

Congress of the United States

Washington, DC 20515

December 18, 2025

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

Dear Secretary Collins,

I write to express serious concern regarding reports that the Department of Veterans Affairs plans to eliminate as many as 35,000 health care positions, including clinical and support roles, through the cancellation of currently vacant jobs across the Veterans Health Administration.¹

Veterans across the country rely on the VA for timely, high-quality medical care, mental health services, and benefits processing. In Illinois alone, hundreds of thousands of veterans depend on VA health care and services, including veterans affected by toxic exposures recognized under the PACT Act. In Chicago, more than 400 open positions at the Jesse Brown VA Medical Center on the Near West Side and approximately 200 vacancies at the Lovell Federal Health Care Center are reportedly slated for elimination.² Any reduction in staffing capacity, whether actual or prospective, raises immediate concerns about wait times, continuity of care, and access to critical services, particularly in systems that are already under strain.

Health care staff working in these facilities have already sounded the alarm. One employee stated, “We are feeling the profound effects of these vacancies already. We are at a breaking point in our staffing and do not have room to continue like this. It is upsetting to our nurses that the administration is not recognizing that we are already in a staffing crisis and that this has become our new norm.”³

I recognize the Department’s assertion that many of the positions slated for elimination are currently unfilled, and that some may have originated as temporary or pandemic-era roles. However, the fact that a position is vacant does not mean it is unnecessary. In many VA facilities, vacancies reflect persistent hiring challenges in a tight health-care labor market—not a lack of need. From the perspective of veterans awaiting appointments, delayed procedures, or mental health services, an unfilled position often represents care that has not yet arrived, not care that is no longer required.⁴

Absent a clear, facility-by-facility explanation for how eliminating these positions will improve care delivery, I am concerned that this decision could lock in staffing shortages, limit future capacity, and prolong wait times for veterans in Illinois and nationwide.

¹*VA plans to abruptly eliminate tens of thousands of health care jobs*, Washington Post (Dec. 13, 2025) (online at: <https://www.washingtonpost.com/politics/2025/12/13/va-veterans-affairs-job-cuts-trump/>)

²*Trump administration plans to eliminate hundreds of vacancies at Chicago area VA hospitals*, Chicago Sun Times. (Dec, 16, 2025) (Online at: <https://chicago.suntimes.com/health/2025/12/16/va-job-cuts-vacancies-chicago-jesse-brown>)

³ *Ibid.*

⁴ *VA hospitals are finding it harder to fill jobs, watchdog says*, The AP (Aug. 12, 2025) (online at: <https://apnews.com/article/va-veterans-affairs-staffing-shortages-report-trump-c94f4dd7492edde788a80b092f95c4e6>)

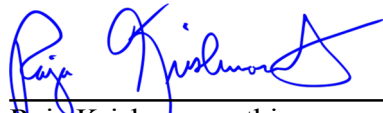
Accordingly, I respectfully request your response to the following questions by January 3rd, 2026:

1. How does the Department assess the impact of eliminating tens of thousands of vacant health care positions on veterans' wait times for primary care, specialty care, and mental health services, including in facilities that are already experiencing scheduling backlogs?
2. If veteran enrollment or utilization increases—particularly as PACT Act-eligible veterans seek care—how will VA ensure sufficient staffing capacity if these positions have been permanently eliminated rather than preserved for future hiring?
3. What analysis has VA conducted to determine how these job eliminations will affect individual medical centers and regional networks, including VA facilities serving large veteran populations in states like Illinois?
4. How will the Department ensure that eliminating these positions does not slow veterans' access to care, disrupt continuity of treatment, or increase reliance on overtime and overextended staff in already strained facilities?
5. Before canceling these positions, did VA evaluate whether preserving and filling them—particularly in high-need clinical and mental health roles—could improve care delivery, reduce wait times, and strengthen outcomes for veterans?

Veterans kept their promise to our country. We must keep ours to them. Decisions that affect staffing levels at the VA should be guided first and foremost by their impact on veterans' health, safety, and dignity, not solely by short-term administrative or budgetary considerations.

I appreciate your attention to these concerns and look forward to your response.

Sincerely,



Raja Krishnamoorthi
Member of Congress