

**STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE
ON
OPPORTUNITIES WITH VHA REORGANIZATION
JANUARY 28, 2026**

Chairman Moran, Ranking Member Blumenthal, and distinguished Members of the Committee, I appreciate the opportunity to present the VA plan to improve the Veterans Health Administration's (VHA) management structure in order to strengthen care for Veterans Nationwide. Joining me today are VA Under Secretary for Health John Bartrum, VA Assistant Secretary for Human Resources and Administration Mark Engelbaum, and VHA Acting Chief Operating Officer Gregory Goins.

Let me start by addressing some misleading and inaccurate descriptions we have heard about this effort. This is not a reduction in force (RIF), and this is not an effort to diminish direct care for Veterans. This is a reorganization designed to eliminate excessive VA administrative overhead and redirect more resources directly to the field.

In other words, this is something that will lead to better results for the Veterans, families, caregivers, and survivors we serve.

The current VHA leadership structure is burdened with redundancies that slow decision making, create confusion, and foster competing priorities – each of which undermines the quality of care for Veterans. The current structure also lacks clear

accountability, leading to the frustration we hear from Veterans and staff regarding VA operations.

But you do not have to take my word for it. This is the same conclusion we have heard for years from VA's Office of Inspector General (OIG), the Government Accountability Office (GAO), and many in Congress – all of whom have repeatedly underscored the need to reorganize VHA.

For instance:

- In 2016, GAO identified “deficiencies in VHA’s organizational structure and recommended significant restructuring, including eliminating and consolidating program offices and reducing VHA central office staff.”¹
- That same year, the Commission on Care strongly recommended a new VHA governance model.²
- In 2019, GAO³ noted VHA’s lack of a comprehensive policy to define Veterans Integrated Service Network (VISN) roles and responsibilities.
- In 2024, OIG said: “...weaknesses in VA’s governance and oversight have affected many aspects of program performance and operations.”⁴

Chairman Moran said last year that, “The VA needs reform. If the status quo were working, we would not have spent two weeks hearing from VSOs on way the VA needs to improve.”⁵

¹ <https://www.gao.gov/assets/690/680170.pdf>

² https://permanent.fdlp.gov/gpo69908/Commission-on-Care_Final-Report_063016_FOR-WEB.pdf

³ https://files.gao.gov/reports/GAO-19_462/index.html

⁴ https://www.vaoig.gov/sites/default/files/document/2024-03/sar_90_final_3_14_2024_6.pdf

⁵ <https://www.veterans.senate.gov/2025/3/chairman-moran-leads-hearing-with-va-vsos-to-review-pending-legislation>

And House Committee on Veterans' Affairs Chairman Mike Bost said, "Simply put, this outdated structure created in the mid-1990s no longer aligns with the scale, complexity, geographic demands, or performance management requirements of the modern VHA."⁶

So there is widespread agreement that VHA needs reorganization and reform, and that is exactly what we are doing. Here are our goals:

- Improve health care quality for Veterans;
- Empower local hospital directors;
- Eliminate duplicative layers of bureaucracy; and
- Ensure consistent application of VA policies across all medical facilities.

Here is how we will get there: We will establish clear lines of authority and accountability to ensure that everyone is focused on what they need to do to improve our services to Veterans.

No more overlapping responsibilities, no more confusion:

- The VHA Central Office will have responsibility for setting policy goals and conducting financial management, oversight, and compliance.
- Our VISNs, along with a new operations center, will take policy direction from VHA Central Office to develop operational, quality, and performance standards that will guide VA's nearly 1,300 medical facilities.
- These changes will provide clearer guidance and greater decision-making authority for VA health care systems, which deliver health care through more than 170 medical centers and nearly 1,200 outpatient sites.

⁶ <https://veterans.house.gov/news/documentsingle.aspx?DocumentID=7823>

- Staffing and operations at VA medical centers and clinics will not change as part of this reorganization.

You are going to hear all kinds of scary stories saying this is bad for VA, but I want to emphasize again: we are simply acting on more than a decade of advice from people and organizations who study this for a living and have been calling for change.

Those calls went unheeded for years, but those days are over. Under President Trump's leadership, we have a mandate to make VA work better for the men and women we are charged with serving, and that is exactly what we are doing.

The reorganization at VHA will help us build on the historic achievements VA has already made during the second Trump Administration. These include the following:

- Reducing the backlog of Veterans waiting for VA benefits by nearly 60% since January 20, 2025, after that backlog grew 24% under the Biden Administration;
- Eliminating the backlog of Veteran families waiting for VA health care;
- Opening 25 new health care facilities, expanding access for Veterans across the country; and
- Permanently housing nearly 52,000 homeless Veterans in fiscal year 2025, the highest total in 7 years.

Our reorganization of the VHA will position us to achieve even more historic gains for Veterans in 2026 and beyond.

With that, I am happy to take your questions.