

December 19, 2025

The Honorable Doug Collins Secretary of Veterans Affairs 810 Vermont Avenue NW Washington, DC 20420

Dear Secretary Collins:

We write to express our concern following the December 13, 2025, Washington Post article "VA plans to abruptly eliminate tens of thousands of health care jobs," which spotlights the Department's plan to cut as many as 35,000 vacant positions from its workforce rolls before the end of the calendar year. Compounded by the exodus of more than 40,000 Department employees in fiscal year (FY) 2025, any unjustified cuts to existing vacancies would further disrupt a Department of Veterans Affairs (VA) workforce that is already stretched dangerously thin and under assault.

Based on data mandated by Section 505 of Public Law 115-182, the VA MISSION Act of 2018, as of quarter two of FY 2025, the Department had a total of 42,518 vacancies. These vacant positions included 7,560 nurses, 4,400 schedulers, 2,800 physicians, 1,900 social workers, 1,650 nursing assistants, 1,630 practical nurses, 1,230 pharmacists and pharmacy technicians, 1,080 health technicians, 860 veterans claims examiners, 760 police, and 710 psychologists – totaling more than 24,500 of the 42,500 vacancies. If the Department cut every other vacancy outside of these roles – which would still include cuts to various clinical and veteran-facing roles – VA would still have to cut 18,000 vacancies from essential, veteran-facing positions in order to meet the 35,000 number. These cannot all be "COVID-era roles," as VA has claimed, nor can these cuts be downplayed because some have been vacant for longer than one year.

We request the following information regarding VA's elimination of these positions:

- 1. Please provide a list of vacant positions removed, disaggregated by facility and job series.
- 2. Please provide a list of positions removed, disaggregated by job series and then by length of time since they were last encumbered or the position was created based on these categories of time: less than 30 days, greater than 30 days, greater than 90 days, greater than 180 days, greater than 365 days, and greater than 730 days.
- 3. Please provide the titles of VA Central Office staff and the offices or departments involved in making this decision.
- 4. VA already regularly adds and removes positions based on need as part of its normal recruitment and budgeting processes. What evidence was there to support this significantly larger removal of vacancies?
- 5. Memos from the Department planning for this removal of vacancies reference a baseline number of positions used to inform individual facility staffing numbers. What is that baseline, and how was that number decided upon? How were individual facility baselines calculated based on that number?

- 6. Why did the Department choose to use number of positions instead of full-time equivalent (FTE) positions to establish these baselines? How were positions that typically do not occupy one FTE for each individual staff member, such as researchers, accounted for in the baseline and the cuts?
- 7. Please detail the approval process for a facility or hiring manager to request new vacancies, roles, or recruitment processes beyond the new baseline.
- 8. Based on what criteria can a facility or hiring manager request a new position or vacancy above the baseline?
- 9. In VA's FY 2026 budget request, the Department requested funding for 396,000 total FTE. As such, Congress provided \$167 billion for the treatment of 7.7 million patients and 162.6 million outpatient visits to VA for FY 2026. Please provide an updated staffing and workload projection for FY 2026 that accounts for these vacancy cuts.
- 10. How did the Department account for minimum staffing ratios when making these cuts, especially those required for nursing, long-term care, spinal cord injury and disorder teams, and mental health care?

Unfilled positions are not reflective of unnecessary positions, and the length of time a position is vacant is not a suitable data point for determining need. At a time when veterans are already facing widespread cuts in their access to health care from H.R. 1, skyrocketing health insurance premiums from expiring enhanced premium tax credits, and forced closures of rural hospitals, VA needs to be expanding its capacity and staffing levels, not reducing them. Veterans deserve a VA staffed according to their needs and a Secretary who works to fill needed positions, not abolish them.

Sincerely,

Richard Blumenthal

Ranking Member

Committee on Veterans'

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Affairs

Bernard Sanders

United States Senator

Patty Murray

United States Senator

Mazie K. Hirono

United States Senator

Margaret Wood Hassan
United States Senator

Tammy Duckworth
United States Senator

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