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February 25, 2026

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

Dear Mr. Secretary:

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

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

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

Sincerely,

MIKE BOST
Chairman
House Committee on Veterans' Affairs

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

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

119th Congress
U.S. House of Representatives
House Veterans' Affairs Committee

Full Committee Oversight Hearing

"Opportunities with VHA Reorganization"

QUESTIONS FOR THE RECORD
Submitted February 25, 2026

From Ranking Member Mark Takano

Physician Pay Waivers

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

Accountable Officials

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

Travel Costs

3. It is our understanding that, in his role in developing the VHA reorganization plan and in his role as acting Chief Operating Officer of VHA, Mr. Gregory Goins has been traveling from Tennessee to Washinton, D.C., on a weekly basis.

    a. How much has it cost since the spring of 2025 to cover Mr. Goins's weekly travel to Washington, D.C.? By our estimate, each week it's about $1,170 for lodging, $400 for meals and incidental expenses, and $180 for flights. This works out to about $7,000 per month.

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

4. How much has VA spent thus far on travel for senior leaders from across the country who have flown to Washington, D.C., in December 2025 and Orlando, Florida, in February 2026 as part of the rollout of the VHA reorganization plan? Please provide a detailed breakdown of expenses, including but not limited to the number of individuals whose travel was paid for and total lodging costs, airfare, meals and incidental expenses, and conference facility fees.

Non-Recurring Maintenance Projects

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

6. The list of non-recurring maintenance (NRM) projects that accompanied VA's January 28, 2026, press release does not match the list of NRM projects prioritized in VA's Strategic Capital Investment Plan (SCIP), which were published in VA's fiscal year 2026 budget request. Among the first 15 NRM projects included on the SCIP list, only one appears on the list of funded projects that accompanied VA's recent press release. Why don't these lists match? Please explain the discrepancy. How can we be assured that as VA is executing NRM funds in accordance with the SCIP process, which ranks projects across the department based on clearly defined standards—systematically, analytically, and holistically?

Reorganization Best Practices

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

Approval of New Positions

8. In recent months, according to data VA has provided at the Committee's request, VHA has eliminated more than 26,000 vacant positions. About 72 percent of the eliminated positions were last encumbered between January 1, 2025, and Jan. 12, 2026, which raises questions about the department's claims that these are "unneeded" or "excess" positions.

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

a. If a facility determines that they need to add a new position—e.g., a mental health service chief determines another psychologist is needed, and all existing positions are encumbered—how many officials above the service line chief must approve the request to create a new position? Please list all levels of review, from the facility level up to the Department level.

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

Cost of Deferred Resignation Program

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

    a. What is the total amount of salary, benefits, and terminal leave paid to individuals who participated in DRP?

    b. What amount had to be transferred from other accounts to cover these costs, and from which accounts were those funds transferred?

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

From Rep. Debbie Wasserman Schultz

Personnel Cost Savings:

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

Stakeholder Engagement:

2. Can you provide me your stakeholder engagement plan? In your discussions with VSOs, what concerns were raised and how will you address those concerns in this reorganization? What concerns have you heard from AFGE and current employees and how do you plan to address those concerns?

From Rep. Bobby Scott

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

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

3. The Hampton VA Medical Center Psychiatric Ward has 40 inpatient beds but only 20 available beds for veterans in crisis due to lack of staff. How long has this unit been operating at half capacity due to under staffing? What is being done to fix this?

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

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

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