Prepared Statement for the Record

Senate Committee on Veterans Affairs

Hearing on "Advancing the Mission: Evaluating the Future of VA Research"

From

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Chairman Moran, Ranking Member Blumenthal, and Members of the Committee:

Thank you for the opportunity to comment on the future of VA research.

After 35 years of federal service, I retired from the Department of Veterans Affairs (VA) on September 30, 2025 as the Executive Director of the National Neurology Clinical Programs. My testimony expresses my own opinions, informed by my years of VA service, my experience as a VA researcher, research supervisor and mentor, and as current President the of non-profit Association of VA Neurology Services.

Research provides the hope that our children and their descendants will lead longer, healthier, more productive lives in the future. VA investigators developed the radioimmunoassay that transformed the measurement of hormones and other substances in blood; helped establish liver transplantation and modern anti-rejection treatment; contributed to the implantable cardiac pacemaker; and developed the nicotine patch. VA-led research has also advanced rehabilitation; functional electrical stimulation; wheelchairs technology; powered prosthetic limbs; and advanced prosthetic arms. VA-funded basic research established the scientific foundation for the first mechanistically new therapy for pain in over 20 years. VA is a recognized national and international leader in implementation science research. These accomplishments and many others have clearly benefited Veterans, and us all.

However, recent changes within VHA have the potential to adversely affect the future of VA research, and the other VA services that benefit from the VA research enterprise. The approximately 2 percent proposed average cut across the FY 2027 VA research budget is unfortunate. While it may seem modest on the surface, the impacts are likely greater than the magnitude of the decrease suggests. The National Institutes of Health (NIH) projects an

approximately 2.7 percent biomedical research inflation for FY 2027, so the loss of research purchasing power will be closer to 5 percent than 2 percent. At a time when other traditional funders of research such as NIH are undergoing major changes, the VA research budget takes on even greater importance. Even including VERA offset support, research expenditures represent only about 1 percent of the total VHA budget. This small investment in the future of Veterans' healthcare clearly has yielded an enormous return.

Funding and protected time for research in VHA, as well as access to the wealth of clinical and genetic data available within the VA integrated health care system, has been a reliable incentive to attract and retain highly skilled researchers, including physician scientists in difficult to recruit specialties such as neurology, who otherwise would be unlikely to consider a VA career. These physicians also deliver clinical care to Veterans that is often available only after lengthy wait times in the local community, if it is available at all. Without them, specialist wait times will lengthen and access will decline.

VA remains essential to training the next generation of healthcare practitioners. Fellowships that train subspecialist physicians include both clinical and research work. The research component requires an active research portfolio and experienced intramural mentors, supported by VA research funding and protected time. Without this, VA will not be competitive in attracting fellowship trainees. Also, dedicated VA grant programs such as the Career Development Award provide a critical early-career bridge, enabling young investigators to propose research and launch VA research and clinical careers.

Another concern is the current work environment and culture within VA. Given the perception of changes within the VA system, recruiting clinicians of all sorts is becoming increasingly difficult. Current policies and staffing models prioritize clinical care of Veterans appropriately, but often to the detriment of the other congressionally mandated missions, including research. Clinicians interested in incorporating research or teaching in their practice will look elsewhere if such careers are no longer tenable in VA, especially given the lengthy hiring process and less competitive salaries.

Additionally, cuts and hiring restrictions are adversely impacting on essential research staff. The current way of counting VA physician staff puts VA Medical Centers that employ research-engaged physicians who divide their time between VA and an academic affiliated institution at a disadvantage.

The current push to move a larger proportion of Veteran care to the community also works against human centered research in VA. Veterans referred to multiple community practices do not learn about relevant VA research, denying them the opportunity to participate. Their data are

lost to the VA system. Decreased participation deprives Veterans with serious medical conditions of treatment options, and delays progress in VA clinical research.

In summary, Veterans, the institution of VHA, and the public have benefited greatly through VA‘s robust research program over the years. Congress wisely established the four missions of VHA: clinical care, education and training, research, and emergency preparedness. These vital missions are mutually supportive, and to a considerable extent inseparable. I respectfully request that the VA research mission continue to receive robust funding and policy support, both for its own sake and to allow the other VA missions to succeed.

I have submitted additional materials as written testimony.

Additional Written Testimony for the Record

Thank you for the opportunity to submit comments on the future of Department of Veterans Affairs research. My central message is that **VA research is not an optional academic activity adjacent to health care. It is a clinical, workforce, and educational capability that directly improves the care of Veterans and produces discoveries that benefit the entire nation.**

A record of national impact

VA has a remarkable history of translating the needs of Veterans into advances for all Americans. Early VA tuberculosis studies helped establish the model for large, multisite cooperative clinical trials. Landmark VA hypertension trials subsequently demonstrated that treating high blood pressure could reduce mortality by more than half and markedly reduce stroke, heart failure, and kidney failure—findings that helped make hypertension treatment a standard of care.

VA investigators developed radioimmunoassay, a Nobel Prize-winning technique that transformed the measurement of hormones and other substances in blood; helped establish liver transplantation and modern anti-rejection treatment; contributed to the implantable cardiac pacemaker; and developed the nicotine patch. VA-led research has also advanced rehabilitation, functional electrical stimulation, powered prosthetic limbs, wheelchairs, and advanced prosthetic arms.

The VA-led Shingles Prevention Study enrolled nearly 39,000 participants and provided the evidence leading to FDA approval of a shingles vaccine. VA research has strengthened evidence-based treatment for posttraumatic stress disorder and other mental health conditions, while the Million Veteran Program has enrolled more than one million Veterans in a uniquely powerful genomic and health-data resource. VA's Quality Enhancement Research Initiative has helped translate evidence into routine care across the VA and has informed improvements affecting millions of Veterans.

These accomplishments were possible because VA combines features that rarely coexist elsewhere: a national health system, long-term relationships with patients, research laboratories, clinical-trial infrastructure, comprehensive health data, academic affiliations, and Veterans willing to participate in research for the benefit of those who follow them.

The proposed FY2027 reduction

The proposed FY2027 budget would reduce the base Medical and Prosthetic Research appropriation from **$945 million to $922 million—a 2.4 percent nominal decrease**. Including Toxic Exposures Fund support, intramural research resources would decline from approximately **$1.002 billion to $979 million**. VERA research support would fall by another $19.6 million, total budgetary resources by $42.6 million, and supported research staffing from **3,706 to 3,518 full-time equivalents—a 5.1 percent reduction**, which comes on top of a **3 percent decline from FY2025 to FY2026**. These are proposed, not yet enacted, levels.

A nominal decrease is especially damaging because the cost of biomedical research continues to rise. NIH projects approximately 2.7 percent biomedical research inflation for FY2027. Thus, the proposed reduction represents approximately a **5 percent loss of real purchasing power**, even before accounting for the disproportionate 5.1 percent reduction in research personnel.

Research programs cannot reduce every activity by two percent. A relatively small top-line reduction instead means that some studies will not begin, research coordinators or statisticians will not be replaced, laboratories and shared equipment will be closed, pilot awards will be deferred, and early-career investigators will lose the support needed to become independently productive. Those losses can take many years to reverse.

Of special concern is the proposed reduction in VERA research support. These funds sustain the less visible infrastructure of research: **protected clinician-investigator time, research personnel, equipment maintenance, space, regulatory compliance, and oversight**. Without those elements, an investigator may retain an external grant on paper but lack the institutional capacity to conduct the work.

VA base funding also helps investigators compete for NIH, Department of Defense, foundation, and industry support. The FY2027 budget anticipates almost **$500 million in extramural research funding** leveraged through VA's research capacity. Weakening the VA foundation may therefore cost the nation more than the direct appropriation reduction.

Funding, protected time, and physician-scientists

VA research funding supports much more than individual grants. It supports research nurses, coordinators, pharmacists, data scientists, statisticians, regulatory staff, laboratories, biobanks, information technology, investigational pharmacies, equipment, and early-career development. VERA research support is specifically intended to fund research infrastructure and **protected time for clinicians to conduct research**, as well as space, personnel, equipment maintenance, compliance, and oversight.

Protected time is one of VA's strongest tools for recruiting and retaining physician-scientists. GAO found that protected research time helps VA attract and retain top clinician-investigators. VA Career Development Awards provide early-career investigators with up to 75 percent protected research effort, and some investigators reported choosing VA over higher-paying opportunities specifically because VA offered a stronger research environment and more reliable research time. GAO also found, however, that staffing constraints and clinical demand can prevent clinicians from receiving the protected time they were promised.

Protected time is not a perk. It is the time required to design studies, enroll patients, supervise staff, analyze data, write grants, mentor trainees, and meet scientific and regulatory obligations. It is also part of the physician-scientist's total professional compensation. VA may not always equal academic or private-sector salaries, but it can compete through mission, scientific opportunity, national data, academic affiliation, and reliable research time. When salary is lower **and** protected time becomes uncertain, that value proposition fails.

Importance to fellowship training

Research-active VA programs are also essential to specialist and subspecialist training. Fellowship is often the period during which physicians learn how to evaluate evidence, formulate research questions, design trials, interpret statistics, conduct quality improvement, protect human participants, and translate discoveries into clinical care. ACGME's fellowship requirements recognize that many fellowships develop physicians' skills as clinician-scientists and require programs to maintain an environment that supports scholarship.

VA operates the nation's largest health-professions education platform. More than 124,000 trainees participated at VA facilities during academic year 2024–2025, and approximately 65 percent of VA physicians previously trained in VA. Interest in working for VA increased from 50 percent before training to nearly 70 percent after the VA training experience. Research-active faculty and fellowship programs are therefore not only educational assets; they are major recruitment pipelines.

When an experienced investigator leaves or loses protected time, VA loses more than that investigator's grants and publications. It loses mentorship, fellowship projects, academic credibility, future grant applicants, and often the most promising route by which a trainee becomes a permanent VA specialist.

Work environment, hiring delays, and compensation

VA's reputation as a workplace has direct consequences for recruitment. Current evidence is mixed and should be represented fairly. Among departing medical and dental personnel responding to VA's voluntary exit survey, 80 percent said they would recommend VA as a place to work. At the same time, lack of confidence in senior leadership and poor relationships with supervisors or coworkers were each cited by 7 percent as reasons for leaving. Perceptions of organizational instability, inadequate staffing, excessive administrative burden, or an erosion of the academic mission can discourage applicants even when the experience at many individual VA facilities remains excellent.

Hiring speed compounds the problem. As of May 2026, VA reported a net decline of 776 physicians from its FY2026 baseline. The reported physician hiring interval was 45 days, but that measure runs only from validation of the hiring need to a tentative offer; it does not capture the full period from identifying a vacancy through final credentialing and entry on duty.

A separate VA evaluation using a fuller time-to-fill definition found that, during 2020–2023, the national average was nearly half of primary-care physician vacancies remaining open longer than 180 days. The same study noted that VA salaries are frequently perceived as less competitive than private-sector salaries and found that higher base pay was associated with fewer long-standing vacancies. Although that analysis was limited to primary care and cannot simply be extrapolated to every specialty, the underlying lesson is clear: salary flexibility and hiring speed matter in a market in which strong candidates often have several competing offers.

Recommendations

I respectfully recommend that Congress:

1. **Reject the proposed nominal research reduction** and provide at least an inflation-adjusted FY2026 funding level.
2. **Protect VERA research support and clinician-investigator time**, with transparent reporting of whether awarded protected time is actually delivered.
3. **Prevent the projected loss of research personnel** and designate physician-scientists, research nurses, coordinators, pharmacists, statisticians, data specialists, and regulatory personnel as mission-critical hires.
4. **Measure and shorten the complete hiring process**, from vacancy authorization through entry on duty, and use available market-pay, recruitment, retention, loan-repayment, and critical-pay authorities for difficult-to-fill specialties.
5. **Preserve research-rich fellowship environments**, including active mentors, data resources, clinical trials, laboratories, and protected scholarly time.

The choice is not between research and Veteran care. **Research is one of the principal ways VA improves care, recruits exceptional clinicians, trains future specialists, and fulfills its responsibility to Veterans.** A modest-looking annual reduction can permanently disperse research teams and physician-scientists who required decades to develop. Stable, predictable investment today is therefore essential to preserving VA's clinical excellence and the discoveries that will shape Veterans' health care tomorrow.