to shift gears and talk about one area that you have touched on and I am really honored to be the ranking member on the Tech Modernization Subcommittee with our chairman, Mr. Barrett. I want to spend a little time talking about the EHRM as well, which I think is one area that we can all agree is a place that could use improvement.

Your remarks mention an accelerated rollout of this system. I too really do want to see EHRM be successful and can acknowledge that there have definitely been stalls and not a lot of success seen to date. I think it is worth taking a minute to say, you know, talk about the program and where it started and then where it is today. This program actually was started during the first Trump Administration. In 2017, the VA signed a $10 billion sole source, no bid contract with Cerner, which some have said the GAO has mentioned that, you know, influenced by so called Mar-a-Lago crowd as Cerner struggled with the implementation. Then Oracle acquired them in 2022.

As you know, there is a total of 170 VA sites that need to implement the new EHR system. Since 2020, VA has rolled out and I think we can acknowledge only six sites, which is not, that is not great. Now VA has announced plans to roll out EHRM at 13 sites by 2026, which is, which is progress. My concern is that that leaves about 151 sites left. If we are accelerating that to 20 by 2031, how are we going to get there?

This is going to be a major undertaking and I am just very concerned with the staffing levels in particular if we are not fully staffed, how we are going to meet this metric. In the midst of what I think is a massive reduction in force and then a bare bones IT budget, I am really worried that this is going to set up the VA for failure. I completely agree with you. You mentioned standardization. That is something we have talked about on our subcommittee and something we should be moving to. Some of the unique challenges, as you know, is that every VA has their own unique system and trying to get all of them to standardize is a challenge. I agree with you that is something we should be committed to looking to. One of my first questions for you, Secretary Collins, is to better understand how workforce cuts will help you achieve that. What is your target reduction for Office of Information and Technology (OIT) workforce?

Secretary COLLINS. At this point in time, it is not been, there is no quota or anything else looking for OIT or any other workforce. It is looking at total picture of who we have where and we are going through that process right now.

Ms. BUDZINSKI. Have there been cuts to the OIT workforce?

Secretary COLLINS. Not at this time, no. No. There has been. No. We let less than one half of 1 percent of employees that were here in January that have let them let go.

Ms. BUDZINSKI. Okay. There is no plan in the future to reduce the OIT workforce?

Secretary COLLINS. I think when you overlook it, you know, are there areas of the OIT workforce that may or may not be essential to what is happening? That is. I am not going to say there is not, but I am also going to say that it is essential to us going forward as we look forward in this.

Ms. BUDZINSKI. Okay.

Secretary COLLINS. I just, I mean, I am just, I understand what you are trying to say. I do not mean to be evasive in this and I just. You are not going to go that granular.

Ms. BUDZINSKI. Yes, I understand. I think some, you know, I complete. I hear what you are saying about the medical staff of the VA, but I think the OIT is a great example of those are not medical staff, but they are really critical to being mission driven into getting a program like the EHRM system really successfully off the ground. These are not doctors or nurses. These are technicians. These are tech folks. I just. That is why I am asking.

Secretary COLLINS. No, no, it is a great question because you have actually opened it up a little bit because also neither are people who clean our rooms and neither are the plumbers and neither are electricians which we have all, we have all. We have protected. We protected them as well. They are part of that 300,000.

Ms. BUDZINSKI. Okay. I guess one of the. During your testimony last week before the Senate, before my Senate colleagues, you indicated that technologies would help VA to improve efficiencies in the face of work workforce cuts. It sounds like in one of my concerns is that we might be using technology to replace people, which is a concern of mine because I think quite frankly the VA is not, you know, we do not want to be installing McDonald's kiosks here. These are actual people we want serving our veterans person to person. I just want to make sure. Can you respond to that and how technology is potentially going to be used.

Secretary COLLINS. I think technology is working how we are taking first time claims into the-a lot of this is in our BA benefit side-We can actually take things that we have seen over and over and over again that we can get a benefit that could take several months under a system we are actually getting new claim benefits done within literally days so that they are not waiting for these things. I think you use them in ways that it helps you do not use it. You know, technology is not going to solve every issue that you ever have, but it can get us more efficiently as far especially in ways that are more not hands off, but they are more of a the transaction with our like mortgage benefits, you know, the education benefits, things like that. That could work in that way.

Ms. BUDZINSKI. Okay, we would love to keep talking. I have time for maybe one more quick question. I did want to ask the VA Chief Information Officer, the OIT, if you that position I do not think has been filled. If you could respond to when you think that position will be filled.

Secretary COLLINS. We are working on that as we speak. I mean, we are still interviewing some folks. It is hard to fill some positions and we are still working to get that filled. Thank you. I yield back, Mr. Chairman.

The CHAIRMAN. The votes have been called and it is the intent of the Chair to go to recess for the votes we will have. I would like

to get everybody back here as quickly as possible. Ten minutes after the last vote. There is only two votes and we will carry on. I know that many of you might have flights or whatever, but we will try to get through to everybody. We will come back, and as I said, Mr. Luttrell, you will be first one up when we get back. We will be in recess until the call of the Chair.

[Recess]

The CHAIRMAN. We will come back to order. We will be continuing with the 7-minute questions. Mr. Luttrell, you are up. You are recognized for 7 minutes.

Mr. LUTTRELL. Thank you, Mr. Chairman. Mr. Secretary, welcome back. I am sure you are used to the kind of the ebb and flow of this place. I need to kind of lay out my question. So. Not—hold. Everybody. He is from Georgia. Just take notes. Okay, sorry. I digress. Alright, we good? Alright. Alright. We have 9 million veterans. We have roughly about 1.3, 1.5 plus or minus service members currently. Of course, recruiting is up, recruiting is down. The transition will inevitably happen from active duty to our veteran space. Now, one of the challenges that I often hear about, see about as a veteran myself and have gone through, when the veteran enters into the VA space, then the process starts.

Now, as easy as that can be for some veterans or as painstaking a process as that can be for veterans, I will always say it seems to be problematic. Once the veteran initiates the claim, if you will, then he goes into the VSOs, goes in the rating system, goes up the national work queue, it disappears into the metaverse. Sometimes it gets lost, sometimes it gets found. I will not get into the national work queue with you today. Then we run into systematic problems along the way. Not for every veteran, but for veterans, nonetheless. I truly and honestly believe if there was a transitional period between leaving active duty service, where the service members record is buttoned up top to bottom, inside and out, take the veteran more or less out of the equation, almost all the way out of the equation in the record, however, that may transition from this active service to veteran service, and then it starts the process on its own.

Now, I know we can do that. My question is, will you not have you. It is too early. Will you, will you consider, or will you please engage with U.S. Secretary of Defense (SECDEF), start these conversations? I have had this conversation with him. I do not know if you have or not, but everyone understands the problem. Everyone understands that the transition between the two should be seamless. For decades and decades and decades, we hear about this. This would be the greatest opportunity that we could have to catch people on the wrong trajectory that may be suicidal ideologies, may have a healthcare problem, something that we miss. When you are in this service and you are on the train, you are front sight focused, laser focused on the problem set that exists in front of you and that bullet train is traveling down the track, 1,000 miles an hour, and it does not stop for us to get off.

We jump, and everything that we jump with goes in a thousand different directions. Then it is our responsibility to try to find it somewhere in every place that we were stationed to put it together to give to the VA. Then the VA has that. It is their responsibility

to help the veterans with it. We know how painstaking of a process that can be. My question is, will you, sir, please engage with the DoD and start baseline assessment from the time that we come in through the time that we transition out into time into the veteran space so our veterans are better taken care of.

Secretary COLLINS. You know, in looking at it in oversight. What we are talking about right here is probably one of the most pertinent questions I think we have had, and I appreciate all the questions we have today. You have hit it something that is very important to me because it is the trigger mechanism that for many of the bad outcomes that we see, either not getting care, having a bad experience with care, then leaving the care, or not getting the benefits that they have. Just recently, I was at McDill Air Force Base, and we had their medical side there, the Air Force medical side, and we had our veteran benefits office personnel there, some of their senior leadership. I asked the question just because we were talking about how this was transitioning out. They said, I asked our benefits coordinator, I said, how many of you get people coming in who have no experience or no knowledge of what their benefits are? To almost to a person, they said, most everybody.

I have already started that conversation with SECDEF. In fact, we started it before either one of us were confirmed. Here is the bigger issue that we got to deal with TAPS. This is our transition assistance program. It is. I say this in a generic form, so any reporter here, please listen to what I am saying. TAPS is owned by DoD, in which they do not really have a good plan, because the way it is positioned, as you well know, you know, to give 12 months, 18 months, however you transition out. It goes through this contract, not deporting them, but this is just their issue. DoD owns TAPS and I am blamed for it.

I think this is the part that we have got to look at as we go forward. There is got to be a more seamless transition for that, and we have already started. I think you are going to see something pretty soon about that. I just wanted to let you know that Secretary of Defense and I have talked about it. The last part on that is that question that I think no matter what we do, one of my priorities is going to be is those that have issues coming out having warm handoffs basically straight into VHA, especially those who are having issues with mental health issues, TBI, PTS, and those kind of things, because.

Mr. LUTTRELL. DoD has absolute authority to gather all that information and share that with the VA. Just the complexities of the global threat currently that is developing, our generation is coming into the VA, our older generation, we are losing them. If, worst case scenario, if we have to go all in again. The wave is just going to. I need the VA to be ready.

Secretary COLLINS. Yes, exactly. That is also one of the emphasis of the President as well, is that fourth mission of the VA, which is our disaster and natural response. Also our. We are the actual backstop. There is not a—without going into classified information, which we would never do here. The VA is always a part of any national contingency that would come up in any, any type of scenario that we have. We have got to be ready for that, make sure our workforce is developed.

I want to real quick enough, if I could. One of the issues that bothers me most about our transition part right now is statistics show us that a shorter time of service, a three to 6 year or three to 7 year time of service is a drastically higher propensity for death by suicide from not just when they get out, not just three or 4 years later, but upwards of 40 years later, they are seeing statistics to say that shorter timeframe. That is why transition is so important. Correct.

Mr. LUTTRELL. There is no difference with somebody that served 6 months to somebody who served 60 years, period. Thank you. I yield, sir.

The CHAIRMAN. Mr. Kennedy, you are recognized for 11 minutes.

Mr. KENNEDY. Thank you.

The CHAIRMAN. 7 minutes.

Mr. KENNEDY. Thank you, Mr. Chairman. I will take whatever I can get here.

The CHAIRMAN. Seven.

Mr. KENNEDY. Secretary Collins, first of all, thank you for being here today. Thank you for your service to our country. I represent the Buffalo Niagara region in New York, home of the western New York VA system, including the Buffalo VA Medical Center and one of the Nation's two GI Bill processing centers. During my time in office, I have had the privilege of meeting with many VA employees, often veterans themselves, who take immense pride in continuing their service to support their fellow veterans. Unfortunately, in these meetings, VA staff at every level have raised serious concerns, including plummeting morale and an increased stress due to the threat of sudden firings and what they feel is a climate of fear, PTSD and mental health strains stemming from constant job insecurity, the rollback of collective bargaining rights and attempts to strip employees of their voice, rigid and poorly thought out, return to office mandates without adequate infrastructure or workspace to carry out mission critical duties, and worsening understaffing, which is leaving teams stretched even thinner than they were to begin with.

That list does not stop there. Those are just a few. The issues demand urgent attention from you and your team, Mr. Secretary. Your testimony claims improvements to veterans' care, yet you are eliminating positions essential to handling the increased PACT Act cases, cutting these roles removed skilled, experienced staff who directly assist our veterans. Outside consultants and political appointees obviously cannot do this work. Neither can AI. VA employees in my district work tirelessly to deliver care and benefits. They are not faceless bureaucrats. They are honoring our promise to our veterans. Your testimony states that VA aims to place employees where they are needed, reduce unnecessary overhead and strategically cut staff. Now, I have asked this question repeatedly of this administration. Still have not received a clear answer. How do you plan to reduce staff without affecting care? Who exactly are you planning to let go? What are their roles? What qualifies as unnecessary overhead and what safeguards are in place to ensure that these cuts do not further strain an already short-staffed system or reduce access to vital services for our veterans?

Secretary COLLINS. Congressman, I appreciate the thoughtfulness of the question and the overall expansiveness of it. Let me just answer in the best way possible. As I have said before and I have made several comments already on concerning consolidation, we have seen areas of work that being payroll in our HR systems, those kind of things. The people that you are speaking to actually handle disability claims, who actually move forward. These processes are not the people that are involved. We have exempted 300,000 plus positions to make sure that those are actually the positions we need that we are going to keep and that we are hiring. Right now, in any one time we look at this and going forward, and there is been something that is been said a couple of times and I want to address it here. There is no, especially going forward in our look at our reorganization process, there is no such thing as a sudden firing because this is a process that is going through and as we get to the level of where we are able to say here is what our structure looks like, here is how we are trying to look at this and here is how we are going to be maybe rolling this out. There is going to be the notice to the employees. There is going to be notice as we go forward in this.

It is not an issue of sudden firings. I would hope that that would get through to especially our employees who are on front lines. Again, they are not part of what we are looking at, especially in the duplicative services in looking at this. I do have one other question if you do not mind for your second. I appreciate the question. I want to be able to answer it. The adequate office space——

Mr. KENNEDY. You got to move quick. I have more. Please.

Secretary COLLINS. No, I will. One last thing. Adequate office space issue. Anybody that is brought back from our work processes that are not in spaces that fulfill their duty, the supervisor in that position is not fulfilling the role because it stated clearly that no one is being brought back into a position in which they are not able to do their job. If that is happening, then we will hold supervisors accountable and make sure that is happening. They are not going to be able to. I hope that answers.

Mr. KENNEDY. The consolidation of space. I will just say when it comes especially to dealing with our veterans and mental health services, when you are in confined spaces and you have practitioners that are providing those services oftentimes via a virtual space, that is a problem when they are in a consolidated space. These veterans are not feeling comfortable sharing privileged, confidential, very personal information. That is something that has to be dealt with.

I want to also go back because look, we have heard from so many different veterans that are concerned. I want to just clarify. You know, in the first week of this administration there were cuts. There was 1,000 cuts at first, then another 1,400. Then there was your memo talking about going back to pre-pandemic 2019 levels. I know you have discussed this was just a goal. 83,000 people would be cut. That is all concerning all pre-PACT Act as well when those people were hired specifically to deal with our veterans that have had these horrific injuries fighting for our country. I think there needs to be a consistent message. I am very concerned. I

know our veterans are worried, they are fearful and those that are employees as well.

Mr. Secretary, you talk about over in the Senate those service-disabled veterans that are waiting to be approved by the Senate. There are service-disabled veterans that have served this country and are serving in in the hospitals and the VA system today that are getting cut and are losing their jobs because of this administration that is not treating them with the dignity and the respect that they have earned and they deserve. You visited multiple VA facilities, Mr. Secretary, and spoken with non-healthcare staff like VBA employees, electricians, maintenance workers.

I know we discussed this earlier today. I think we agree these roles face similar challenges across the country. Why did the Milwaukee VA preserve these collective bargaining rights for nurses and facility workers while employees in the Buffalo VA and Buffalo VA VBA lost theirs even though their job functions are identical? I will just say that the clear difference to me is that there is union affiliation and it is seems like retaliation. The Buffalo VA employees are represented by three different unions that have filed lawsuits. Can you please elaborate and discuss how these determinations were made?

Secretary COLLINS. I think from that perspective I will be very simple here because it is going through a process right now of legal issues. Well, as they were made following the EO from the President to go forward on this and we are following that and of course are going through any of the issues that are currently in under litigation.

The CHAIRMAN. Mr. Ciscomani.

Mr. CISCOMANI. Thank you, Mr. Chairman. Thank you, Secretary Collins, for being here. I first want to thank you for your visit to Arizona and Tucson just a few weeks ago. I think we had a great time there. You got to see what the VA is all about there and their needs and the things that we can work together on. Thank you for spending the time to visit our districts. I know that is mine is not the first one that you have done that with. I think you have a very hard job ahead of you with, with a lot of cleanup to do. Plethora of issues that I think we have heard about from both sides here. You are getting to them as fast as you can. At the same time dismantling a lot of the misinformation and lies that are coming out regarding the VA and what, what your efforts are and the President's as well. Thank you for all that you do there.

Now I want to focus on the issue of veteran suicide. You and I have talked about this. I know that is a passion of yours. During our meeting in March and then again your visit last in April, we discussed the Arizona Be Connected program that I mentioned, which serves my veterans with their mental health needs and works diligently to forward the goals of the VA suicide prevention strategy. That was cut under the previous administration. I was and still am looking forward to working with you to find a solution to ensure our veterans, and particularly the ones in Arizona who benefit from this program, who have told me they personally rely on it for their mental health needs, continue to receive the assistance. Now, unfortunately, we do not have full clarity on the status and the future of the program.

Now I know that this is an important issue to you. It is your passion as well. We did receive some information last night from the department in terms of some of our questions and the answers that you provided there, but still no real clarity there. I want to talk a little bit on that. Just before I give it back to you so you can talk about that, I want to make sure that we all understand, especially the Department, you and your team, that we are not talking about frivolous partnerships here. This is a program that specifically serves veterans and their families, that specializes in mental health and in suicide prevention for the veterans. Because of the VA scandals a decade ago that resulted in the creation of this program, veteran suicide rates in Arizona were 3, 3 to 4 times the national average with 260 deaths estimated in 2024 alone. This is a huge issue for Arizona, even more than in other states.

When I was told that the previous administration was canceling funding for suicide prevention services without communication or justification, what I hear is that I potentially have thousands of constituents in the highest caliber and need being left without care and without the support that we were promised. I know you agree that veteran suicide is absolutely the last issue that should experience delays in communication and care. Can we commit together to work on this and maybe getting more clarity on the specific future of the program?

Secretary COLLINS. Yes, and I think that is the, in the Be Connected program, Non-Service Connected (NSC), what we are wanting to do, and I think we talked about this before, is making sure the programs that we are going through have key deliverables, things that actually can be measured so that we can get this done. I am committed to working with you and I know we sent the response back to you. We are going to continue to work to make these programs such as Be Connected, have the measurables that we can make sure that we are getting the results that you have expressed how those are working. I appreciate that we also have to look at it as an overview program, how we are reaching out. It may be something as we put more emphasis on and more accountability on, that we can expand as we go forward.

Mr. CISCOMANI. Yes, I remember you mentioning how much money was being spent on suicide prevention and the results overall of that investment were not yielding the results that they should based on the amount that is being there. This one is a public partnership, public-private partnership. It is yielding results. We love to provide, you know, again, the information on this because it is something that I think can serve as an example not only to keep promoting it in Arizona because our veterans are calling for it, because it has worked, but maybe even the model for other states as well. I would, that is really my top priority in terms of comments this morning. I mean this, what are we afternoon, evening, what time?

Secretary COLLINS. I am not sure. I am not sure.

Mr. CISCOMANI. Yes, evening, almost. Thank you for being here that long. That, that I am really passionate about that because again, Arizona is getting hit at a higher rate with this. I know this is your passion as well. I hope we can, we can get even more clarity on answers and then even the last letter we got last night. Let me

just move on to a quick one as well. I was proud to see some of the recent changes that were made on the Officers of Survivors' Assistance that I have been advocating for since last Congress, such as moving Office of Survivors Assistance (OSA) within the Office of the Secretary to be direct advising body. Can you speak to the impacts your reforms for survival survivors will have?

Secretary COLLINS. Yes, I think that is. I appreciate your H.R. 1228 on the Prioritizing Act. We just went ahead and basically moved it. Look forward to you moving the legislation through. We went ahead and moved that back to the Secretary's office. These are ways that we can make these things go quicker. They can go be more compassionately handled in others. I make the statement as someone who has been a pastor and also been a chaplain now for many years in the military. One of the biggest things is how we handle these issues of death and end of life and how we go from there. I have sort of described it this way as you have a medical examiner's perspective and you have a funeral home director's perspective. I do not mean to, I am not making light of this, but it is really true. You have the more clinical aspect of a medical examiner says, you know, your loved one is deceased, they are no longer here, and they just sort of leave it at that. A funeral home director takes that same situation and says, how can I help you and how can I get you through this time, which is so difficult for you and your family?

What my goal here is bringing this in as sort of the, the white glove survivor outreach item is to make sure that we are giving them the due concern that they have in a time of trouble, in a time of need, but also doing it in a way that conforms to the law and conforms to the benefits that have earned. Bringing it back into the office, setting this structure up actually gives them the ability to feel needed, feel wanted and feel heard, even if the answers that they may get are not what they expected. We are making it here where it is less what I think is less clinical and more compassionate.

Mr. CISCOMANI. Excellent. Love to hear that. Again, thank you for all that you are doing for our veterans. It has been a little over 100 days and I think that we are seeing this move in a very sharp, great direction. Keep up the good work and again, I look forward to working with you specifically on the suicide preventionsite on the Be Connected program in Arizona. We will talk more about that. Thank you so much, Chairman. I yield back with 28 seconds left.

The CHAIRMAN. Thank you, Dr. Morrison.

Ms. MORRISON. Thank you, Mr. Chair. Mr. Secretary, welcome. I want to begin by thanking you both for your military service, for your service in this role as Secretary, and for being here to testify today. Before I begin, I just want to preface my questions by sharing with you that my husband is an army combat veteran and I care deeply about our Nation's veterans, as I know you do. While we belong to different political parties, I want you to know that I genuinely want you to succeed in this role because that is what is in our veterans' best interest.

Now, I know you had the opportunity to visit the Minneapolis VA earlier this week. I hope you enjoyed your time there. We are in-

credibly proud of our VA, which as you know, is a Centers for Medicare and Medicaid Services (CMS) rated five-star hospital, one of only two such hospitals in the greater Twin Cities metro area. I believe that Minneapolis VA can be a model for the whole system. I have to be honest with you, Mr. Secretary. The conversations I have had with veterans in my district and caregivers at our VA have me concerned about its direction under this administration's leadership. I know there is been a lot of talk today about Reduction In Force (RIF) efforts at VA, and I apologize if this feels redundant, but I just think it is so important. I know you do not want to talk specifics, but consistent with your testimony, can you commit to us that any reduction in force at VA will not threaten veterans' care and benefits?

Secretary COLLINS. Yes, that has been my goal all of the long and can I also say this? Minneapolis is great and is a really an example and for just and I do not mean to say this, but one of the reasons we have it is we have some longevity of leadership there. That is something that is I am looking across our hospitals and others. We have up and down leadership. Leadership is so important there. I appreciate what is happening. Leadership, after we had our conversation, was very frank. They said before hearing we were concerned, and now hearing it straight from me and hearing what we are trying to do, I think it gave them a renewed sense of purpose.

Ms. MORRISON. I am really glad to hear that. So. I know this has been asked, but I have to repeat it. Can you commit that no doctors or nurses will be fired as any part of the RIF?

Secretary COLLINS. We are not going to fire any. We are not going to be riffing anybody that is actually taking care of employees. Not employees, but anybody that is taking care of our profession in direct care.

Ms. MORRISON. Okay. Patient support employees. Sir, can you commit to us that no housekeepers or environmental health technicians?

Secretary COLLINS. No, they are all part of the. In fact, they are already exempt.

Ms. MORRISON. They are pest control and laundry workers.

Secretary COLLINS. They are part of the 300,000 that we have already exempted.

Ms. MORRISON. I am very relieved to hear that. You know, my point really is that, you know, I am a physician, and after more than 20 years of practicing medicine, I can tell you that it is very much a team sport. The whole team plays a role in patient care, the physicians and nurses, of course, but the support staff is incredibly important as well. These people are mission critical to the delivery of care, and firing them would affect veteran care. These are people who help ensure their operating rooms are sterile, the patient's bed sheets are clean, the medicine and equipment are delivered in a timely fashion. You have mentioned that you want clinicians returning to the bedside to provide care. Obviously, if we fire the support staff, then the clinicians are going to have to fill in those roles. I am relieved to hear that they will not be impacted.

I think we will want to hold you to that because I am concerned that there is a crisis of morale right now at VA. I was actually real-

ly shocked when I spoke with some frontline VA workers at our Minneapolis VA just the other day. I was pretty shocked when they said. Two of them said, I question whether the secretary actually cares about veterans. I was really devastated to hear that, Mr. Secretary, and I would assume that you would be, too, because despite our political differences, I genuinely believe that every person in this room cares about serving our veterans, including and especially you.

You know what it means to be put on the uniform and serve our country, Mr. Secretary. I have immense respect for that. I have to say it is troubling to me that VA providers caring for my constituents feel this way. These are your employees, Mr. Secretary. These are the people we trust to care for our veterans. They are scared right now. If we continue to go down this road of firings and what they feel like is intimidation, we are going to lose good people and it is going to be veterans that pay the price. I know neither one of us wants that. My question for you is, what are you going to do to improve morale at VA?

Secretary COLLINS. Well, first and foremost, being here. Being in every interview that I have. I have spent 100 days in which we have tried. We have been, instead of working many times on issues that we have found, looking at how we can improve and do this, I have been fighting rumor and innuendo. This is the problem that I have from day one. There are reasons that people are scared, and it is not coming from my office, is coming from folks who actually talk about the things that I have talked about earlier. When we have reports saying you are going to fire 15 percent of the doctors at Minneapolis, that is just a lie.

Ms. MORRISON. Well, but Mr. Secretary, respectfully, that 15 percent, 83,000 number came from your people.

Secretary COLLINS. It did come from my people, but it has no context to actually firing frontline employees of which I have talked about. Here is the deal. I have said it many times, I repeat it every time, that healthcare providers who provide that frontline care, even the ones that you mentioned earlier, are not included in this. Yet every time I turn around, there is another article or there is another someone in the community or a Member of Congress or otherwise, they are saying these radical cuts, these radical things. I am having to sit here and fight about this the whole time when I have actually said it. My question is, why is the voices of those who say this is going to hurt being processed and amplified when the very one from the Secretary of VA who is sitting right before you is saying, this is the process that we are going through?

Ms. MORRISON. Mr. Secretary, we would welcome you to this committee anytime. Please brief us, give us some transparency so that we can reassure VA employees. I do want to ask one other question. The VA center for Women Veterans sent out an email blast just last night that said it was embarking on an ambitious goal to enroll 1 million new women veterans in VA. I think that is commendable. We have discussed today that women veterans are the largest growing group of veterans and of course support the effort to bring more women veterans into VA. Could you share a little bit more about your strategy for doing so. Surely a significant increase in demand will require more clinical staff and space, will

not it? What is VA's plan for reaching this milestone that you have set?

Secretary COLLINS. One I think the milestone is great. I am glad you recognize that we are looking at that. Encouraging. Again, it is, this is hard to overcome at this point. I mean, because without going through the process here of where we are actually looking at cuts and putting people back in places where they need to be in which we could actually increase capacity in some of our clinics and some of our hospitals, which will not affect and actually would welcome these going forward. I think that is the fundamental issue that we are dealing with here, is there is an understanding of what we are trying to do and how that is actually playing out.

Ms. MORRISON. Mr. Secretary, I hope you will come back to our committee and testify about all of these issues. We would love to know what your process is. Thank you so much for being here. Mr. Chair, yield back.

The CHAIRMAN. Representative Kiggans.

Ms. KIGGANS. Mr. Secretary, it is great to see you. Thank you so much for being with us. A special thank you for coming down to Hampton Roads, home to a lot of Navy veterans, a lot of military veterans. I really appreciate your time, not just visiting my district, but so many. You have been doing such an amazing job and, and you are starting to sound like a broken record, which I guess is good. Over and over again about how we are not cutting staff and how you are looking out for physicians and nurses and allied health partners. I think that is important just to repeat that, and we will try to repeat that as well on your behalf.

I know that one of the VA's statutory missions is training for health professionals, and that includes nurses. We have a nursing shortage right now across the board, not just in the VA, but on the civilian sector. I am thankful for the VA's investment in educational opportunities, including residency programs and clinical opportunities. You have 68 nurse residency or clinical programs, including 34 primary care slots, 26 mental health slots, and you have expanded that to eight geriatric and extended care slots. As a geriatric nurse practitioner, I am certainly thankful for that. I think that we have a lot of older veterans, and I know that with aging of America, just in general, we need to be focused more on providing geriatric specific health care. Thank you for recognizing that.

I wanted to offer some comments on behalf of what I consider to be an underutilized resource. It is no secret that sometimes physicians sometimes feel encroached upon when we integrate advanced practice nurses, but their superb care cannot be overlooked. I think we have talked about that even a little bit today. Just to present some evidence-based research, I know that patient safety outcomes are identical regardless of whether for example, anesthesia is provided by a physician or a Certified Registered Nurse Anesthetist (CRNA). There is no secret that we have a shortage of anesthesiologists. We have nurse anesthetists who are available and there is a lot of debate about integrating them into VA healthcare. CRNAs are often the sole anesthesia provider in rural hospitals, ensuring safe obstetric outcomes. Then we have got 31 facilities in the last VA Office of Inspector General (OIG) report that cited a severe

shortage of physicians and anesthesiologists, including my Hampton VA Medical Center. The Trump Administration has consistently supported the removal of barriers for CRNAs and other advanced practice Registered Nurses (RNs).

During the pandemic, the administration went even further, suspending Medicare supervision requirement for CRNAs to allow them to practice to the full training, their full training to provide critical care when the Nation needed it the most. At the same time, the VHA put out a memo calling for facilities to remove restrictions on CRNAs. These recommendations are all supported by the National Academies of Sciences, Engineering and Medicine. Calls to remove restrictions on CRNAs are well supported by data. I am just a little bit, I would love some clarification on what your plans are as the new VA secretary to integrate advanced practice nurses especially we have this lack of anesthesiologists. We have a group of people that can provide that care. Just would love to hear from you what your plans for integration are.

Secretary COLLINS. Thank you Councilwoman, I appreciate it. I have enjoyed working with you and also working with, you know, opening facilities. I think it was really interesting that one of the issues that we had to deal with early on was in actually your district in which there was a discussion about opening a facility and was said because of hiring freezes and everything else, it was not opening as it should. The reality was it was opening just as all the others have opened and that is with a gradual rollout. I appreciate your work there. We are looking at our scope of practice issues on many fronts. This was a project that was began a lot before me a couple of secretaries ago. We are still continuing to look at that as you have heard even today on this, there is a lot of disagreement, especially when it comes to certain areas. We are trying to find what is the best balance, not only for VA, but also for our employees as well. We are still looking at that issue and we will be getting more input as we go forward.

Ms. KIGGANS. We would love to work with you on that. As one of two nurse practitioners here in Congress, we fill critical health care shortages and gaps where I think our care is valued. I know that the VA is always on the forefront of wanting to provide the best patient care. Just please do not overlook advanced practice nurses and the role that we play.

Then just to say, switch gears from healthcare a little bit. I know we have talked a lot about healthcare and VA medical centers, but there is a lot of other veteran benefits that you will oversee now, including GI Bill benefits and even healthcare. VA home loans, you know what exactly veterans are entitled to. I know as a veteran with a veteran family, it has been frustrating sometimes to actually access my benefits and to understand what that looks like. You and I spoke at a roundtable briefly just about what that online component looks like. For example, MIL Connect does not talk to the VA website, and I feel like there is some technology challenges there. It creates a lot of frustration on the part of veterans. When I share with my veteran friends, how hard is it for you to access your GI Bill benefits or to transfer those to your children? All of us share the same level of frustration.

With our VA budget that we have, can we or do you have any plans to dedicate a portion of that into upgrading this probably outdated technology? I think that investment of trying to make it a little more user friendly, that website piece, so veterans can log on in one place, can see their benefits, can understand how to transfer their GI Bill benefits to their kids, what even that paper trail looks like. I got a 15-page letter about my, you know, my son's, it was my husband's GI Bill benefit, but transferred to my son and that I could not really decipher. That was frustrating to me, and I am sure I am not alone. Just would love to hear your plans about that technology upgrade and if you could add that to your list of things to do to maybe make that website just a little more user friendly.

Secretary COLLINS. Yes, we are looking at every opportunity we can to streamline our online access, online portals, to make it easier to understand. It goes back to something in your comment just now reminded me that when I actually was able to access my benefit, I used it for my transferred it to my kids was I did not even know it existed. This, it came to me when I was at home base 1 day and I had another officer, we were just talking about it in general and he said, well, you know that you can use that money. I said, what are you talking about? Okay, this just shows you that there is an understanding that needs to happen even more as we go forward.

Yes, anything we can do in that realm, we are going to continue to do. It is about putting, this is probably as clear as I can say, it is about putting that veteran first and saying how can we make that happen for all of our veterans and make it easier. I said this earlier this morning. I will say it again and I may have partially said it here. When the VA, when a veteran has to call any one of Your offices and 60 percent of your caseload is VA caseload, when they have to call your office, it is a fail. It is a mission fail for us, it is a mission fail for VA. It should not be this hard to get benefits that are already earned, no matter what the bureaucracy says or anything else.

Ms. KIGGANS. Thank you for that. All those benefits are important health care, but even the education benefits, et cetera, et cetera. Thank you for prioritizing that as well. I appreciate your time. I yield back.

The CHAIRMAN. Dr. Dexter.

Ms. DEXTER. Thank you, Mr. Chair. Secretary Collins, thank you for joining us and thank you for your endurance. Like many physicians, I was trained in VA facilities and proudly cared for veterans at the Denver VA for 7 years. As a critical care physician for nearly 20 years, I have cared for far too many families grappling with post suicide attempt repercussions. They are looking for answers, support and hope. I know you know and you have expressed your support for our veterans in dealing with the fact that they are amongst the most vulnerable people in our communities. Risk for suicide is very high amongst our veteran population, and it sounds from your multiple comments today that this is a top priority for you and you have stated that multiple times. I just want to verify that we are in that together.

Secretary COLLINS. We are definitely in that together and thank you for your word there. One of the things, if I could just interject

here, most people do not realize it is not just 75 percent, it is closer to 80 or 90 percent on 60 some baby docs who all come through the VA. What I would love to have and have your help and the other doctors help. How can we keep them? Some of that is actually, by the way, if you want a bill recommendation that you might want to carry, let us raise the caps. Yes, get my caps raised so I can actually hire doctors at a rate that is better than what we got right now.

Ms. DEXTER. Love to work with you on that. Former Inspector General Michael Missal was dedicated in his work to end veterans suicide as well. Under his leadership, the Inspector General's office issued, and I just brought a few report after report after report laying out steps to better protect veterans who are at risk for suicide. If we are committed to expanding with every effort, every dollar to prevent veteran suicide, you would think our administration would have wanted to keep him around. Instead, he was fired by President Trump along with at least 16 other Inspectors General against across the Federal Government, just days after his taking office. Secretary Collins, why did President Trump fire Inspector General Missal?

Secretary COLLINS. I have no idea. You would have to ask him.

Ms. DEXTER. Okay. Since Missal's firing, we have been without a permanent inspector general to hold your department accountable. It is, as you know from oversight, it is an important role. You, Secretary of Collins, have taken actions that have inadvertently put veterans at risk with the firing of 24 direct support line veteran crisis line support staff. I know it was not the direct answerers of the calls. I know you have rehired those VA workers, but can you tell me, did you approve those initial firings?

Secretary COLLINS. The probationary firings were approved in my office. I mean, that is what we went forward, is following the directions that we were given.

Ms. DEXTER. Okay.

Secretary COLLINS. Also, frankly, the way it also the trigger mechanisms for those that needed to be exempted. Actually, the crisis line showed that they actually worked because once notified and that that got caught up, it was actually put back in place.

Ms. DEXTER. Yes. No. Their hiring back is important, clearly. I think that true to what Congresswoman Morrison was talking to, there is a lack of trust right now in the VA and a fear that many of us are hearing about. Nearly 4 months now after that firing, the President has now nominated a replacement, Cheryl Mason and Secretary Collins, Ms. Mason is a current political appointee at the VA who reports directly to you, is that correct?

Secretary COLLINS. Yes.

Ms. DEXTER. What concerns me, Mr. Secretary, is that we have reason to believe that Ms. Mason helped transition President Trump into office and has played a role in cutting VA's workforce, blocking staff from contacting agency attorneys. As my colleague Ms. Brownley pointed out earlier, suggesting or forcing that VA staff sign on to non-disclosure agreements. When considering her track record, it is clear that there is a conflict of interest here. She has been part of executing the Trump agenda and now theoretically will hold that same administration accountable in an oversight

role. Secretary Collins, veterans and their families deserve leaders who put them first, especially when stakes of life and death are at play. Do you agree that we must have someone who can be seen as impartial and without conflict in this role of Inspector General?

Secretary COLLINS. I think the President has nominated someone who will actually do that, who has actually worked through two administrations. She actually worked under the Biden Administration in the VA. She has worked inside the system for many, many years. If you look at her total work experience and how she goes about it, I think she will be a great candidate for that.

Ms. DEXTER. Without question, she is a good candidate. I think the concern for me is her role with the administration and also as a political appointee serving the people that she actually is going to be appointed to oversee. Regardless of whether or not she can do that without partisanship or favor, the potential conflicts exist or at least people the premise or the suggestion of conflict exists. For the record, our shared commitment to advancing an inspector general who can fulfill their statutory obligation to be independent and objective in executing their duties is something that we share. Is that true?

Secretary COLLINS. Yes. I believe the President's choice, Ms. Mason is, will fulfill that.

Ms. DEXTER. Okay, great. I also appreciate that members of this committee know from direct outreach, including what we just heard again from Dr. Morrison, that VA employees have concerns about the culture of the VA and have shared that there is a fear of retaliation for people who speak out. Members of this committee have also experienced a lack of responsiveness when asking to visit a local VA, which is really quite unprecedented. Mr. Secretary, how are you going to rebuild trust in the VA for the employees as well as the veterans that you serve?

Secretary COLLINS. Continuing Congresswoman, exactly what I am trying to do right now is I look, I have freely come up and talked about issues that are hard and also say just judge what is actually happening and not what is being talked about. This has been the issue that I have had to deal with from the day one that I got in was actually dealing with many times not accurate information.

Now we can disagree about how some of this is to go about and there may be some things that we could do differently. Also having to deal with just the blatant disregard for reporter and other backlog actually hurts the problem. For me, it is just having to go forward and tell the truth as I have it, as we are actually working it and work to just rebuild that visit by visit by visit that I go to. What is interesting though, and I was not joking with Dr. Morrison as well, is in Minneapolis and in other places as well. Once I am there and able to talk to our hospital staff, talk to our senior leaders, leadership and see them, they are actually understanding what my heart is. I just got to do this one at a time and with every member here.

Ms. DEXTER. I appreciate that. I certainly appreciate that showing up is what builds trust and clearly you are doing that in good honor and spirit. I appreciate that. We will be watching. We certainly are looking for our veterans to be served to the best of our

ability as a Nation. I hear your commitment, and we look forward to further conversations. Thank you, Mr. Secretary

The CHAIRMAN. Congressman Self.

Mr. SELF. Thank you, Mr. Chairman, and thank you, Mr. Secretary, for spending so much time with us. First of all, I have a—I want to thank you personally for, for deciding that chaplains would be able to minister in the conscience of their particular dogma in the Coatesville, Pennsylvania VA clinic. You personally made that decision that they will be able to do that across the VA, and I appreciate that very much.

I am glad that you are refocusing the VA from an employment agency and a mortgage company back to veterans. I will tell you that we are used to in this committee, the VA coming to us and telling us what inputs they have put, what they have done, what they have spent, but very little results, very little outcomes. It is been a breath of fresh air today for you to tell us what you are actually achieving. I know that you have responded to what we call the lies of the left multiple times today. They have used the word fear, they use the word lack of trust, and you have responded every time to it. You have also had to tell us what the laws is because we have heard it seems to be an issue that my colleagues across the aisle have it hard to understand that there are laws of this land that you are going to obey as you provide for our veterans. The complexity of the VA is not worthy of a yes or no answer in most cases, and I applaud you for working through that with them.

The only question I have for you, and take as much time as you would like, is you have answered several questions on the electronic health records, but we have been told that it was going to be 50 billion versus the 9 billion that we have already spent. Can you just share with us the plans going ahead and take whatever time you would like Mr. Secretary.

Secretary COLLINS. I appreciate that. I wish I could go into the entire because we are now looking at out years of a contract that should have been finished in 28 as it was originally done and that is frankly not going to happen. I do not think anybody on this committee would take issue with that. What we are looking at is finishing up the contract under the terms we have now and we are actually actively renegotiating and trying to get more out of Oracle and others from their side to see how we can do it. Actually so far they have stepped up and agreed to many things as we go forward. Yes, there will be a time as we look forward in how to implement this past that 28 timeframe as we go forward. I am not at a position right now to say what those numbers would be, but they will be something that we will share with the Committee as we go forward.

I really wish we was not here at this point. This is an issue that it could have been handled a lot differently. I cannot comment. There was, I know, some discussion that we had earlier, which I respected on the history of this program. I had no involvement in that. It may have gotten started bad, but I have been given the task of finishing it. I have been, I have been given the task of taking the mess and cleaning the stall. That is what we are going to do. I appreciate the work. Again, what was really also very disturbing to me, Congressman, is, and this probably emphasized

more than anything what I am facing as we try to make change at the VA. That is what I have always known, is that we have always done it this way before syndrome, and I have seen it across the board. They come in and when I ask questions, I feel like that I am have basically reverted back to childhood. I ask why about everything because when I see stuff come in like why do we do this? Why is this happening? Why is this person not held accountable? Finally I think our folks are getting to realize that I am not just going to accept the answer that, you know, this is what we need to do.

We have had issues ranging from West LA. We have had issues ranging from, you know, how we deal with our community care, how we actually put in processes to make sure that our survivors are actually getting the care that they need. All this may not seem like the health records management system, but it is combined. When I came into this, we had a VA who was basically, and I remember my first meeting on this, and I am trying to be as transparent as I can be here. Like I said, I just want you to know that when I first sat down with our people, it was basically, we cannot move forward. We are not in a position, and we are not going to make changes, and it is, you know, everything is bad. I said, well, that is not a workable position. It is not workable for this committee. It is not workable for the President. It is not working for anybody. We are wasting billions of dollars here on a program that is not helping our veterans, and also right now is actually hurtful in some ways in the original rollout.

It took getting over that hump. I am very pleased to say that after the initial meetings, our staff and Dr. Evans, who I cannot speak well enough about because he took on the mantle and he had been sort of, unfortunately, having to ride this through the storms, if you would, many times when nobody would listen, and he was having trouble trying to get it through. He actually has taken that on. I do appreciate his willingness to sort of redirect the team to say, how can we now get this to happen? Your question sort of overlaps everything we have tried to do at the VA is to say, look, let us take a fresh look at what we are doing and fresh look at how we are doing it and why we are doing it. Some things may change, other things may not change.

Years ago, an older gentleman who was in the church that I used to pastor made a comment. He said, Preacher, he said, I do not want you to change. He said, we are making some changes. He said, just always remember, he said, I will support you and we will change. He said, but before you move a fence, know why it was put up? I thought to myself at the time, I was not sure about what he meant by that. Then it made sense, is, you know, sometimes you do not know what is on the other side of the fence. We have tried to do that all along. This EHRM process is something that, why did we not get to where we are? Why was it at and what. We are now knowing why the fence was put up, and we are moving the fence to get it really where it needs to go. It is an endemic not just to this, but to other things as well.

Mr. SELF. Thank you for that, Mr. Secretary. Mr. Chairman. I yield back.

The CHAIRMAN. Representative Mace.

Ms. MACE. Thank you, Mr. Chairman. I would thank the Ranking Member and Secretary Collins. Welcome. I look forward to working with you as we refocus the VA on what is always meant to do serve veterans and not push social experiments. For the past 4 years, veterans took a back seat to identity politics, gender ideology, DEI dogma. Every dollar wasted on the woke agenda was a dollar stolen from real care for real heroes. President Trump has given you a clear mandate in the circus, restore the mission. Let us talk biological reality, something the last administration ignored. President Trump has made it clear there are two sexes, male and female. They are assigned at birth, they cannot be changed and taxpayers should not foot the bill for surgical or chemical mutilation. How is the VA implementing President Trump's directives to restore biological reality and end taxpayer funded sex changes?

Secretary COLLINS. By doing exactly what the EOs call for. We are no longer doing that. We stopped care. If they were currently in hormonal treatment, which is or they are coming off of it for from DoD, they are going to continue that because there is some health issues associated with that. That is now being taken care of. We are not starting and we are also not getting into sex change operations. Those are just not something that is the VA is going to be doing.

Ms. MACE. Yes, what we do, what these people do to themselves or doctors is it is crazy and it harms them physically and mentally. What steps has the VA taken to redirect money previously spent on gender ideology back toward actual letter and care?

Secretary COLLINS. Well, I think where we are redirecting money back is to our, you know, paralyzed veterans, amputees, moving the moneys to where it can be best spent. Again, I think that is the overall function of everything that we do is making sure that our healthcare system has is just my priorities is making sure our veterans have the benefits that they have earned.

Ms. MACE. DEI is out, equal opportunity is in, equity politics and racial discrimination disguises virtue and virtue signaling have no place in the VA. How many DEI related contracts has the VA canceled and what was the price tag on those savings?

Secretary COLLINS. There were a number of contracts and the total value we saw on those contracts was about $6.1 million.

Ms. MACE. How has that freed up resources to be reallocated to improve veteran care?

Secretary COLLINS. As we said, it went back toward allocation toward community care and prosthetics as we were looking for.

Ms. MACE. As an animal lover, I applaud the VA for ending painful, unnecessary area experiments on dogs and cats. This is a bold step under President Trump. Congress has since required the VA to phaseout primate testing by 2026. What is the current status on phasing out animal testing, particularly on primates?

Secretary COLLINS. We are on track to make sure that that directive is met. In fact, in some instances, we may be even able to meet that goal sooner.

Ms. MACE. Is the VA exploring any innovative non animal research methods to replace outdated and inhumane testing on animals?

Secretary COLLINS. Yes, we are always looking for ways to do, to make the research as valuable to those that need it. Also, the again, we are in an area in which prosthetics and that kind of information with amputees is something very central to the VA. It is something we are looking at.

Ms. MACE. Then what can other agencies learn from the VA's leadership in ending these cruel and obsolete animal experiments, do you think?

Secretary COLLINS. Well, I think, you know, judging from the reaction to Congress also, what the President has also stated and laid out, I think is just following the rules as we go forward here.

Ms. MACE. Thanks to your leadership and President Trump's direction, the VA is finally being restored to its rightful purpose, delivering world class care to those who serve their country. I look forward to continuing this mission with you. We wish you a lot of luck and many blessings to get the job done and we believe in you. I yield back. Mr. Chairman. Thank you.

The CHAIRMAN. Representative Deluzio.

Mr. DELUZIO. Thank you, Mr. Chairman. Secretary, long day. Good to see you here.

Secretary COLLINS. Good to see you as well.

Mr. DELUZIO. Want to talk about clinical trials and some of the reporting on the impacts of whether it is hiring freeze, contract terminations, firings, or some combination of those things. Two Pittsburgh clinical trials, according to reports, had not started as of May 6th. These were to treat veterans with advanced head and neck cancers. Have either of those resumed or started?

Secretary COLLINS. Well, one, they never started before, and they are starting now because we are now actually reaching out to veterans to be a part of this trial. Those were not, they had not been started before any at this point. You cannot stop anything that had not started.

Mr. DELUZIO. They have started since May 6th.

Secretary COLLINS. They started in the last little bit. They are getting ready right now. They are recruiting veterans this month.

Mr. DELUZIO. Okay, so both of those have started. When were they originally planned to start, because the reporting here is that these were delayed or stalled because of some combination of firings, contract terminations, probationary impairments.

Secretary COLLINS. Yes, not that we are aware of. I think the interesting thing is here is before any of these other things got involved is they had not recruited patients for these trials.

Mr. DELUZIO. Just to be clear, when were these supposed to start? Do you know?

Secretary COLLINS. I would assume they have been around before the hiring freeze. It was supposed to start probably earlier. I would have to get a direct date on that. I am not going to try and guess.

Mr. DELUZIO. I would appreciate a response on that.

Secretary COLLINS. Okay, no problem.

Mr. DELUZIO. There are others that were identified in some of this reporting, specifically at VA Pittsburgh. I think seven in total, including those two that I have asked about that the impact again of whether it was firings, contract terminations, on and on were that they stopped enrollment in several of these clinical trials, and

these were to treat veterans suffering from advanced lung cancer, kidney transplantation, cardiovascular disease and others. The reporting here is that the planned enrollment was 500, but as of again this reporting in May, only 75 veterans had been enrolled. Have that, has that enrollment now continued and are additional veterans being enrolled?

Secretary COLLINS. No clinical trials have been stopped. We have been no cancellations from our decision on clinical trials. Those are still going on. Any issues in those clinical trials will be specific to that issue. One of the things is to, Representative, and I think to understand here we have over 1500 clinical trials going on in the country through the VA, of which there is no centralized management of that from the VA. Getting sometimes information about our clinical trials has been difficult when we started asking these questions because the VA, as much as we do these clinical trials are working on them. We have no management of those and how they are started and where they go forward.

Mr. DELUZIO. Secretary so you said they had not been stopped, which is a little different than what I asked you, though what I asked you was whether enrollment had been paused. That is the reporting that 75 folks, 75 of my fellow veterans have been enrolled rather than the planned 500. Again, the reporting is that enrollment was stalled during this period of firings, hiring freeze, contract terminations. Is that true?

Secretary COLLINS. They have not started, as far as I know. They are still recruiting people for those trials.

Mr. DELUZIO. I understand that, but was the recruitment of enrollment stalled during this period?

Secretary COLLINS. Not that I am aware of.

Mr. DELUZIO. Okay. I would like to know if you could find that out for us.

Secretary COLLINS. I will find out.

Mr. DELUZIO. Because my concern, as you can imagine, is whether it is those first two clinical trials on head and neck cancer being delayed to start or these other at least five that I am aware from reporting being stalled. Some veterans may not have gotten an access to that kind of care in these clinical trials, some of those veterans may have gotten sicker. God forbid somebody may have died. We should know whether any of those things happened. I do not want to guess. I do not want to put you in the spot to guess, but we should know that.

Secretary COLLINS. I appreciate the concern there. Also remember one of the things that I want to make very clear here is we have talked about this a little bit in going forward. The clinical trials are used to assess new treatments and new ways to going about it. These veterans were not, and I say this simply not because of what you said and I will be frank with you, but what I have heard from others and they saying these, that they were kept away from all health care, that is just not true. They were still getting the health care through the Pittsburgh. The clinical trials that had not been started, especially in the head and neck cancer had not started. I think that is. There is two distinctions here we have. I am willing to work with you to look at whatever.

Mr. DELUZIO. Great. I would love to know for each of those trials and as you say, you are still getting healthcare. It might be that that clinical trial could be a life-or-death outcome. It might not be. I think it is important that someone is got a chance who is in a horrible situation. Advanced head or neck cancer.

Secretary COLLINS. Yes, I would hope that also. Congressman, I would love to work with anyone on this committee also as we go forward how we can actually streamline this is something I am looking at now as we have gotten into these conversations more and more on clinical trials that we actually need to have in my opinion a better sort of command and control system so that we know where these are going on and if there are any issues that we can help with as we go forward. As you said, some may have gotten help but also some may not have worked. Are we making sure that that information is available across the system wide so that we know this actually worked, but this did not. We do not have that information.

Mr. DELUZIO. Look, and we all know this, the research VA does has led to some really groundbreaking interventions and treatments for veterans. We have to continue that. I want to spend the last minute and a half or so about morale. I have and my team have heard from physicians and other folks who work at the VA have heard from veterans. There is been plenty of reporting and discussion here today about mental health care in particular and some of the reports of impacts on the return to work and clinicians being placed in an environment where they cannot have a confidential discussion with patients. I have talked to physicians myself and heard some of those concerns. I will throw out an example of someone being put in a room where there is another VA employee that would betray confidentiality with a patient seeking mental health care, asking for headphones or a headset to be able to have some confidentiality being told, no. Should that happen? If not, what are you doing to fix that?

Secretary COLLINS. No, it should not happen. I think one of the things is to remember is all of VA centers are secure facilities and they should not be put back in. If they are coming back into work, it would go against. I said, I made this statement earlier, if they are being brought back in an environment in which they were not supposed to be, then that is a failure of the leadership to bring them back in because it is also a direct violation of the policy of bringing people back to work. This is not something that we have looked at and many times we have asked for incidences when it is been reported and then gotten back to it, and it worked.

Let me just be very clear. If they are coming, if there is an issue, we would love to hear about that. Also, also, it is a direct violation of the policy coming back to work to not be in an environment in which they are not supposed to be in. If we have a supervisor who is doing that.

Mr. DELUZIO. In the 10 seconds I have left, Secretary, if someone is raising those concerns, I would love a commitment from you that they will not face any consequence for voicing objection.

Secretary COLLINS. No. I think that we need to know, and I think this is what we have proven, and there is been areas in

which there were some concerns and we have actually made exceptions to say no. The telework continue off with premise can do.

Mr. DELUZIO. Mr. Chairman. I yield back.

The CHAIRMAN. Thank you, Ranking Member.

Mr. TAKANO. Thank you, Mr. Chairman. Thank you, Mr. Secretary for being here today, Mr. Secretary, you have testified that, quote, no one has discussed firing doctors or firing nurses, end quote. No one has discussed this. That the 15 percent figure floating around is just a goal, not a directive. Then I need you to explain this spreadsheet that I have behind me. We are handing you a copy of this spreadsheet. It was circulated by your own Reorganization Implementation cell. It asks VA staff to calculate the savings from a 15 percent cut to every VHA position, including frontline clinical roles and it says cutting nearly 4,000 nurses, for example, would save a billion dollars. Cutting 400 psychologists another $110 million. The list goes on. Health aides, pharmacists, housekeepers, et cetera. Now, if your testimony is true that no one is looking at plans to cut these jobs, why did your team ask for this analysis?

Secretary COLLINS. Ranking Member, looking at this right here, this is exactly why we are here. This is a leaked pre-decisional document that is not helpful. It is not working because here is the end of the day—no, no, I am going to answer this

Mr. TAKANO. No claiming my time. Mr. Secretary, it is my time.

Secretary COLLINS. Well, it is my answer.

Mr. TAKANO. You have said publicly that no one has discussed that would be interpreted. No one has discussed this at all. We have a document, whether leaked or not, that establishes that these cuts are being discussed.

Secretary COLLINS. I said that I have made clear we will not be cutting frontline health care.

Mr. TAKANO. Your subordinates are discussing this. They must have gotten the directions from somebody.

Secretary COLLINS. They did. Well, I have been very public. It is just like your staff if they talk about something you do not know about.

Mr. TAKANO. You understand why there is a lack of credibility from the public on this sort of.

Secretary COLLINS. There is a lack of credibility.

Mr. TAKANO. This is not speculation, Mr. Secretary. It is a VA document. We have asked your head of HR, Mark Engelbaum for answers. We have actually asked your subordinates about this. He promised a follow up and we never got it. I am asking you now on the record, why did your team request this analysis and what are you preparing for?

Secretary COLLINS. Well, if I have to explain this in a way that makes sense, let me just say this, if you——

Mr. TAKANO. Do not talk down to me, sir, I am just asking you a question.

Secretary COLLINS. I am just answering your question. If you let me answer it, I will answer it.

Mr. TAKANO. Please. Time is ticking.

Secretary COLLINS. This right here is an overlook of our entire organization. To see what they did here is fine. Whatever they are

looking at is fine. When it comes to the Secretary of VA, which is me, and the direction that we have given to make sure that health care is prioritized, to make sure that our veterans are getting the desire that they need. When I have told you that when we are talking about this and exempted 300,000 positions, that is what happens at the VA. Can they have other conversations that involve other things? Possibly. Coming from me, it is not.

Mr. TAKANO. Okay. Well, thank you. Let us move on. I would like to point out that you have set a goal of 83,000 VA employees. I know it is not a fact. It is a goal. I just want to make sure we go over this and we have some agreement without cutting clinical staff. There simply are not 80,000, 83,000 employees elsewhere in the department. If you look at this chart over here, you have already cited these numbers yourself. If we add up all the VBA, NCA, and all the other positions, it hardly adds up to 83,000. You are going to have to cut deeply out of the VHA column there.

You know, there is just simply no way that that can be done without that. I would also like to move on and say it is also our understanding that on the VA Human Resources SharePoint there is a document that lists every employee hired since 2019 with their name and occupation. Will you get that document to us in digital form?

Secretary COLLINS. I am not familiar with the document you are talking about.

Mr. TAKANO. If it does exist, I mean, we know it exists, would you get it to us? It just.

Secretary COLLINS. I do not know what you are talking about. Also, if I can answer your other question.

Mr. TAKANO. Okay, no, I would like to move on to that. I would like to move on to the Deferred Resignation Program (DRP). There is been a lot of confusion about the Deferred Resignation Program.

Secretary COLLINS. Okay.

Mr. TAKANO. It is my understanding that you have made employees who are in positions that provide direct care exempt from this program unless there is an additional review by VA leadership. How many employees who directly provide care or support or support the provision of direct care have submitted requests for DRP, early retirement or retirement?

Secretary COLLINS. The last number I had on that was about 2,500. About 2,500 of which all of them will be probably, all of them are going to be denied.

Mr. TAKANO. You are going to deny them. You are telling me today that you are going to deny all of the clinicians who applied for DRP?

Secretary COLLINS. That is what we are looking to do. I will say this. As we look at this, one of the issues of DRP is making sure that employees who want to be here are not. We are not looking to get rid of any clinicians. We are not looking to get anybody. In fact, we are taking.

Mr. TAKANO. That is fine. I got it. 2500 clinicians have applied for DRP. You are going to deny those.

Secretary COLLINS. We are denying clinicians. That is been done.

Mr. TAKANO. Have you thought about why frontline staff are requesting DRP in the first place? To me, it is an indictment of your

leadership that valuable clinicians that are hard to recruit, hard to onboard, that that staff who loved serving veterans now want to leave.

Secretary COLLINS. Well, have you looked at actually the ones who may want to leave and how close they are to retirement to start with? Have you actually looked at where they may be? I have not looked at those, but we are going to keep them in the system. Your question may sound like it is ominous, but also you have not answered the other questions. Who are these people actually are.

Mr. TAKANO. Okay, well, so fine, let us move on. Mr. Secretary, are medical center directors exempt from the hire and freeze? Medical center directors?

Secretary COLLINS. Yes.

Mr. TAKANO. They are? So to be.

Secretary COLLINS. They are part of the clinician side. Yes.

Mr. TAKANO. Okay, well, to be clear, the list you have provided to Congress does not include medical center directors as exempt positions. That is not.

Secretary COLLINS. It is been updated.

Mr. TAKANO. Now it is. Now, according to a report that VA just submitted to Congress last week, there are 12 medical center director vacancies, eight of which cannot be hired due to the freeze. The chart behind me shows a page from the report with those vacancies listed and the status, which is that quote, recruitment is on hold due to hiring freeze, end quote.

Secretary COLLINS. We are working to fill all those. When we find those, we are working to get them hired. Those are many of those were actually predecessor to me.

Mr. TAKANO. All right, well, this document shows that they are not. They are empty because of a freeze. You will commit to exempting medical center directors from the hiring freeze and prioritize finding leaders for those facilities as soon as possible.

Secretary COLLINS. Already have.

Mr. TAKANO. Wonderful. Well, Mr. Secretary, I just want to know, can we get a RIF plan before you execute it and not execute it for 30 days so that the public veterans in Congress can examine it before it is put into force? 83,000 is a lot of people to cut.

Secretary COLLINS. We are going to provide everything we are supposed to under RIF to make sure you have every notification you have.

Mr. TAKANO. Well, that is not the same as providing us with the draft plan so that we all can discuss it together. That is 83,000 is a huge change.

Secretary COLLINS. Again, I was not able to answer your question because you did not allow me to discuss the 83,000.

Mr. TAKANO. I will take that as non-responsive.

Secretary COLLINS. I will take yours as not wanting the answer

Mr. TAKANO. I yield back.

The CHAIRMAN. The gentleman yields back. One thing I have discovered about today is that normally the Ranking Member and myself, we ask our questions first. What has happened is I think we have questioned you to the point that I think we got a lot of answers of what my questions were going to be. Maybe I am going

to ask you this. What is something that has not been asked that you feel is vitally important to put on the record?

Secretary COLLINS. Mr. Chairman, I think it is not what necessarily has been asked, but I think it is from the perspective of how it was asked. This is the fight that I, that you and I have spoken about and I have spoken to many. We just got through with it. Please hear me. To everyone here, I consider the Ranking Member a friend. We came in, we vehemently disagree on this. I think the problem we have here is something that I refuse to talk about in a setting like this or where we actually have living proof of predecisional documents being leaked at the, basically even against section. You know, the, the law of Atlanta. These are not supposed to be leaked. We see this. If they want to go to Inspector General, whistleblower, those are all there for them. This is the exact reason I was asked earlier about NDAs. Okay.

Now what is happening as you sit here and we put up forms, we are continuing to fester this idea that there is no way we can do what needs to be done without hurting veteran healthcare. I refuse to accept that because one thing that was not accepted and I was not, you know, able to continue. There are 409 positions in VHA. When we look at that and you look at some of the areas that we have in VHA, which also includes call centers, which also includes staffing issues, they also include procurement, they also include HR. They also include, include processing of payroll, which these hospitals were not supposed to be doing. By the way, those numbers add up to significant amounts.

What was not said just a minute ago is that just last year the Biden VA in the VHA in their own internal documents stated that they could get rid of 28,000 people. This is the Biden VA 6 months ago. Have not heard that. 28,000. Now, if you go by the numbers that I have been told today, oh, you cannot do that without hurting healthcare. Then we are saying Biden's going to hurt. The Biden administration will not hurt healthcare. No, I think they actually looked at the same numbers we did, Mr. Chairman, and determined that of the frontline healthcare, frontline disability workers and all, there is a lot of interest in looking at are we being as efficient as we should be. I believe that as we look at this, you are going to find those answers. That is why we have to do this in a very methodical way.

Everybody wants to run forward and say, here, give me your plan, because you know what? Then they want to go out and say, you are going to cut here, you are going to cut here. They are going to put fear in my employees, and they are going to put fear in my veterans. That is wrong. It is wrong. You see no other industry in this country who are making decisions about their workforce, who do it in a way that we are talking about being told here. We are doing it in a methodical way, using career employees who have been there forever. We are actually looking at-actually using consultants. We are actually using our political folks to get this into the record to say, here is how we look at this, looking at the examples of private industry and knowing that we are not private industry. We are a veteran's organization that gets to treat the best people in the world, and that is our veterans. We only have one mission, the veteran. Over time, we have gotten away from that.

When you look at these numbers, I have a question for anybody that wants to look at this. Why do we have a middle management if you order a structure system that keeps our clinicians out from seeing patients and then saying that if we look at anything of a doctor or nurse who is not seeing patients, that we are going to affect healthcare if for some reason they was not around or if they quit on their own? I think what we are saying here is there is a large understanding gap that unfortunately has become political. I could go along almost every member except the new ones, because there is a lot of new on this committee, Mr. Chairman. I can go from Ranking Member to you to everybody else and find quotes on the Senate side as well. VA needs reform. VA needs efficiencies. VA needs cost cutting. VA needs all these things, both Democrat and Republican. Then all of a sudden you have somebody like myself who is just. I say this in knowing that somebody will use it against me. I am just a simple country lawyer from North Georgia who simply says, maybe we actually ought to look at this and maybe we actually ought to ask the questions on why we have this and why do the VSOs and why do others always seem to have issues that they want to get fixed at the VA? All we do is continually to perpetuate the problem.

I am not willing to do that anymore. We can disagree. The President told me to do one thing and that is take care of our veterans. Yet in this timeframe, which was not brought up and we are going to bring it up even again by the Biden Administration, they changed the wait time issue to make it more transparent so that we. In fact, I got this last week when I said the primary care days. Let me just repeat this, it is worth repeating. Primary care rose from 15.7 to 24.3. Mental health rose from 14.7 to 20.4. 24 days for specialty care rose to 38. The backlog, by the way, interestingly enough in 2019 before the COVID was under 60,000 on the backlog. Of course, it went up during COVID because we could not get our appointments. It is still at 260,000. When I came in, in less than 100 days, we have actually brought that down 21 percent to 200,000 and it is heading south now.

I was actually accused the other day of, well, you are using flawed numbers, and the VA wait times flawed because the VA changed the way it does its wait times. Here is the problem. It was changed under the Biden Administration to better reflect calculations because the data reinforced above did not reflect the adjusted change. It plainly shows that the wait times increased because here is what you need to hear. Wait time clocks started only after a veteran was contacted by a scheduler for appointment under the prior administration. In other words, we did not even start the clock till we reached out to them. The veteran may be looking to get their help, but they did not get it. The new method, which was again done under the previous administration and adjusted through every number beforehand so there is no apples to oranges here. This came from Dr. Lieberman, who is our top doctor by the way, at the VHA.

The method is now calculated on when the schedulers are called to reduce so that we actually make a queer time. As we look at this, Mr. Chairman, I appreciate you allowing me the time. I appreciate the Ranking Member, I appreciate all the Committee

wanting to do good work. What I cannot have is spending another hundred days as we go forward here because as Dr. Morrison and many others say, yes there is from people who have morale issues because they are having to sit here and listen through wrong answers out of that yield.

Mr. TAKANO. Yes, I do. Thank you, Mr. Secretary. You know you are opining about a so-called leaked document. It is obvious. It is obvious. We are not mushrooms, we are going to hear stuff. We are going to hear stuff from employees who are alarmed about the huge, massive changes that are occurring. That document. We do not get answers to our questions. When we do not, when there is no transparency, we are going to rely on whistleblowers telling us the truth. Look, private industry, sir, would not have fired 2,400 employees and then hired back 1,000. That was indiscriminate firing. Indiscriminate firing of probationary employees. A memo went out signed by Tracy Theriot that said they were being fired because of their performance. I questioned her, and she could not really cop to the fact that they were fired because of their performance.

I am not even sure really that you personally authorized all of that or whether it was someone from the Office of Personnel Management (OPM). She, in fact, said that, that that memo was actually not, even though she signed it, was actually not written by her, but was written by OPM, which does not seem like it came from the Secretary's office. That, sir, was entered into evidence, into a Federal court. That judge did indeed rule that they had to be restored. Those probationary employees. That 28,000 employee cut that you were talking about from the Biden Administration, the VHA, you know, is related, not, not due to necessity, but because of a, a shortfall in the budget. There was a huge shift and acceleration of expense in the community care, the community care account.

We need to have some space for some straight talk here. We are not getting it here. Mr. Secretary, I must say I was pleased to hear you say that you want to make the disability claims process easier to veterans. I was listening carefully to your response. I personally do not want to see claim sharks legitimized. I am not saying you are taking a side on that gentleman's bill, but I think we have some meat of the mind here. We do need to. Maybe we need to talk about some presumptives that would make the process easier and more veterans would get through that red tape. I am all for cutting that bureaucratic red tape. We share that goal. We do need to make it simpler for veterans to get care and benefits. There are two really good ways to do that.

One is to increase the number of presumptive illnesses, and the other is to automatically enroll transitioning service members into VA health care, as my legislation in the Ensuring Veterans' Smooth Transition (EVEST) act does. I look forward to your considering supporting that bill and to VA increasing the number of presumptions of Service connections. I also think it is possible for us to work together and help veterans and ensure that VA is a world class institution. I cannot emphasize enough that VA's unresponsiveness to my questions and letters is not acceptable. VA's recent habit of canceling long standing briefings at the last minute is also not acceptable. VA's refusal to provide briefing materials to staff is

not acceptable. We cannot have a productive relationship if we do not have the information we need for our Constitutional oversight responsibilities.

Now, when you told Ranking Member Ramirez that canceling outreach was not your intended policy, I take you at face value. I expect that our follow-up questions about this outreach problem will receive responses with the same candor and attention. This research issue is, this outreach issue is not limited to just one district or facility. Now you blame the issue on quote unquote, malicious compliance. Sir, the buck does stop with you. I know that is a phrase that you embrace. If policy is not being implemented correctly, then I say it is on you. If veterans and employees are scared and feel like they have to overcomply with a policy that is on you, that should cause you to re examine the policy as well, not just black the staff. If you truly want to lead VA, accountability is where leadership begins. You cannot expect your employees to be accountable if you will not be yourself.

Now another thing I just want to say is I have gotten concerns from my colleagues about this directive that any Member of Congress wanting to visit their VA facility has to get it cleared through your Chief of Staff. They are having to take that very literally. They are taking it very literally based on all that we are seeing coming out of your first 100 days or so in office, that cannot stand. Members of Congress need to be able to visit their facilities, talk to their medical center directors and be able to see what is going on. My job as an elected official and the Ranking Member of this Committee is to represent the interest of veterans. We cannot answer questions from veterans or get them information if we cannot get answers from VA. We cannot represent veteran interests if we do not have the full picture of how their interests will be affected. That is why veterans are scared.

Now let me be clear. Veterans are not scared because I or any other Member of Congress asks a question. They are scared because you have made massive changes with no plan, no details, no accountability and no transparency. You have truly, if you truly believe it is, quote unquote, fearmongering to ask a question then you should ask yourself why you, Mr. Secretary, fear answering our questions?

Now, I am proud of the employees who have bravely shared their stories with us. We are relying on the courage of whistleblowers now more than ever. I am grateful to the veterans who have shared their concerns and I will continue to fight to ensure that their worries are heard and addressed. Now, Mr. Secretary, if you want to accuse VA employees of, quote, unquote, malicious compliance, I say you need to examine your role in creating a culture where VA employees feel like your directives to require them to implement policies that harm veterans. Reconsider the cruelty in your treatment of minority veterans. Reconsider your termination of collective bargaining rights for the hard working public servants. Reconsider your role in ending critical programs like VASP because veterans will now lose their homes to foreclosure unless you put a moratorium on those foreclosures until we can ramp up the partial claims legislation.

Reconsider your pause of clinical trials leaving sick veterans without the lifeline of hope. Reconsider how you will have, how you have indiscriminately fired employees only to hire them back again. Mr. Secretary, I truly hope that you will go back to the central office today and chart a plan to course correct. That plan should include complete and truthful answers to all of the questions you were unable to answer today and a path to true partnership with both sides of this committee. With that, I yield back.

The CHAIRMAN. Thank you, Ranking Member, for yielding back. I want to actually thank the Secretary for being here and joining us today and answering every question that was put before him. I want to say that, you know, we do stand for our veterans here and we all talk how we want to stand for our veterans and that we respect our veterans. Some of us in this room understand that quite often you do not get the birds on your shoulder unless you know how to be a leader. I appreciate you for both jobs that you are doing, especially when people that question it have never even had a stripe on theirs.

I do want to thank you, and I appreciate the responses and your leadership during this transition. While this budget request shows real progress, I remain concerned that the VA is still working through the consequences of poor budget decisions made under the Biden Administration. The alleged shortfall last year was not the result of inadequate funding. It was the result of poor internal controls and a lack of transparency around how VA managed its accounts. Congress has always provided VA with the resources it needs, and we will continue to do so. We need to understand that the money is being used, where the money is being used, and we need to be able to explain to the veterans that are taxpayers how it is being used.

Some of those budget practices that we have seen in recent years, terrible account coverage, shifting obligations, have made it harder, not easier, to figure out where we are at as far as Congress. In the end, it hurts trust in the system. I look forward to working with you. I thank you for your service. I thank the colleagues, for the most part that actually dealt with the questions at hand. Let you answer. I think a lot has been explained over things that we have heard in rumors that have flown around, and you've been able to answer them very well.

We look forward to continuing to work with you and we want to make sure. One thing that you say is the same thing I say with this committee. Remember, our VA Is not about the bureaucracy of the VA it is about providing for the veterans. With that, that is the best way to ensure that we can continue with the care for our veterans. With that, this hearing is adjourned.

[Whereupon, at 6:08 p.m., the committee was adjourned.]

A P P E N D I X

PREPARED STATEMENT OF WITNESS

Prepared Statement of Douglas Collins

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, thank you for the opportunity to testify today on the state of the Department of Veterans Affairs (VA).

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 sub-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 4 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 Fiscal Year 2021 to Fiscal Year 2024. Did all those extra people make things better for Veterans? No. In fact, VA's performance got worse, as health care wait times and the disability benefits backlog increased.

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 Diversity Equity and Inclusion (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.

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 1 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 just over 100 days into the second Trump Administration, and despite major opposition from many in the media, 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 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.
- We're creating a better system to more quickly and effectively provide survivors the services, support, and compassion they've earned.
- And we've ended DEI at the department, reversing the divisive Biden-era policies and stopping more than $14 million in DEI spending.

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.

President Trump sent his Fiscal Year 2026 budget request to Congress on May 2, 2025. President Trump is committed to balancing the budget while providing adequate funding for critical nondefense discretionary priorities—securing our borders, caring for our Veterans, and continued infrastructure investment. Reaching balance requires:

- resetting the proper balance between Federal and State responsibilities with a renewed emphasis on federalism;
- eliminating the Federal Government's support of woke ideology;
- protecting the American people by deconstructing a wasteful and weaponized bureaucracy; and
- identifying and eliminating wasteful spending.

The budget levels reflect the reforms necessary to enable VA to fulfill its statutory responsibilities in the most cost-effective manner possible.

The budget provides increased funding for health care services tailored to Veterans' needs, both at VA medical centers and in the community. The budget ensures that the Nation's Veterans are provided with the world-class health care that they deserve. In addition, Veterans who qualify for access to care with local community providers would be empowered to make the choice to see them, rather than having to drive, in some cases, hours to access the nearest VA facility.

The VA discretionary budget request for Fiscal Year (FY) 2026 is $134.6 billion, and $52.6 billion for Toxic Exposures Fund (TEF), for a total request of $187.2 billion. This is an increase of $27.6 billion (+17 percent) above the Fiscal Year 2025 enacted level.

VA is committed to ending Veteran homelessness. The budget includes a new effort, Rental Assistance to Homeless Veterans, which will provide $1.1 billion to support the President's commitment to end Veteran homelessness. VA will be directly responsible for programs and financial support to provide rental assistance and other support services.

The budget request also includes $3.5 billion for the Electronic Health Record Modernization (EHRM) program. VA's EHRM effort is moving the Department from a decades-old legacy system to a modern system that is interoperable with systems at the Department of Defense and other Federal partners, as well as participating community care providers, allowing clinicians to easily access a veteran's full medical history anywhere they seek care. Acceleration of the EHRM rollout is now a top VA priority effort. The Fiscal Year 2026 funding will enable VA to complete planned deployments in Fiscal Year 2027.

Further details on the full VA budget request will be available when OMB releases the complete Fiscal Year 2026 budget.

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

STATEMENTS FOR THE RECORD

Prepared Statement of National Association of Veterans' Research and Education Foundations

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Statement for the Record
Submitted by the National Association of Veterans' Research and Education Foundations
(NAVREF)

To the House Committee on Veterans' Affairs – Full Committee Oversight Hearing
U.S. Department of Veterans Affairs Budget Request for Fiscal Year 2026 and Fiscal Year 2027 Advance Appropriations

May 15, 2025

Dear Chairman Bost, Ranking Member Takano, and Members of the Committee:

The National Association of Veterans' Research and Education Foundations (NAVREF) appreciates the opportunity to submit this statement for the record in support of robust and sustained funding for the Department of Veterans Affairs (VA) research program, and in response to the VA's FY 2026 budget request and FY 2027 advance appropriations.

NAVREF is the national nonprofit organization representing over 75 VA-affiliated nonprofit research and education corporations (NPCs), established by Congress to support VA's medical and scientific research enterprise. Our members facilitate clinical trials, recruit private sector and academic partners, and advance groundbreaking discoveries that improve the health and lives of veterans. We stand at the intersection of science, service, and public-private collaboration, helping VA translate research into real-world care.

As chair of the Friends of VA Medical Care and Health Research (FOVA), NAVREF joins nearly 80 organizations in urging Congress to prioritize investments in the VA research program. For FY 2026, we echo FOVA's and *the Independent Budget* formal recommendation that Congress appropriate **$1.2 billion** for the VA Medical and Prosthetic Research program, **at least $100 million** for major and minor construction in VA research facilities, and **at least $25 million** for research-related Information Technology in the Office of Information and Technology (OIT) budget.

VA research is distinct in its focus, its mission, and its model. It is the only federal research program singularly focused on the health and well-being of our nation's veterans. Rooted within the largest integrated health care system in the country, VA researchers have unparalleled access to veteran-specific clinical data, longitudinal health histories, and cutting-edge informatics platforms like the Million Veteran Program (MVP)—which surpassed one million enrollees in 2023.

The discoveries that emerge from VA's Medical and Prosthetic Research program do not stop at theory—they go directly to the bedside. Over 60% of VA researchers are also VA clinicians, ensuring a tight feedback loop between scientific discovery and patient care. This unique model has yielded innovations in areas such as: suicide prevention and mental health treatments tailored for veterans; precision medicine approaches to lung cancer, spinal cord injury, and toxic exposures; gender-specific prosthetics for women veterans; and revolutionary regenerative therapies, including injectable gels for degenerative disc disease and neuro-prosthetics offering sensory feedback.

Despite these successes, the VA research program's progress is jeopardized by underinvestment in infrastructure, technology, and scientific capacity. Many VA research facilities operate in outdated, deteriorating buildings that hinder modern science. Without dedicated construction and maintenance funds, VA cannot address longstanding backlogs or meet 21st-century research needs.

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Similarly, the lack of dedicated IT funding for research cripples the program's ability to scale data-intensive science. Big data analytics, cloud computing, and secure interoperability with partners require stable and sufficient OIT funding allocated specifically for research.

Without predictable, robust funding increases that outpace biomedical inflation, VA research cannot fully meet the growing and complex needs of today's veteran population—including long COVID, Gulf War illness, post-9/11 toxic exposures, and the health impacts of military service on women.

Congress recognized the unique value of nonprofit research and education corporations (NPCs) when it authorized them to support VA's research mission. NPCs act as critical engines of innovation—facilitating public-private partnerships, enabling participation in industry-sponsored clinical trials, and accelerating translation of VA discoveries into products and practices that reach veterans faster.

NAVREF is committed to strengthening this ecosystem. Our efforts to modernize technology transfer, reduce barriers to collaboration, and streamline contracting processes help ensure VA remains a premier venue for biomedical research.

NAVREF urges the Committee to support full funding of $1.2 billion for the VA Medical and Prosthetic Research program in FY 2026, along with at least $100 million in research facility construction and at least $25 million in research IT capacity.

Veterans deserve a health care system that is as innovative as the country they served. VA research is how we deliver on that promise.

Respectfully submitted,

Rashi Romanoff
Rashi Romanoff
NAVREF CEO

Housing Policy Council Data for the Record Submitted by Chris Pappas

HPC Data For the Record

GNM Program Description VA
Delinquency Status Description 90+ day Delinq

	1/1/2025		4/1/2025		5/1/2025	
State	Loan Count	Share	Loan Count	Share	Loan Count	Share
Alabama	1,878	2.3%	1,790	2.4%	1,671	2.3%
Alaska	250	0.3%	253	0.3%	254	0.4%
Arizona	2,039	2.5%	1,900	2.5%	1,832	2.5%
Arkansas	948	1.2%	895	1.2%	855	1.2%
California	4,692	5.8%	4,347	5.8%	4,147	5.8%
Colorado	2,040	2.5%	1,958	2.6%	1,882	2.6%
Connecticut	485	0.6%	421	0.6%	392	0.5%
Delaware	305	0.4%	302	0.4%	286	0.4%
Florida	8,787	10.8%	8,496	11.3%	8,052	11.2%
Georgia	5,036	6.2%	4,498	6.0%	4,206	5.8%
Guam	15	0.0%	13	0.0%	10	0.0%
Hawaii	470	0.6%	467	0.6%	456	0.6%
Idaho	375	0.5%	335	0.4%	330	0.5%
Illinois	2,265	2.8%	2,120	2.8%	2,012	2.8%
Indiana	1,721	2.1%	1,595	2.1%	1,576	2.2%
Iowa	570	0.7%	529	0.7%	509	0.7%
Kansas	771	1.0%	716	1.0%	684	1.0%
Kentucky	1,143	1.4%	1,058	1.4%	1,041	1.4%
Louisiana	1,680	2.1%	1,611	2.1%	1,566	2.2%
Maine	274	0.3%	246	0.3%	239	0.3%
Maryland	2,098	2.6%	1,890	2.5%	1,823	2.5%
Massachusetts	615	0.8%	545	0.7%	516	0.7%
Michigan	1,509	1.9%	1,379	1.8%	1,285	1.8%
Minnesota	828	1.0%	729	1.0%	652	0.9%
Mississippi	1,014	1.3%	935	1.2%	921	1.3%
Missouri	1,395	1.7%	1,300	1.7%	1,238	1.7%
Montana	209	0.3%	216	0.3%	217	0.3%
Nebraska	344	0.4%	322	0.4%	316	0.4%
Nevada	1,049	1.3%	969	1.3%	992	1.4%

New Hampshire	205	0.3%	182	0.2%	165	0.2%
New Jersey	979	1.2%	846	1.1%	821	1.1%
New Mexico	609	0.8%	568	0.8%	568	0.8%
New York	1,490	1.8%	1,384	1.8%	1,331	1.8%
North Carolina	3,690	4.6%	3,392	4.5%	3,257	4.5%
North Dakota	152	0.2%	133	0.2%	126	0.2%
Ohio	2,407	3.0%	2,279	3.0%	2,143	3.0%
Oklahoma	1,460	1.8%	1,401	1.9%	1,360	1.9%
Oregon	994	1.2%	932	1.2%	918	1.3%
Pennsylvania	2,107	2.6%	1,936	2.6%	1,893	2.6%
Puerto Rico	66	0.1%	57	0.1%	51	0.1%
Rhode Island	134	0.2%	127	0.2%	126	0.2%
South Carolina	2,680	3.3%	2,431	3.2%	2,264	3.1%
South Dakota	190	0.2%	166	0.2%	166	0.2%
Tennessee	1,947	2.4%	1,748	2.3%	1,676	2.3%
Texas	9,715	12.0%	8,935	11.9%	8,504	11.8%
Utah	498	0.6%	458	0.6%	438	0.6%
Vermont	84	0.1%	87	0.1%	82	0.1%
Virgin Island	14	0.0%	16	0.0%	18	0.0%
Virginia	3,562	4.4%	3,273	4.4%	3,172	4.4%
Washington	2,013	2.5%	1,888	2.5%	1,843	2.6%
Washington, D.C.	87	0.1%	88	0.1%	86	0.1%
West Virginia	343	0.4%	302	0.4%	282	0.4%
Wisconsin	677	0.8%	601	0.8%	591	0.8%
Wyoming	152	0.2%	154	0.2%	140	0.2%
Grand Total	**81,060**	**100.0%**	**75,219**	**100.0%**	**71,981**	**100.0%**