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Congress of the United States
House of Representatives
Committee on Appropriations
Washington, DC 20515-6015

February 10, 2025

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

Dear Secretary Collins,

Congratulations on your confirmation as the Secretary of Veterans Affairs (VA). I look forward to working with you again as we partner to ensure that our veterans receive the benefits and health care they deserve. We have made specific promises to the men and women who put their lives on the line to protect our freedoms and ensure that our democracy thrives. However, given the actions taken so far by this Administration, I have grave concerns about the direction the Department is taking. I write to share my priorities and express concerns over recent actions by the Administration at VA.

Funding and Hiring Freezes

The Administration's recent actions to freeze federal funding are unlawful. Not only does the Constitution vest the power of the purse with Congress and provide no power to the President to impound funds, but there are also several bedrock fiscal statutes enacted to protect Congress' authority and prevent unlawful executive overreach, including the Antideficiency Act and the Impoundment Control Act of 1974 (ICA). The ICA prohibits any action or inaction that precludes federal funds from being obligated or spent, either temporarily or permanently, without following the strictly circumscribed requirements of that law.

Although VA has issued a memorandum exempting all of its 44 grant programs from the January 27, 2025 Office of Management and Budget memorandum that purported to freeze federal funding, there is still confusion over whether myriad other executive orders and directives that freeze funding still apply to VA. VA has also not responded to any of our inquiries seeking to confirm whether funding from these grant programs is still being obligated as required by law. If funding for these VA grant programs is frozen, healthcare outcomes will be worse,

benefits owed to veterans will be taken away, and programs for homelessness, education and transition assistance, disabled veterans, and burial services will suffer. Veterans also rely on programs outside of VA, but there remains confusion about the status of those frozen funds.

VA employs over 450,000 civilian employees, or 20 percent of the entire federal workforce. Many in the workforce provide essential services to our veterans, which is why the blanket rescission of job offers and the refusal to fill openings is short-sighted and will ultimately require veterans to wait longer to receive the lifesaving benefits they have earned and deserve. Although VA has decided to reinstate some offers and exempted some job categories from the hiring freeze, the implementation of this freeze and the chaos it sowed is worrisome and I hope it is not a sign of what is in store for VA employees.

There remains significant confusion over VA's telework and remote work policy. To reach more veterans, especially in rural areas, the Biden Administration expanded services such as telehealth. If telework is now banned, it is unclear how that will impact telehealth services, and I am concerned that it will have a negative impact on veteran care. I urge you to reconsider VA's telework and remote work policy to ensure that it does not prevent veterans from accessing telehealth services.

Data Security

Sensitive veterans' data, including information about VA benefits, are among the records stolen from the Department of Treasury by agents of the so-called "Department of Government Efficiency" (DOGE). This is a massive invasion of privacy and violates federal privacy laws. The exfiltration of this data by DOGE agents increases the likelihood of a further data breach and exploitation by malicious actors. You must restrict, block, and remove DOGE agents' access to all VA data systems and records, including those holding veterans' private health, benefits and related financial information, and VA employee personnel files.

Women and Diverse Veterans

In the post-9/11 era, the make-up of our veteran population has changed. VA now serves more than 2 million women veterans and a one-size-fits-all approach to health care often fails to meet women's needs. VA regularly fails to meet veteran women's needs for mental health care, including for combat trauma and military sexual trauma, and family planning. Similarly, by 2045, the racial and ethnic composition of veterans will change. Black veterans are expected to make up 15 percent of the veteran population, while Hispanic veterans are expected to make up 12 percent of the veteran population—both increases to the current number of Black and Hispanic veterans. These populations also have unique health care needs that would not be met with a one-size-fits-all approach.

It was, therefore, short-sighted to have dismissed the Directors of the Center for Women Veterans and the Center for Minority Veterans, and to attack all diversity, equity, and inclusion initiatives at VA. These offices and initiatives were created to ensure that all our veterans, including our disabled veterans, have fair and equal access to care. Additionally, the removal of 60 employees whose jobs were focused on diversity and inclusion work will only serve to

increase the gap in care for women and diverse veterans. It is imperative that you reconsider these actions and restore the promise made to all our veterans to provide the care and benefits that they have earned.

Abortion

VA issued an interim final rule on abortion in September 2022 and finalized it in March 2024. This rule clarifies that VA can and should provide abortion counseling and abortions in certain circumstances, for example when the life or health of the pregnant veteran would be endangered if the pregnancy were carried to term, or the pregnancy is the result of an act of rape or incest. I understand that we have a difference in viewpoint on this issue, but the current final rule still stands, and I fully expect that these services remain available to our veterans. This rule should not be revoked without a plan in place to address the gap in care that will result.

PACT Act Implementation

The Biden Administration worked tirelessly to ensure that all veterans eligible to receive benefits and care under the PACT Act were located and enrolled in VA care. In fact, their success led to a funding shortfall as more veterans signed up than originally estimated. Currently, there remains a \$6.6 billion shortfall in health care that the Congress will work to fund in the upcoming fiscal year 2025 budget deal. Given that this care is needed because of exposure to burn pits, Agent Orange, and other toxic substances, I strongly believe the funding should be mandatory and therefore come from the Toxic Exposures Fund. I hope that you will commit to continued, robust implementation of the PACT Act and support the funding required to fulfill this promise.

Electronic Health Records Modernization

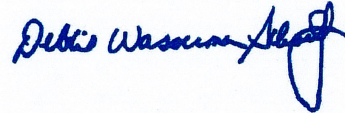
The Implementation of the Electronic Health Records Modernization (EHRM) program continues to be one of Congress' top priorities. The recent decision to expand implementation to four sites in Michigan is encouraging and I remain cautiously optimistic that the program is on the right track. I urge you to continue robust oversight of the implementation of EHRM and I hope we can work together to ensure the program's success.

Communication with Congress

On January 22, your Chief of Staff issued a memorandum that directed all communication with Congress be cleared through VA's Office of Congressional and Legislative Affairs. Since the issuance of that memorandum, communication from the Department to our subcommittee has come to a halt. The annual appropriations act specifically funds a liaison office within the Office of the Assistant Secretary for Management and Chief Financial Officer (ASM/CFO) to respond to questions from the House and Senate Appropriations Committee. You were asked during your confirmation hearing to commit to responding to Congressional inquiries promptly. You committed to doing so. I hope you uphold this promise, and I urge you to restore ASM/CFO's ability to communicate directly with our committee.

Finally, I enjoyed a regular working relationship with both of your predecessors that included a monthly check-in call, which enabled both Secretaries Wilke and McDonough and I to touch base on issues and questions that arose from time-to-time. I would like to ensure that these calls can continue under your tenure. My staff will be in touch to begin scheduling these calls in the near term. During your term as Secretary, I hope that we can work together, and not against each other, to ensure that our veterans receive the benefits and health care they deserve.

Sincerely,



Debbie Wasserman Schultz
Ranking Member, Subcommittee on
Military Construction and Veterans
Affairs