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HEARING TO CONSIDER PENDING NOMINATIONS

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C O N T E N T S

JULY 23, 2025

SENATORS

	Page
Hon. Jerry Moran, Chairman, U.S. Senator from Kansas	1
Hon. Richard Blumenthal, Ranking Member, U.S. Senator from Connecticut ..	2
Hon. Tommy Tuberville, U.S. Senator from Alabama	12
Hon. Angus S. King, Jr., U.S. Senator from Maine	13
Hon. Tim Sheehy, U.S. Senator from Montana	15
Hon. Margaret Wood Hassan, U.S. Senator from New Hampshire	17
Hon. Marsha Blackburn, U.S. Senator from Tennessee	19
Hon. Mazie K. Hirono, U.S. Senator from Hawaii	20
Hon. Thom Tillis, U.S. Senator from North Carolina	22

INTRODUCER

Hon. Tim Sheehy, U.S. Senator from Montana	5
--	---

NOMINEES

John Bartrum, Nominee to be Under Secretary for Health, U.S. Department of Veterans Affairs	3
Jeremiah Workman, Nominee to be Assistant Secretary for Veterans' Employment and Training, U.S. Department of Labor	6

APPENDIX

SUBMISSIONS FOR THE RECORD

<i>The New York Times</i> article “Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE”	31
<i>The Guardian</i> article “‘Profound alarm’: US veterans agency roiled by fight over anti-discrimination provisions”	43
<i>Government Executive</i> article “Internal Veterans Affairs memo shows plan to scrutinize disability work from home accommodations”	53
<i>Federal News Network</i> article “VA loses 7,500 employees in veteran-facing roles amid shrinking workforce”	55

NOMINATION MATERIAL

John Bartrum, Nominee

Prepared statement	63
Response to Pre-Hearing Questions for the Record submitted by:	
Hon. Jerry Moran	65
Hon. Richard Blumenthal	71
Response to Additional Pre-Hearing Questions submitted by:	
Hon. Richard Blumenthal	81
Response to Questions for the Record submitted by:	
Hon. Jerry Moran	82
Hon. Richard Blumenthal	85

	Page
—Continued	
Hon. Bill Cassidy	88
Hon. Ruben Gallego	90
Hon. Mazie K. Hirono	92
Hon. Angus S. King, Jr.	95
Hon. Elissa Slotkin	96
Questionnaire for Presidential Nominees	97
Jeremiah Workman, Nominee	
Prepared statement	113
Response to Pre-Hearing Questions for the Record submitted by:	
Hon. Jerry Moran	116
Hon. Richard Blumenthal	134
Response to Questions for the Record submitted by:	
Hon. Bill Cassidy	147
Hon. Mazie K. Hirono	149
Questionnaire for Presidential Nominees	152

HEARING TO CONSIDER PENDING NOMINATIONS

WEDNESDAY, JULY 23, 2025

**U.S. SENATE,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC.**

The Committee met, pursuant to notice, at 4:02 p.m., in Room SR-418, Russell Senate Office Building, Hon. Jerry Moran, Chairman of the Committee, presiding.

Present: Senators Moran, Cassidy, Tillis, Blackburn, Tuberville, Sheehy, Blumenthal, Hirono, Hassan, and King.

OPENING STATEMENT OF HON. JERRY MORAN, CHAIRMAN, U.S. SENATOR FROM KANSAS

Chairman MORAN. Good afternoon, everyone. The hearing will come to order. Thank you-all for being present with us to consider the nominees for the VA's Under Secretary for Health and the Department of Labor's Assistant Secretary for Veterans' Employment and Training (VETS).

Making sure that the veterans can access timely, high quality healthcare as well as meaningful and gainful employment when they are separated from the military service are two of the highest priorities this Committee has, and certainly something that's important to our grateful nation.

In many ways, VA's Under Secretary for Health and DOL's Assistant Secretary for Veterans' Employment and Training bear the bulk of the responsibilities for meeting these missions. I'm grateful to have two dedicated public servants, John Bartrum and Jeremiah Workman, before us today as the nominees for these two important positions.

While progress has been made to improve access to healthcare and high-paying jobs, far too many veterans in Kansas and across the country continue to struggle to take full advantage of their earned benefits from the VA and the Department of Labor.

Mr. Bartrum is a major general in the Air Force Reserve, and Mr. Workman a decorated marine veteran. They know these struggles well, and they're both eager to make it easier for their fellow veterans to thrive in their civilian lives. I look forward to hearing their plans and priorities, and I appreciate both nominees and their family members for being with us today and their willingness to take on these critical roles, if confirmed.

With that, I yield to the Ranking Member, Senator Blumenthal.

**OPENING STATEMENT OF HON. RICHARD BLUMENTHAL,
RANKING MEMBER, U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman. Thank you both for your service to our country and for your willingness now to serve our veterans. We're going to talk today about your qualifications and your vision for your responsibilities and the roles that you've been nominated for.

But first of all, I think we ought to talk about the factual background to your nominations. Let me ask Mr. Chairman that four articles be entered into the record; "Facing Painful Cuts, the V.A. Reported Dubious Savings" from *The New York Times*; "'Profound Alarm': US veterans agency roiled by fight over anti-discrimination provisions" from *The Guardian*; "Internal Veterans Affairs memo shows plans to scrutinize disability work from home accommodations" from *Government Executive*, and finally, "VA loses 7,500 employees in veteran-facing roles as part of workforce cuts" from the *Federal News Network*.

Chairman MORAN. Without objection.

[The articles referred to appear on pages 31–59 of the Appendix.]

Senator BLUMENTHAL. Thank you. The *Federal News Network* article published yesterday highlights the loss of 1,720 registered nurses, 600 doctors, 1,150 medical support assistants, close to 200 police officers, 80 psychologists, and 1,100 claims examiners.

According to *The New York Times* investigation, while the VA is claiming these cruel cuts are saving taxpayer dollars, contract terminations and employees firing actually resulted in an estimate of 25 percent increase in VA spending compared to last year, 25 percent higher spending because of these cuts. Something's wrong with this picture.

Over the same period of time last year, the Biden administration had a net increase of 3,200 registered nurses, 232 doctors, 1,570 medical support assistants, 191 police officers, and 1,484 claims examiners. I have insisted on regular order for the VA nominees so the Senate can have appropriate and necessary debate on the floor about people nominated to lead the VA.

And Mr. Bartrum, you've been there from the beginning, from the beginning of this administration. You have been a senior advisor to Secretary Collins since day one, and presumably involved in these decisions in some way or another. The VA announced recently, it's abandoning the Secretary's disastrous plan to fire 8,300 employees—

Senator KING. 83,000.

Senator BLUMENTHAL. 83,000. Thank you. Thank you Senator King. 83,000, emphasizing how many there are. That is a reversal of position due to forceful opposition from Members of Congress, but even more importantly, veterans and VSOs. And alarmingly, the VA is poised to lose instead 30,000 employees by the end of this year, along with 40,000 pre-existing vacancies with no intention of backfilling those positions. At least one VA facility recently had 50 mental health providers leave due to toxic work conditions created by the administration.

Secretary Collins says this will have no effect on veterans' healthcare. With all due respect, I think that contention is simply

false. Despite the value and efforts of frontline VA employees across the country who are spread dangerously thin, the loss of dedicated workers in that magnitude cannot help but impact VA healthcare.

All this has happened, Mr. Bartrum, again, while you have been working as a senior advisor to Secretary Collins, and that's why I think we deserve to know what else you have planned if you are confirmed at VHA.

Mr. Workman, if confirmed, you'll be leading a department, the Department of Labor, Veterans' Employment and Training Division, and as you know from your own personal experience, that transition from active duty to civilian life can be extraordinarily challenging. You've experienced it, and right now, again, I'm afraid due to the Trump administration's actions, veterans are unemployed at rates not seen since the height of the COVID pandemic.

The veteran unemployment rate is up almost a full percentage point since this time last year; that's about 62,000 additional unemployed veterans. Employment is a huge factor in determining veterans' mental health. If you can't work, we all know veterans want to work, their mental health suffers. And so, your responsibility is supremely important at this moment in our history.

Our veterans have earned and they deserve the best healthcare and the best employment opportunities that we can possibly provide, and I am sure that I speak for all the Members of this Committee in saying we're going to continue to fight for both. Thank you, Mr. Chairman.

Chairman MORAN [Inaudible]. Before being recognized for your opening statements, would you please stand and raise your right hands?

Do you solemnly swear or affirm that this testimony you're about to give before the United States Senate Committee on Veterans Affairs will be the truth, the whole truth, and nothing but the truth, so help you God?

Mr. BARTRUM. I do.

Mr. WORKMAN. I do.

Thank you. Mr. Bartrum, you are now recognized for 5 minutes. Welcome.

STATEMENT OF JOHN BARTRUM, NOMINEE TO BE UNDER SECRETARY FOR HEALTH, U.S. DEPARTMENT OF VETERANS AFFAIRS

Mr. BARTRUM. Chairman Moran, Ranking Member Blumenthal, distinguished Members of the Committee, I am honored to be nominated for the Under Secretary of Health at the Department of Veterans Affairs.

I thank this Committee, the President, Secretary Collins, for their confidence. And I'm grateful for the support of my lovely wife, Elizabeth, who's behind me, and our two twin daughters who couldn't be here today. I also want to acknowledge my family, friends, fellow veterans, and military brothers and sisters who are watching and providing support from across the country.

As a 16-year-old living on my own after my father passed away in sixth grade, I never imagined this moment. Growing up fatherless presents significant challenges. My military service changed

everything. Upon high school graduation, I enlisted in the Air Force, which trained me, allowed me to mature as a leader, pay for college, and opened up the American Dream for me. Statistically speaking, my life should have been very different.

This decision to enlist led to over 40 years of military service that I'm still serving at. I went from E-1 Airman Basic to the rank of Major General, and I currently serve as the Mobilization Assistant to the Air and Space Force Surgeon General. I am the most senior Medical Service Corps hospital executive in the Air Force. I am the most senior medical officer position in the Air Force Reserve. My experience in the military taught me that statistics may be predictive, but American opportunity can override any predetermined path.

Despite my early childhood challenges, I earned an undergraduate degree in business administration from McKendree University, degrees in bio environmental engineering and survival and rescue operations, and eventually an MBA from Southern Illinois University, and a law degree from George Mason University, and I might add, all at night school.

In addition, I was trained by the Air Force to be a hospital administrator. My background demonstrates my qualifications for the Under Secretary of Health position. This includes extensive healthcare executive leadership experience with multi-billion-dollar healthcare systems.

In my position in the Air Force Surgeon General's Office, I assist in the leadership of a \$6.1 billion healthcare system involving 44,000 personnel integrated healthcare delivery system, serving 2.6 million beneficiaries at 76 locations worldwide.

I'm a combat veteran. I have been mobilized multiple times; Desert Storm, Operation Iraqi Freedom, and the COVID response. I served as the associate director of the National Institutes of Health. During COVID, when I was mobilized, I was one of the key people who developed the concept of what became known as Warp Speed. I'm not as creative as coming up with the name Warp Speed, so I originally called it the Manhattan Project—

[Laughter.]

General BARTRUM [continuing]. But others came up with a better name. In that role, I was the deputy for the entire government response for Emergency Support Function-8. So, the operations manager for all the health operations for the country, leading DoD teams, HHS teams, FEMA teams, VA teams, and public health service teams, as well as working with the State's Governors and FEMA response team.

As a former House Appropriations Committee professional staff member, I oversaw the policy and funding for major health agencies, including NIH, CMS, and CDC to name a few. Furthermore, I previously worked in the Department of Veterans Affairs and in the Office of Management and Budget on VA and defense health policy and financing matters.

The Veterans Healthcare System exclusively serves millions of veterans nationwide with critical healthcare they earned from military service. It operates over 1,200 healthcare facilities nationwide, including medical centers, community-based outpatient clinics, and

specialized care facilities to serve approximately nine million eligible veterans annually.

If confirmed, I will work to enhance healthcare delivery standards with greater consistency, continue VA's focus on patient safety and quality improvement while balancing access and improved outcomes. Continue to support medical research on veterans issues, its medical education programs, and enhance VA's mission to assist our Nation during emergencies and disasters as they did in COVID.

Military service is more than a job, as you all know. It's an act of selflessness and dedication to ensure all of us can enjoy the freedom of democracy. The military service of my father, my brother, my grandfather, my military brothers and sisters who've served before me, who serve with me, who will serve after me, have taught me that we owe veterans more than gratitude. We owe them excellence.

I welcome your questions, and if confirmed, I look forward to working with this Committee to fulfill our sacred obligation to those who've served. Thank you.

[The prepared statement of Mr. Bartrum appears on page 63 of the Appendix.]

Chairman MORAN. Thank you, Mr. Bartrum. I recognize Senator Sheehy for the introduction of Mr. Workman.

**INTRODUCTION BY HON. TIM SHEEHY,
U.S. SENATOR FROM MONTANA**

Senator SHEEHY. Thank you, Mr. Chairman. Chairman Moran, Ranking Member Blumenthal, thank you for the opportunity and the honor to introduce a great American like Jeremiah Workman. I also want to thank President Trump and Secretary Chavez-DeRemer for nominating a combat veteran and decorated hero for such an important position for our veteran community.

Indeed, our Nation is stronger when we have battlefield experience serving in senior levels of our republic. And most importantly, Jeremiah, I thank you and your family for not only your service up to now, but your willingness to serve yet again.

As a fellow combat veteran, married to a combat veteran, also a Marine, unfortunately, you know, you guys, I can't ever get away from you guys, I not only understand the depth of your sacrifice, I also understand the value of your perspective as we seek to reorient our government toward common sense.

Jeremiah joined the Marine Corps while still in high school and went on to serve in combat at some of the fiercest fighting our Nation has seen in a generation. Fighting in battles across Iraq, including in one of our bloodiest battlefields of Fallujah.

But Jeremiah didn't just serve and survive in these firefights, he led through them and fought like a lion. On one fateful day as he led his Marines on patrol, they fought through a vicious ambush, confronting a numerically superior force of well-armed suicidal insurgents who were ready to trade their lives for martyrdom. Jeremiah decided he could help them do just that. He fought with the ferocity only a few who had been under fire can understand. His

bravery that day earned him the Navy Cross in a place of eternal honor in the halls of Marine Corps lore.

Since leaving active duty, instead of living off of the accolades of his former life and his achievements, which he is quite capable of and frankly entitled to do, he recommitted himself to service and has worked tirelessly to advocate for veteran work programs that improve transition success for our heroes. He also helped remind America that veterans are a superpower for our labor force. They just need the opportunity to show what they can do.

Jeremiah's work is not focused on veteran handouts or benefit programs but has focused on empowering our former servicemen and women to achieve new heights after their time in uniform. In an era when only 1 percent of Americans have served in combat, much of our Nation is quick to victimize our veterans and treat them like damaged goods, who when they come home, they need a blanket and handouts. This couldn't be further from the truth. And it's a corrosive narrative that our veteran community must stop on their own.

We are veterans, not victims. Veterans, not victims. Veterans join the service because they believe in the mission and they love their country. That mission and purpose don't end when they take the uniform off. In fact, as Jeremiah has shown us, that is just the beginning.

We must resist the urge to coddle our veterans and instead help them launch a new chapter in their lives, chapters of achievement, excellence, and renewed service and mission. Jeremiah has done that himself. He has helped other veterans do that, and now will help the entire nation do that.

America's lucky to have men like Jeremiah on the battlefield, and now we'll be lucky to have him as a leader in our government. Thank you, Chairman.

Chairman MORAN. Senator Sheehy, thank you for your introduction, and Mr. Workman, you are recognized.

STATEMENT OF JEREMIAH WORKMAN, NOMINEE TO BE ASSISTANT SECRETARY FOR VETERANS' EMPLOYMENT AND TRAINING, U.S. DEPARTMENT OF LABOR

Mr. WORKMAN. Thank you, Senator Sheehy for the introduction. Chairman Moran, Ranking Member Blumenthal, and Members of the Committee, thank you for the opportunity to appear before you today. I am honored and humbled to be considered for the role of Assistant Secretary of Labor for Veterans' Employment and Training Service. This nomination is a call to serve those who have served us all.

I am grateful to President Donald Trump for nominating me to serve in this role. He has demonstrated an unrelenting support for our military and veterans, placing a renewed national focus on honoring their service and expanding their opportunities after they leave the uniform behind. I would also like to thank Secretary Lori Chavez-DeRemer and Deputy Secretary Keith Sonderling for their leadership and support of my nomination.

I especially would like to take a moment to thank someone very important to me; my wife, Jessica. Jessica and I have been together since high school. She's the mother of our two incredible children,

Devin and Delaney, and all three are here in support today. Throughout my military career through my deployment injury, re-integration, Jessica has been a constant source of strength, grace, and resilience. They say the toughest job in the military is that of a military spouse, and Jessica has fulfilled that role with a quiet determination that has shaped the man I am today. Jessica, thank you. You are my rock.

Public service has long been a part of my family's story. My grandfather served in World War II. My dad is a United States Army Veteran. For me, the decision to serve came early. I enlisted the Marine Corps when I was 17 years old. On the morning of September 11, 2001, I was in a barbershop at Parris Island. A few years later, in December 2004, I was deployed with a team of Marines in Fallujah, Iraq as part of Operation Phantom Fury.

Our mission was going house to house clearing insurgents in one of the fiercest urban battles of the Iraq war. During one operation, we engaged more than two dozen insurgents fortified inside a safe house. The details of that day are well documented, and I won't recount them all here, but I will say this; the bravery and the sacrifice I witnessed from my fellow Marines that day continue to inspire my life's work.

Since leaving active duty, I've committed myself to serving veterans through my work with the Wounded Warrior Regiment, the VA, and the private sector. I've always had the same focus, making sure veterans didn't fall through the cracks. I've seen how powerful the right support at the right time can be, and I've seen what happens when we fail to deliver.

As a Marine combat veteran, I've experienced firsthand both the immense pride of military service and the complex challenges of transitioning back into civilian life. I have also seen the untapped potential that every veteran carries with them, after service. Our Nation owes these men and women more than gratitude. We owe them an opportunity, dignity, and a pathway to purpose, post-service.

If confirmed, I will lead the Veterans' Employment and Training Service with that mission at its core. To empower every transitioning service member, veteran, and military spouse with the tools they need to succeed in the workforce and in life. Regardless of the length of their service, they deserve the chance to build a meaningful, fulfilling civilian career.

If confirmed, every decision we make at VETS will start with one question; what does this mean for the veteran? That will be our guiding principle. I will lead with urgency, compassion, and accountability. We will work to strengthen our programs, improve interagency coordination, and embrace innovation from digital training platforms to expanded employer partnerships.

Our focus will be on the outcomes that matter, quality jobs, long-term careers, and the dignity that comes with meaningful work. We will ensure that veterans are not only welcomed into the workforce, but they are prepared, empowered, recruited, and valued. This is the greatest professional honor of my life, and I am ready to continue my service to our great country.

Thank you again for your time and consideration. I respectfully ask for your support of my nomination, and I look forward to your questions.

[The prepared statement of Mr. Workman appears on page 113 of the Appendix.]

Chairman MORAN. Mr. Workman, Mr. Bartman, thank you both for your presence here, and more importantly, thank you for your service as outlined by you and by Senator Sheehy. Thanks for protecting and serving our Nation.

Mr. Bartrum, in response, and I want to tell you that how you respond to this question is really important to me. This is not a throw-away question in any way. In response to your pre-hearing questions, you referenced "having an opportunity to revisit the balance of direct care and community care."

In my view, that balance belongs with the veteran. The veteran gets to decide under the eligibility criteria established by Congress in the MISSION Act. And it's the VA's responsibility to work continuously to make certain that eligible veterans can freely choose between high performing VA direct care, and high functioning VA community care. Do you agree? Why or why not? Would you explain your view on this topic?

Mr. BARTRUM. I fully agree with you. It is the veteran's choice on how we work to balance that care. Right now, the bureaucratic process that has been put in place before this administration takes an enormous amount of time, and it takes a lot of hoops for a veteran to get community care.

One of the things that you did is you passed the best medical interest, and we implemented that. In the policy statement that Secretary Collins put, when he implemented it, part of his words were we don't need a congressional law to tell us to do what's common sense. And what's common sense is that if the doctor and the veteran decide that they need to have a referral to community care, that the referral to community care should occur, and it doesn't take another doctor, or another technician, or somebody else to review it.

It's just like it is in your private sector. When you and your doctor decide you need a referral and you need to go somewhere, then you get the referral and you go. So, that has been implemented. Those are the things that I'm talking about. I'm balancing the community care with the direct care.

If you think about our healthcare system in the VA, when I worked for the VA years ago, we were essentially a single-engine motor. We had one cylinder, and it was direct care. We now have community care, referral care, whatever you'd like to refer to it, and we have direct care. And we need to balance those care activities for our veterans based on our veterans.

In the VA, there's things that we do that veterans want to keep coming back and using us over and over, especially if they live within the area where they can get to us. If they don't live within that area, they need to be able to use community care without jumping through a thousand hoops. But if they want to use our prosthetic care, which I would argue is second to none, or some of our primary health mental care, or some of our primary care, and

they live in that area, they should be able to do that and have the choice to do that.

But if they need to use while they're in that area based on a referral, because we don't have the specialty care, they should be able to get the specialty care that they need, where they need it. So, that's what I say when we need to balance it. It's form and function, sir. It's structured. It's basic leadership 101.

And having been a leader in both the civil service side as an SES and on the military side as a general officer, that's what I intend to do. Is to lead the organization to look at the processes and how to better affect the veteran's patient outcome.

Chairman MORAN. When you say balance or rebalance, it's based upon—I'm paraphrasing or telling you what I heard from your answer. It's based upon the best interest of the veteran, not any other criteria?

Mr. BARTRUM. Yes, sir. It's the best interest of the veteran and what the law allows us to do.

Chairman MORAN. Yes, there is the law. Thank you. Mr. Bartrum, over the past 5 years, we've seen a major swing in VA workforce from a record hiring in '22 and '23 to a planned decrease of 10,000 employees in '24, and now, further reductions in the overall workforce this year. There has not been a VA staffing strategy in recent history that takes a long-term view despite the necessity of high performing workforce for the delivery of timely high-quality care.

If confirmed, what data points and trends will you look at to determine the VHA's workforce needs? What are your goals when it comes to the VHA workforce, and how will you work with this Committee to develop a coherent and sustainable VHA staffing strategy moving forward and longer-term?

Mr. BARTRUM. And that's a great question, sir, and I really appreciate that. On the strategy of the workforce, as you know, VA has about 470,000 employees and about 350,000 of those are at VA healthcare facilities facing the healthcare of the veterans and providing care for the veterans. And most of those 350,000 were exempt from the hiring freeze that Ranking Member Blumenthal had identified early on in the discussion.

But one of the things that I've committed to working with, and I'd love to work with your staff on it, once confirmed, or if I'm confirmed, is with also with the HR, our HR Assistant Secretary Mark Engelbaum, on setting up a workforce structure with manning documents so that we understand what positions and what manning documents you should have, and setting up standard staffing models so that we understand how many staff you need for certain types of activities.

We don't have good staffing models in the VA. And the way that—when I've looked at some of the numbers, and I'm only a senior advisor, so I don't dig into all the different things every day at VHA. But when you look at some of the different numbers on their staffing model, is it not a consistent staffing model? Do you have inconsistent number of staffing in certain areas and not in others? And we need to normalize that across the platform.

So, I look forward to working with you and the staff and with my other colleagues at VA to set up staffing models to ensure that

we're looking at that, to make sure that we're getting the throughput on patient output and we're getting—we're getting the service that we need.

But what I would want to say is that with all the hiring that went on during the Biden administration between 2021 and 2024, there were over 52,000 full-time equivalents. But what happened during that time? The wait times didn't improve. The wait time for primary care rose from 15.7 days to 24.3. The wait time for mental health rose from 14.7 to 20.4. The wait times for—24 for specialty care went from 24 to 38 days. So, the measures that I'm going to look at are what is our access and what are the things that we're doing to improve access? And I see my time's up, so.

Chairman MORAN. And I, too, see that my time is up. Mr. Workman, I'll come back to you at the next opportunity. And I recognize Senator Blumenthal.

Senator BLUMENTHAL. Thanks, Mr. Chairman. As senior advisor to Secretary Collins, Mr. Bartrum, were you involved in the decision to fire 83,000 VA employees?

Mr. BARTRUM. Was I involved in the decision to fire 82,000 employees? No.

Senator BLUMENTHAL. Were you involved in the decision to change that number to 30,000?

Mr. BARTRUM. No.

Senator BLUMENTHAL. Have you been involved in any workforce decisions previously relating to healthcare?

Mr. BARTRUM. I'm not involved in any of the HR decisions that come out of the HR side.

Senator BLUMENTHAL. Are you alarmed by the numbers that I gave you as to the 1,720 registered nurses, nearly 600 physicians frontline doctors, nurses, psychologists, police officers leaving as a result of the resignations, firings, hiring freezes, just so far.

Mr. BARTRUM. So, what I would say is that I'm not aware of any firings there have been—

Senator BLUMENTHAL. Well, are you alarmed by those numbers?

Mr. BARTRUM. There are force restructuring tools out there, but there's also numbers of people that change in the system. And in our system every year, we have about 40,000 people turnover in our system every year. So, in a system where you have 470,000 people, I'm not alarmed by a shift of 500, or 700, or 7,500, because in systems as big, you have natural changeover. What I can say is that what I have seen in the VA is that our employees tend to stay longer, and we tend to recruit well. So—

Senator BLUMENTHAL. Are you aware that the loss of those thousands of staff have an effect on VA healthcare? Those numbers are not business as usual. I gave you the numbers for the similar period under the Biden administration. Even at the beginning of this fiscal year, there were 40,000 vacancies. Wouldn't you say that VA healthcare is in jeopardy as a result of the numbers of employees already lost even before the 30,000 that are planned by the end of the year?

Mr. BARTRUM. So, what I'd also say is that what you may not have seen is that we've made changes to our system that have enhanced our ability to provide access and our ability to provide care.

Senator BLUMENTHAL. So, you're not alarmed?

Mr. BARTRUM. So, the expanding electronic scheduling system, which in the past one person would schedule for the community care process would schedule, and these are generally nurses would schedule five to seven patients a day by expanding out the—what's called the ESP, the electronic scheduling process. We are now doing 20 to 24 on average per scheduler. So, it expands access and it expands—

Senator BLUMENTHAL. I'm going to interrupt you because my time is limited, Mr. Bartrum. You're talking to me about maybe doing scheduling more efficiently. You're not talking about doctors, nurses, police, janitors. You and I talked, they're all part of a team. You've got to have a team. In your role as senior advisor, were you involved in the cancellation of contracts?

Mr. BARTRUM. I was involved in review of contracts that the career officials would recommend for rescoping, descoping, or in some cases, cancellation.

Senator BLUMENTHAL. What's the answer to that question? Yes or no?

Mr. BARTRUM. Yes.

Senator BLUMENTHAL. You were involved?

Mr. BARTRUM. Yes.

Senator BLUMENTHAL. Okay. Can you give me a number of contracts that have been canceled?

Mr. BARTRUM. No. I can't give you a number of contracts that have been canceled, but what I can say is I can get back to you for the record. I know that we have—

Senator BLUMENTHAL. Well, we've heard that again, and again, and again, and again, you'll get back to us. We've heard it from nominees, we've heard it from the Secretary. Information has been provided, it's incomplete, it's wrong. We're asking for basic transparency and disclosure here that we have a right to see. Veterans have a right to see. The public has a right to see.

Let me ask you, do you have information about the wait times for community care when veterans choose that option? Do you have data about the wait times for community care?

Mr. BARTRUM. Yes, I do have some information [flips through pages in his notebook]. I am not locating my page on that, sir, if I find it, but I can get back to you. But what I can say is that in our wait times, we have seen improvements in certain areas of wait times.

Senator BLUMENTHAL. Well, we've asked for this data repeatedly. I'm not surprised you can't find it in your notebook there. Or maybe I should say, if you found it, it should have been provided to us long before now because we've requested it repeatedly. So, you can get back to me if you'd like. I welcome your willingness to do so.

But again, the reason why we have, in effect, asked for the regular order on these nominees is this kind of data simply hasn't been provided. My time has expired Mr. Chairman. I hope that we will have time for additional questions.

Chairman MORAN. Senator Tuberville.

**HON. TOMMY TUBERVILLE,
U.S. SENATOR FROM ALABAMA**

Senator TUBERVILLE. Thank you, Mr. Chairman. Thanks for both of you being here. Look forward to supporting you both. Mr. Bartrum, one of the biggest complaints I hear about the VA healthcare services is communication. And in my State of Alabama, we're very rural and it's a huge problem. If confirmed, how will you work with the Secretary in utilizing new technology that we have, you know, for community service?

Mr. BARTRUM. Thank you, sir. As you know, we talked a little bit about this when I met with you. You know, rural veterans who live in the rural area are somewhere between 60 and 66 percent of our veterans. And so, reaching out and reaching to our veterans and partnering with, not only the VSOs and our service organizations that are out there, but using our technology that we have with our communication strategy, our websites, and reaching out to folks with our provider network, with our community care partners is something that I'm going to look into and work with you, and partner on, and look at the strategies.

I'm not steeped into what strategies VHA is using since I'm not in the role, but once I'm in the role, I'd love to partner with you and bring back what we're doing specifically, and figure out how we can best reach out to our rural networks.

Senator TUBERVILLE. Thank you. Mr. Workman, in your testimony, you highlighted the need for DOL VETS to focus on outcomes and performances. If confirmed, how will you ensure veterans are not just a number, but instead placed in long term quality jobs?

Mr. WORKMAN. Thank you for the question, Senator. I think when it comes to our veterans and when they're transitioning from that active status into veteran status, it is important for us to capture them as they're leaving the door in what we call the Transition Assistance Program.

I believe a lot of folks are falling through the cracks, and for whatever reason, not attending TAP or just not soaking it in. I think that's where it starts is that last 6 months to a year before they leave active duty or reserve status. Once out into small, you know, wherever they go in America, that's generally where we start to see issues. They lose that support network.

That's where our American job centers come into play. We need to make sure that the folks out there are properly trained in doing what they need to do to take care of our transitioning veterans and their family members.

Senator TUBERVILLE. Thank you, Mr. Bartrum. In May, the VA announced a policy change that would make it easier for veterans to access community care when a VA doctor determines it is in their best medical interest. What's your opinion on this announcement?

Mr. BARTRUM. I thought it was the right announcement, and it should have been done years ago. I believe that when a veteran and their doctor says they need to go to a referral on the outside, and they both agree with that, that that is enough to send them to the outside to get referral.

Senator TUBERVILLE. Thank you. Mr. Workman, as you know, the Federal Government is very siloed, and agencies often don't communicate with each other. It seems like we can't get information from the DoD to the VA coordinated because all the systems are different. It's been a disaster since I've been here. We've spent billions of dollars. We can't seem to do it. But if confirmed, how will you improve coordination across agencies to veterans and put them first?

Mr. WORKMAN. Thank you for the question, Senator. If confirmed, you're 100 percent correct, we need to tighten up communications across the different departments and agencies. I feel like sometimes VETS, Department of Labor VETS sometimes doesn't always have a seat at the table. And if confirmed, I can assure you that we will have a seat at the table with the DoD, and also, the VA, so that we can better serve our veterans and their family members.

Senator TUBERVILLE. Are you aware of the problems that we've had from the DoD to the—you know, all the information going from DoD to the veterans?

Mr. WORKMAN. Yes, Senator. I spent 10 or 11 years working at the VA and I've also worked for DoD in a civilian capacity. And I do know that it is a challenge. And like I said, if confirmed, we will have a seat at the table and we look forward to working with our counterparts.

Senator TUBERVILLE. Mr. Bartrum, you and I talked about this, about coinciding information. You can't get something done unless you get both sides, you know, working together. What's your thoughts on that?

Mr. BARTRUM. No, I think we need to re-energize the sharing agreements of data and getting data across the system. I also think we have to do a better job of coordinating data within VHA, and VA, and VVA because that data needs to flow smoother. And so, I think there's lots of opportunities to do data sharing within the department and within—within intergovernmental agencies.

Senator TUBERVILLE. Thank you. Thank you, Mr. Chairman.

Chairman MORAN. Senator King.

**HON. ANGUS S. KING, JR.,
U.S. SENATOR FROM MAINE**

Senator KING. Thank you, Mr. Chair. In many of our hearings, we have very well qualified candidates with terrific backgrounds. I don't think I've ever been in a hearing where we've had two people with the backgrounds that both of you have that's so impressive and important, the perspective that you'll bring to these jobs. So, I want to start with that.

I also want to start with the fact that all of us here are committed to the veteran community, and to doing the best that we can. That doesn't mean we're going to agree because I'm very concerned about the direction of the department.

Mr. Bartrum, let's talk about the contracts. There was a memo that came in an email from the department on July 3rd. "VA will avoid a total of about \$13.1 billion in cost by terminating or not reviewing 16,000 contracts." And then it goes on to say, I think, one of the most preposterous statements I've seen. "Terminating or

not reviewing these contracts will not negatively affect veteran care benefits or services."

That's just hard for me to believe, and I've gone through—by the way [holding up a sheet of paper], was it somebody's idea of a joke? Did you guys laugh about printing this so small that it's virtually impossible to read? Was that somebody's conscious decision Mr. Bartrum? This is an insult. This is the list.

Mr. BARTRUM. Sir, I had nothing to do with how the list came over. But we can look into that and get you—

Senator KING. Paper is cheap, as my father used to say. And print it in a way that we can read it. But I've done a little examination. This is full of contracts for nursing services, nursing home services. You mentioned prosthetics. There are probably a dozen prosthetics contracts that are being canceled. It's just hard for me to believe that all of these are unnecessary contracts, \$13 billion worth of contracts.

And what worries me is there seems to be a pattern developing of ready, fire, aim in the Veterans Affairs. You started with first the hiring freeze applied to everybody, then, "Oh, no, it doesn't apply to medical people." That was a good decision, but it shouldn't have been. It was a decision that should have been made in the first place. Then it was 83,000 people are going to be fired by the end of this year. Now, it's 30,000, not fired, but we're going to downsize by 30,000.

And I just wonder if, upon review, I can't believe that all 16,000 of these contracts are—and then the email of course lists three or four ones that we would all say, "Okay, those probably aren't necessary." But prosthetics contracts, nursing contracts, nursing home contracts, I just—it really bothers me.

Mr. Bartrum, you mentioned we don't have a good staffing model, and that may well be true, but I think you should start with a staffing model and then decide what the right size of the staff is. Not start with 30,000 or a month ago it was 83,000 and work backward.

Do you see what I'm saying? Analyze the staff, do the staffing model, determine what you need, and then make those decisions instead of starting with what amounts to a quota and sort of reverse engineering. Give me some thoughts about that.

Mr. BARTRUM. So, Senator King, I don't disagree with the way that the—using analytics to determine what you need for staffing and building to the staffing, which is why my earlier comment was I really want to work on what is our staffing and what our staffing should be.

On your question about the contracts, a lot of those we also found that we had multiple contracts in multiple areas for similar things, and that we could also consolidate into more regional and national contracts. And so, where you see some contracts that may be terminated on the list, there may be additional contracts that were expanded out or scope changed so that you could renegotiate it into a regional contract and because you had the same contractor in some cases providing service in certain areas.

Senator KING. So, it's hard for me to believe that in the time we've had in the last few months, that this list of 16,000 contracts has had the kind of careful review that—well, I will predict that

a month or two from now, there's going to be another memo saying, well, there's a bunch of contracts we aren't going to cut or eliminate. And I would want to see more planning before the decisions are made that could so significantly affect veterans' care.

Mr. Workman, I love what you said. I think transition is the key. I'm on the Armed Services Committee. I said 10 years ago, the Defense department should spend as much money on transition out as they do on recruiting in. And I've been working with Armed Services and others on, for example, having VSOs involved in the TAP Program; letting veterans pre-enroll for VA healthcare before they leave active duty, providing the veterans data to their State Veterans Administration when they leave so they can be contacted. So, I look forward to working with you. I hope you think those are worthwhile initiatives.

Mr. WORKMAN. Absolutely, Senator.

Senator KING. Thank you. Thank you, Mr. Chairman. I appreciate the time.

Chairman MORAN. Senator Sheehy.

**HON. TIM SHEEHY,
U.S. SENATOR FROM MONTANA**

Senator SHEEHY. Thank you, Mr. Chairman. I'll agree with Senator King's comments that we all care about the veterans here. We may not always agree, and in the last 5 years, our veteran VA budget has increased by 70 percent. Over 70 percent VA employee headcounts increased by 28 percent. Our veteran population in the country has gone down by over 9 percent. And yet, as you pointed out General Bartrum, veteran suicide has gone up. Patient wait times have gone up, call wait times have gone up. Our contract for the veteran healthcare electronic health records is what—over a decade, over schedule now, and billions over budget.

So, all these contracts that are being canceled, I can very much believe that we're not seeing impact in medical care, because it seems like the more contracts we issue, the more money we spend, and the more people we're hiring, the quality of the care and our ability to deliver it is actually decreasing.

And our ability to interface with community care and allow our veterans to interact with their community's healthcare that's already there, is the best and fastest, and cheapest way for us to make sure that if a veteran is in need, a mental healthcare crisis in rural Montana, when they're hours from a VA hospital, the quickest, best, and cheapest and most effective way for them to get the care they need is not to wait on a phone line for hours on end. Not to wait three-plus weeks to get an appointment booked, but to be able to go that day, that minute, to a local care center where they can get what they need.

And what we've seen is intentional obstruction for years of the ability for veterans to actually access community care. And that obstructions come from within the VA. Not everybody, not every single person, but there's no question there's been organized organizational obstruction to accessing private community care for veterans.

And in a state like Montana, where we have almost 10 percent of our state are veterans, in a frontier healthcare market, not just rural healthcare, frontier healthcare, to assume that we can build

a clinic close enough to every veteran and make sure they have the access in a time of urgent emergency need is fantasy. It's fantasy. They have to be able to access community care.

And there's been an intentional obstruction of that within the agency. And the more money we spend and the more contracts, and the more people we hire are not solving the problem. It's not. So, are we going to solve the problem or are we going to create jobs? And for me, I'm about mission. Having served in combat like Jeremiah and yourself, I'm worried about what's good for the veterans.

And I believe Senator King and everyone else says, too, we may not agree, but the data does not lie. And the data shows that despite hiring tens of thousands of extra employees and spending billions and billions upon billions of more money on contracts, and people, and buildings, and brick and mortar, it hasn't improved the situation.

So, I applaud the efforts of Secretary Collins. Have they been perfect? No. Changing a massive organization is never going to be easy or fast. We're going to make mistakes, but something has to change. The trajectory of how we're dealing with our veteran care model has to change. And this administration is changing that, and I support it.

So, I thank you for your efforts to doing so. It's hard to change something like this without making some mistakes, and you're going to make enemies. But you've taken a big risk in doing it, and I appreciate it.

So, that's most of my time, but I will, in the vein of my questions, ask a couple of things specifically to Mr. Workman since you've been getting all the attention so far. I'll give you a break. Transition assistance. You talked about it, you've done it yourself. I've done it. It's a challenging thing to do. What are you going to do specifically with the TAP program, or I should say Transition Assistance Program, to make sure that we are building a more sturdy bridge for our veterans as they transition so they can have ready-made careers when they get out?

Mr. WORKMAN. Thank you for the question, Senator. I think it needs to start a little earlier in the transition process. As you know, a lot of junior folks when they are making that transition, the last thing sometimes between them and a DD214 is that check in the box that they went through TAP class. We need to put emphasis on it and make sure the commanders are holding their troops accountable and ensuring that they are attending TAP to begin with.

But, if confirmed, and I get to DOL VETS, we need to take a look at it from the top to the bottom. And there's absolutely room to improve the process. Like I said, I think we need to make sure that we have a seat at the table with the DoD and the VA as we all administer TAP.

And I look forward, like I said, if confirmed, to taking a look at it and seeing what we can do to ensure that we can get veterans and their family members good-paying jobs when they leave the military. Jobs that when they wake up in the morning, they feel good about what they're doing, and they can take care of their family. That's what we're going to do.

Chairman MORAN. Senator Hassan.

**HON. MARGARET WOOD HASSAN,
U.S. SENATOR FROM NEW HAMPSHIRE**

Senator HASSAN. Well, thank you, Mr. Chair and to both of our nominees. First, thank you and your families for your service, and congratulations on your nominations. And a special thanks to the families because you both stepping up to do this work will be a test for them as well, and we're very, very grateful to you.

And as Senator King and Senator Sheehy just said, we are all united here in serving veterans. And Mr. Workman, you and I talked about my dad served in World War II, your grandfather, and that was a really good discussion. And as I said, my father, having survived the Battle of the Bulge, I never heard him complain about a thing afterwards. Just a remarkable member of the greatest generation.

But I also just want to address, Senator Sheehy and I would agree that community care is important. New Hampshire is the only state in the contiguous U.S. that doesn't have its own VA hospital. So, community care has been very important. I would also say that some of the statistics that Senator Sheehy was talking about happened during the time when we passed and instituted the PACT Act. So, there are a lot more people coming into the VA for healthcare. It was a big surge. And we still have work to do to implement the PACT Act effectively.

And I'm also concerned because our community care in New Hampshire and across the country is also struggling. So, to suggest that just by referring veterans to our community civilian healthcare system is going to solve their access to care problem I think ignores the challenges that our community system, our civilian system, is going to have, especially in light of the reconciliation bill, "The Big Beautiful Bill" is what President Trump calls it, that's going to strain our rural care even more.

So, I want us to all think about that in that context. I want us all to think about Senator King's concern about the way these contracts were canceled. It's just the way I think about it is, you know, good carpenters measure twice and cut once. And it seems to me that the VA went about this backward.

So, I'll get to my questions now, but I just wanted to kind of level set us a little bit as I listened to the exchanges we've been going on. I am asking every nominee these days a straightforward question. And I'll start with you, Mr. Bartrum, and then you, Mr. Workman. If directed by the President to take an action that would break the law, would you follow the law or follow the President's directive? Mr. Bartrum?

Mr. BARTRUM. I don't anticipate ever being asked to break the law, but I'll follow the law.

Senator HASSAN. Thank you. And I should have said General Bartrum, sorry.

Mr. BARTRUM. That's okay.

Mr. WORKMAN. Likewise, I don't anticipate the President asking me to break the law, but I would always follow the law.

Senator HASSAN. Well, I appreciate your commitment to following the law. I'd suggest that you review some of the things the President and his administration have done, and consider the first part of your answer.

Mr. Workman, I'd like to discuss an issue that I know we both care about a lot; ensuring that our Nation fully supports the surviving families of our fallen heroes. I've been working with Senator Cassidy on a bipartisan bill that would help Gold Star and surviving spouses get employment assistance through DOL VETS, the office that you're nominated to lead.

I'd like to work with you on this issue because I think we owe it to the families of the fallen to do everything that we can to support them and help them move forward. That's a debt we owe to those who sacrifice so much for our Nation. Given your military experience, sir, can you talk to me about some of the sacrifices that military families make and the importance of supporting them, especially surviving spouses?

Mr. WORKMAN. Yes. Thank you for the question, Senator, and I do appreciate you taking that meeting with me. That was special to be able to look through that, your father's diary, and I appreciate that.

But getting back to our Gold Star families, we owe these folks more than what—we owe them everything. My wife, Jessica's sitting right behind me, she could be the first one to tell you that staying at home while we are overseas doing our Nation's work, like I said in my opening statement, is one of the toughest jobs in the military. We owe these folks everything that we have to offer, and if confirmed, I look forward to working with your office and providing technical assistance with—

Senator HASSAN. Well, thank you. That's what I was going to ask, if you'd commit to working with us on this bill, and I look forward to working with you on that too.

General Bartrum, in May, the President issued an Executive order requiring the Secretary of the VA to create an action plan to support a full-service medical center in New Hampshire so that we're no longer, that only state in the contiguous U.S. without a full-service VA hospital.

I have long supported bringing a full-service hospital to New Hampshire, and I want to make sure that the VA is engaging with Granite Staters at every step of the way. If confirmed to be the VA's Under Secretary for Health, how will you work with New Hampshire veterans in our congressional delegation as the VA creates its plan for a full-service hospital in New Hampshire?

Mr. BARTRUM. Senator, I can certainly assure you that I will work with you and the state on that. We have already started a site survey process where we start the initial part of the site survey, and then down the road, that will have a process where we engage with the state as we look at what we see as the need, capabilities, and capacities that are there, and to work with the state on what right looks like as we move forward.

Senator HASSAN. Well, I appreciate that. We have understandably, like I think probably in every state, a very active group of veterans in New Hampshire. As you both have commented, veterans never stop the mission to serve, and that's true in New Hampshire as it is everywhere else. And they really want to engage directly with the VA about how to make this a successful planning scenario. So, thank you, sir.

Chairman MORAN. Senator Hassan, thank you. Senator Blackburn.

**HON. MARSHA BLACKBURN,
U.S. SENATOR FROM TENNESSEE**

Senator BLACKBURN. Thank you, Mr. Chairman, and congratulations to each of you on your nominations. It was good to see the Secretary yesterday afternoon and to hear from him. Sounds like he is busy, and working, and making some positive changes. And we appreciate that.

Mr. Bartrum, I want to come to you. I'm a little confused over your statement regarding community care and want to get you to clarify your comments on that. Now, the Chairman and I are both working on the community care issue, and when I talked yesterday afternoon with the Secretary, I know he is trying to simplify community care.

But you made a comment that you need to balance direct care and community care, and I want you to drill down what would that balance be, and why would you not say let's prioritize what the vet wants, and if they want community care, let's make that a more simple process for them to access that care?

Mr. BARTRUM. So, ma'am, I am saying that. If veterans want community care, we need to allow them to have community care. And when I say balance it, right now the bureaucracy is stacked against them—

Senator BLACKBURN. Totally.

Mr. BARTRUM. The bureaucracy is stacked against them. If I get confirmed, then I can work to help take out some of the bureaucracy.

As a senior advisor, I'm very limited in what I can do. As the Under Secretary, if I'm confirmed, then I can work to take out the bureaucracy that's there. But the best medical interest allows us to take out part of the bureaucracy. Changing what the contracts are, as we do the next generation of contracts, allows us to take out part of the bureaucracy. Building in the infrastructure, you know, we also need to allow that if a veteran chooses that they want to use the VA healthcare system, the direct care system, that they have that choice to use that direct healthcare system. So, it's working with them on where do they want to get their care and making sure that it's not bureaucracy that's getting in the way. It's where they want to get their care that's best for them.

Senator BLACKBURN. And they can access it in the most efficient—

Mr. BARTRUM. Yes.

Senator BLACKBURN [continuing]. And effective way. Okay. I appreciate that because talking about balancing, I think made it sound like you were going to do a little bit over here and a little bit over there, but not prioritize the vet in making those decisions.

And talking to most veterans in Tennessee, they much prefer having community care because we've got 63 rural hospitals in our state. We've got 260 rural clinics, and they would much prefer going to something in their community because it enables them to get a neighbor or a friend to drive them and drop them off, and

somebody doesn't have to take off work for the day and get them to Nashville or Memphis.

So, this is an issue. We've got a lot of veterans in Tennessee, and this is an issue that comes up regularly as we meet with the VSOs and as we meet with veterans' groups. And what they want is community care. They appreciate what the Chairman has done. They are crazy about my bill, which would get rid of that bureaucracy and give them the choice, put them in the driver's seat.

And when you meet with these veterans groups and you hear what they go through and how long they have to wait, it is embarrassing. And I know you all inherited a problem at a very broken VA, and the fact that you had people that were working in VA healthcare that worked 5 days out of a 10-day work period in person and VA benefits where they worked 2 days out of 10 in person, you can't get your job done if you are not showing up to work.

So, we appreciate that, but I think it is important that you speak with clarity on these issues and that we know you're not going to go soft on community care because that is what the veterans are wanting to see expanded.

Mr. BARTRUM. Thank you, ma'am. And just to be clear, we're working to put veterans first and veterans' choice first. And so, community care is a primary focus and we've got to get all of the bureaucracy out of the way so that the veteran has the choice.

And as a veteran of 40 years myself, and the son of a veteran, I can tell you that I will continue to work for veterans, enlist the veterans, because the why that I chose to take this nomination was those are my brothers and sisters. Those are the people that I've gone to battle with. They're my battle buddies, and those are the people that I'm here to serve. And so, serve them, I will.

Senator BLACKBURN. Great. And Mr. Workman, I'll send something to you for a QFR. The electronic health records in that transition that is there from active duty to veterans, I'll send it. I'm out of time, so I'll send that to you for written.

Mr. BARTRUM. Thank you, Senator.

Senator BLACKBURN. Thank you.

Chairman MORAN. Senator Blackburn, thank you. We have two Senators that are present. At the end of those questioning, we're going to try to bring this hearing to a conclusion and make the vote at the very end. We have two votes one of which has already started. So, now it's Senator Hirono's time, and you may ask your questions.

**HON. MAZIE K. HIRONO,
U.S. SENATOR FROM HAWAII**

Senator HIRONO. Thank you, Mr. Chairman, and welcome to both of you. I ask the following two initial questions of all nominees before any of the committees on which I sit. And so, I will ask you these questions. We can start with Mr. Bartrum and then Mr. Workman. Since you became a legal adult, have you ever made unwanted requests for sexual favors, or committed any verbal, or physical harassment, or assault of a sexual nature?

Mr. BARTRUM. No.

Mr. WORKMAN. No.

Senator HIRONO. Have you ever faced discipline or entered into a settlement related to this kind of conduct?

Mr. BARTRUM. No.
Mr. WORKMAN. No.

Senator HIRONO. Okay. For Mr. Bartrum, in April 2025, VA awarded a 5-year contract for certain medical supplies to Brightstar Innovations, the company you formed and formerly led. Do you have any sort of ongoing financial stake in this company, in Brightstar?

Mr. BARTRUM. No.

Senator HIRONO. So, the ethics agreement that you signed in accordance with your nomination to this role indicated you would not participate personally or substantially in matters involving Brightstar for one year, beginning with your resignation from the company in January 2025. Particularly given your role in other contract related matters in the department, did you participate personally or substantially in awarding Brightstar the April 2025 contract?

Mr. BARTRUM. No, I have no knowledge that they even have a contract.

Senator HIRONO. Okay. So, you can see—well, by the way, was this contract with Brightstar the first contract that Brightstar received from the VA?

Mr. BARTRUM. When I was at Brightstar, when I ran Brightstar, we had no contracts with the VA.

Senator HIRONO. I'm sorry, I can't hear you.

Mr. BARTRUM. No, we had no contracts when I was at Brightstar with the VA. So, as far as I know, it must be their first.

Senator HIRONO. So, I think that you can understand why I would ask these questions because the fact that this is the very first contract that Brightstar got and you happen to just leave Brightstar and join the VA, you can see where certain questions like those that I asked would arise.

Again, for you, it's important for any person serving the role of the Under Secretary of Health to understand that reducing veteran suicide, and you've already been asked by another Member of this Committee the importance of paying attention to veteran suicides, which unfortunately is a continuing challenge. So, it is a priority for many of us in this Committee.

And we recently had a hearing on the Veterans Crisis Line, and given this administration's decision to fire VCL staff, seemingly without regard to the impact it would have, can you reassure me that under your purview, there will be no cuts to staffing or funding, and no reorganizational decisions that limit access to VCL for veterans and others served by it?

Mr. BARTRUM. So, I can assure you that while suicide has no single cause, it has lots of supporters to prevent it like yourself, and me, and the Secretary, and the President. And so, we will do what we can to ensure that we continue to support the Veterans Crisis Line and to ensure the veterans have access to the Veterans Crisis Line when they need it and however they need it.

Senator HIRONO. So, was that a yes?

Mr. BARTRUM. Yes.

Senator HIRONO. Okay. Because please know that for a lot of young people, the awareness that the hotline or there was some funding cuts to veterans access to suicide prevention programs is a matter of major concern for them.

Now, when Secretary Collins was before our Committee, I asked him with regard to pausing certain programs, including veterans participation in clinical trials. And if you're a veteran participating in a clinical trial, and suddenly those programs or trials are put on pause and with no idea when you're going to be able to access whatever drugs are being provided or access to medical care under the clinical trials, I asked him, well, what clinical trials, how many veterans are involved in participating in these clinical trials? He said he would get back to me. So far, not. So, I'm asking you for this information. Do you have it?

Mr. BARTRUM. I don't have the number of veterans who are involved in clinical trials, but I will get back to you with that for the record. But what I can say is that no clinical trials have been paused, and we have exempted from the hiring freeze, all folks who work in the—

Senator HIRONO. Did you say that no clinical trials are on pause?

Mr. BARTRUM. That's my understanding.

Senator HIRONO. No. So, that would've been good if the Secretary had said, "Oh, by the way, we're done with the pause, and all of the veterans who are in these trials are getting the services, the medical care and the medications that they need." That's your testimony that they are all resumed in their clinical trials.

Mr. BARTRUM. Yes. My understanding is that we have not paused. We do not have any paused clinical trials due to hiring freezes or exemptions. We've exempted those.

Senator HIRONO. Then perhaps you could give me the number of veterans who are involved and participating in these clinical trials that are no longer all possible. Well, in all of the clinical trials. I would like to have that information. Mr. Chairman.

Chairman MORAN. I'll let Mr. Bartrum respond.

Senator HIRONO. Can you get us that?

Mr. BARTRUM. We'll get back to you for the record, yes.

Chairman MORAN. Let me use this as an opportunity to indicate we're always looking for the VA to be much more prompt. And we've had significant challenges in getting information that Committee members, but also this Committee, has specifically asked from the Department of Veterans Affairs. And I don't know, it may have apply to the Department of Labor, too, from time to time. But it would be greatly appreciated if you and those that you work with would be more forthcoming more quickly.

Mr. BARTRUM. We will, sir.

Chairman MORAN. Thank you. Senator Tillis.

**HON. THOM TILLIS,
U.S. SENATOR FROM NORTH CAROLINA**

Senator TILLIS. Thank you, Mr. Chair. I'll be quick. Number one, Mr. Bartrum, you're going to most likely get confirmed, and you're going to most likely come to several oversight hearings that are going to ask you how your work on this secret mission to completely privatize the VA is going.

It's a narrative that's been here. I've been here 10 years, and I think anybody in their right mind needs to know it makes no sense to be 100 percent brick and mortar, nor does it make any sense, for the reasons that you've said, to be pure community care. The VA can point to several best practices, and several instances, and several communities that they need to be there. And I, for one, believe that that you've answered the questions to my satisfaction. I don't think anybody who knows anything about the organization would come to any other conclusion.

Mr. Workman, I've got a chiropractor named Bender, an optometrist named Iler, and a dentist named White. So, Workman, going for Assistant Secretary for Labor just makes sense to me.

Mr. WORKMAN. Thank you, sir [laughter].

Senator TILLIS. Here's another thing that we've talked about for your—and congratulations to your family. Are those your kids behind you there?

Mr. WORKMAN. Yes, sir.

Senator TILLIS. Congratulations to you, and Mr. Bartrum, too. For 10 years I've been here, we've talked about we need to fix the TAP program. And for 10 years I've said that what we need to do is have the right analytics coming out of the DoD, and we will be successful when we have a TAP classroom of one.

The problem that you have now, if you go into the Transition Assistance Program, you got some of the more senior people that may have, you know, financial sort of literacy at a different level than you're going to have some kid just coming out, they may have their earbuds in, are watching something on their phone while they're punching the ticket to go through TAP. We all know that that happens. It's a disservice to those kids to put them in the same classroom for someone else punching the ticket.

Do you know whether or not there's any sort of incentive or back review on the extent to which that TAP program has been proven beneficial to the students? In other words, some way to measure in an after action whether or not that TAP program, and the instructors for that matter, are held up to a standard on efficacy and ultimate result for the TAP program?

Mr. WORKMAN. Well, Senator, I thank you for the question. I have not been in VETS down at the Department of Labor. I can assure you, if confirmed, and I get into VETS, we are going to take a look at that.

Senator TILLIS. My guess is the answer is no. And I came from large organizations where metrics matter, and my guess is the way that we're finally going to get a TAP program that makes sense and does right by our warriors, our veterans, is to just focus on that. Have that as a goal.

I know it will take time, it will take years, it will not be completed in your tenure, but I'm really tired of people talking about it. And I think if we're intellectually honest with ourselves, it's been a bipartisan failure to substantially change the TAP program since you went through it.

Mr. WORKMAN. Absolutely.

Senator TILLIS. And we owe our service members more, and we need to be instructed by information coming out of the electronic health record and everything else in the DoD to do right by them—

what I want to do, the only thing I saw in your resume that I'd like to spend some more time on, and we're not going to do it here, but I'd like your commitment to talk a little bit about this large organization, if you're confirmed, that you're going to inherit—and you've got a great resume.

As a matter of fact, about the only lapse in judgment that I've seen in your resume is you're trying to run for Lieutenant Governor in Ohio a while back. But other than that, you look pretty solid. You're clearly a patriot.

But I'd like to, if I can just get a commitment, maybe we can get on a phone call or if you can come over to my office, I didn't get an opportunity to talk with you in advance to just get your sense of the people that are going to be around you that will have that large organization expertise that you're going to need. And then maybe you can convince me that that maybe you have some relevant experience.

I don't expect the President of the United States or you to be a subject matter expert in the organization that you're inheriting, but you need to have the apparatus in place to understand the level of complexity and the challenges you're going to have as a manager, having nothing to do with you being a warfighter or a veteran.

Mr. WORKMAN. Absolutely.

Senator TILLIS. Can I get that commitment to just follow up with—

Mr. WORKMAN. Absolutely, Senator.

Senator TILLIS [continuing]. What we'll share with you is our assessment that I've read on areas. So, we'll share bluntly the assessment that we've read confidentially between us, and we can have a good discussion on it.

Mr. WORKMAN. Absolutely.

Senator TILLIS. I look forward to having that discussion. I thank you all for being here today. Thank you, Mr. Chair.

Chairman MORAN. Senator Tillis, thank you. Both of you gentlemen, a lot of what I know about veterans is what I hear from them. A lot of what we respond to is what we call casework in which a veteran has brought to us a problem they're having with the VA. And I want to just highlight the importance of your ability to help us solve that veteran's problem.

But I want to take that a step further. Often, I'm successful in getting the VA to respond to a specific case that we bring to their attention, but I'm quite certain that in many instances, it's not a one-place circumstance. And so, it's nice to solve a problem for a veteran. It would be better to solve the problem for that veteran and every other veteran that's experiencing something similar from the VA.

And in addition to that, often I'm told that something has changed at the Department of Veterans Affairs, but when I'm back in Kansas, no one at the VA knows what I've been told. So, there's a lot of disconnect between something that is decided here as a policy and it being, not only not implemented, but not even known that the policy has changed.

I assume that you would confirm to me that in the things I've just described, you will be an ally in making certain that an individual, but all veterans are cared for when we raise these topics,

and you'll take greater steps than have occurred in the past to make sure that the people who work at the VA know what the new rules and policies are.

Mr. BARTRUM. Sir, as we talked before about this topic, I can assure you I will be on the front line on that fight with you.

Chairman MORAN. Thank you. And Mr. Bartrum, I'm going to put you to the test already. We're working with the Ranking Member, Senator Blumenthal, the Department of Veterans Affairs, and the Congressional Budget Office to move my community care bill, the ACCESS Act. And we're working on a CBO score that requires some information from the VA, that my understanding is the VA has—we need the VA to provide additional clarification information to CBO on that bill. And we're particularly talking about Section 103.

I don't know what the delay has been, but I'm asking you to commit to make sure the VA delivers that information, ASAP, but no later than tomorrow. Would you take this task back and see if we can get that information so we can move forward with this ACCESS Act?

Mr. BARTRUM. Yes, sir.

Chairman MORAN. Thank you. Anything that either one of you would like to add to what you said or response, any of your responses that deserve any clarification, or—

All right. Well, we thank you both for being here. Thank you for your service in particular. Any Member of this Committee who would like to send questions for the record to one of the nominees or both of the nominees should do so as soon as possible, but no later than the close of business tomorrow. And then we would we would expect and appreciate a timely response to our Committee members questions so that your nominations can be fully considered.

Chairman MORAN. With that, the hearing is adjourned.

[Whereupon, at 5:21 p.m., the hearing was adjourned.]

A P P E N D I X

Submissions for the Record

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

The New York Times<https://www.nytimes.com/2025/07/14/us/politics/va-savings-cuts-doge.html>

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE

The Department of Veterans Affairs claimed credit for canceling contracts that had not been canceled, and tallied savings unrelated to the cost-cutting efforts.

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By **David A. Fahrenthold, Nicholas Nehamas and Jeremy Singer-Vine**

The writers examined more than 1,000 Department of Veterans Affairs contracts and contacted dozens of government vendors, to compile a complete picture of what the department had terminated.

July 14, 2025

Starting in 1983, the Rev. Roland Freeman gave communion to the sick and last rites to the dying at Department of Veterans Affairs hospitals around Denver.

In January, the chaplain died at age 85. Four months later, the V.A. turned his death into a budget cut.

After the agency reported the termination of his contract, the Department of Government Efficiency, President Trump's cost-cutting group, posted it on its online "Wall of Receipts" used to celebrate reductions in wasteful or fraudulent spending. DOGE said the V.A. saved taxpayers \$98,700 — the remaining four and a half years of Father Freeman's contract.

The savings might be short-lived. The V.A. would not say whether it would replace him.

In recent weeks, as DOGE's founder, Elon Musk, formally left Washington and the group's power waned, the V.A. still sent in dozens of similarly dubious claims.

<https://www.nytimes.com/2025/07/14/us/politics/va-savings-cuts-doge.html>

1/12

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

The veterans agency claimed credit for canceling contracts that had not been canceled, including those that provided veterans with prosthetic legs and wheelchairs. It also reported ending contracts for reasons unrelated to DOGE. They expired on schedule, or were cut off after a vendor shut down, or in Father Freeman's case, died.

DOGE still posted those claims on its website, adding \$6 million to V.A.'s savings.

Over the past six months, The New York Times has documented how that group's Wall of Receipts, the only public accounting of DOGE's work, has been plagued by errors.

To understand why, The Times looked closely at claims submitted by the V.A., which has accounted for one of the highest totals of canceled contracts on the wall, but also some of its bigger mistakes.

That analysis revealed two levels of failure, which only seemed to accelerate in recent weeks. The V.A. submitted a raft of flawed claims that inflated its progress. Then, a White House official said, DOGE was supposed to fact-check these claims. Instead, The Times found, it amplified them.

Just after Mr. Trump took office again in January, Mr. Musk's group was given unprecedented power at federal agencies to slash spending, fire workers and terminate contracts, leading to significant disruptions in some programs. The billionaire's team, drawn heavily from Silicon Valley, often operated on a "break it first, fix it later" model, which eventually proved unpopular with many Americans.

Early on, Doug Collins, the veterans affairs secretary, openly embraced DOGE's mission, approving hundreds of aggressive cuts to his own agency. But that proved to be a misstep. Under pressure, his agency reversed hundreds of cuts the morning after it made them.

As the weeks went on, some of the claims the V.A. reported ran up the score but often entailed little — or no — actual sacrifice.

That approach pleased some veterans advocates.

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

“They can stick whatever they want on the blackboard, just as long as they don’t hurt anyone’s service, and don’t hurt anyone’s benefits,” said Randy Reese, the Washington executive director of Disabled American Veterans, a nonprofit advocacy group.

Mr. Reese said he was satisfied with the V.A.’s ability to avoid damaging changes so far, and did not mind if the agency’s information led DOGE to think it had done more than it had.

But the misleading claims by the V.A. and any other agencies make it difficult to assess where DOGE achieved its ambitious goals and where it fell down, much less whether its efforts were worth the pain it caused workers and people who depend on the government. They also mean that the sole public source of information about one of the Trump administration’s most controversial and disruptive efforts remains unreliable six months into its work.

A senior administration official, speaking on DOGE’s behalf, said that the group did not feel misled by the questionable claims identified by The Times. The official, who asked for anonymity because he could not speak publicly, said that DOGE does not expect to get all the information right every time, and that the V.A. was seeking to fulfill DOGE’s mission.

Anna Kelly, a White House spokeswoman, said in a statement that the V.A. “is doing incredible work to eliminate waste, fraud and abuse to improve services for our nation’s heroes.”

The Times identified dozens of questionable claims by interviewing vendors and comparing the Wall of Receipts to contracting data. Peter Kasperowicz, a V.A. spokesman, declined to provide the agency’s reasoning for why those contracts belonged on the Wall of Receipts.

The agency said it provides its information to the General Services Administration, one of DOGE’s nerve centers in the federal government, and that it has already identified 31,000 contracts that could be ended or reduced in scope, avoiding more than \$27 billion in costs over time. He did not provide a list.

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

'Please Reconsider'



Doug Collins, the veterans affairs secretary, oversaw a plan that was intended to cut \$6.7 billion in contracts but often faced blowback from agency leadership, staff and veterans after approving several of DOGE's most aggressive ideas. Al Drago for The New York Times

Mr. Collins is a Baptist minister, Air Force Reserve chaplain, lawyer and former Republican congressman from Georgia who served on Mr. Trump's defense team during his first impeachment.

He had loyalty and a live-wire energy, but no experience running hospitals. Now Mr. Collins is in charge of one of the largest health care systems in the country, with 170 hospitals and roughly nine million patients enrolled.

From the start, DOGE gave him a difficult task: Cut 10 percent of its \$67 billion in contracts, the amount DOGE estimated would be waste. Mr. Collins would have to do it quickly and deftly, without angering veterans — a vital constituency for Mr.

<https://www.nytimes.com/2025/07/14/us/politics/va-savings-cuts-doge.html>

4/12

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

Trump and Republicans in Congress.

To lead the search for those cuts, DOGE sent the V.A. a 34-year-old tech entrepreneur named Cary Volpert. Versions of his résumé posted online show he had founded a tech start-up aimed at the elderly, but had no hospital management experience.

At the V.A., DOGE staff identified more than 870 contracts that appeared to be unnecessary, focusing particularly on those categorized as “consulting” or “research,” according to an account from a former DOGE staff member and records provided to The Times by Senator Richard Blumenthal, Democrat of Connecticut.

In many cases, the records show, V.A. staffers objected, saying the contracts paid for vital operations.

V.A. leaders cut them anyway.

“We found nearly \$2 billion in @DeptVetAffairs contracts that we’ll be canceling so we can redirect the funds back to Veterans health care and benefits,” Mr. Collins posted on X at 11:38 a.m. on Feb. 25. “No more paying consultants to do things like make Power Point slides and write meeting minutes!”

It did not last.

Within two hours, Steven L. Lieberman, the V.A.’s acting under secretary for health, emailed senior officials to identify more than 100 cuts that could devastate clinical trials and affect cancer care and suicide-prevention programs.

“Please reconsider,” he wrote, according to a copy of his email reviewed by The Times.

This time, V.A. leaders listened.

“ALL — PLEASE HALT ALL CONTRACT TERMINATIONS THAT ARE IN PROGRESS,” a top V.A. contracting official, Phillip W. Christy, wrote in email at 7:17 a.m. the next day. “V.A. leadership is reconsidering previous guidance.”

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times



Steven L. Lieberman, the V.A.'s acting under secretary for health, emailed senior department officials pleading to halt cuts that could devastate clinical trials and affect cancer care and suicide-prevention programs. Rod Lamkey/DPA, via Alamy

Mr. Collins still endorsed a plan to cut more than 80,000 of his 480,000 employees.

Soon, veterans were confronting members of Congress. Some Republican officials publicly urged Mr. Musk and Mr. Collins to be more cautious at the V.A., in an exceedingly rare break from Mr. Trump's cost-cutting agenda at the time.

"They started crossing red lines," said Mr. Reese, of Disabled American Veterans.

Those watching the V.A. began to detect changes in approach. The agency seemed to treat DOGE's list of targets less as an order and more as a menu.

In all, V.A. leaders canceled more than 350 of the contracts that had been on DOGE's original list, eventually ranking fourth among agencies in total contracts canceled. But they often chose ones with smaller budgets: training classes, inspections, and, ironically, cost-cutting studies.

And starting in March, the V.A. revived at least 35 of those canceled contracts, even as DOGE's "Wall of Receipts" continued to list them as dead.

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

Sahil Lavingia, a software engineer working for DOGE, was sent to the V.A. on March 17 to help Mr. Volpert. He said he soon realized that his group had already squandered its credibility at the V.A. When he identified more than 4,000 potential new cuts, nobody seemed to listen.

“They gave us too much leeway in the beginning, is the sense that I got,” Mr. Lavingia said. “By the time that I got there, the power had shifted back.”

“We cut our own cord, and fell out of the sky and died,” Mr. Lavingia said. He left DOGE in May.

Mr. Volpert did not respond to requests for comment.

Last week the agency said the plan to cut 80,000 employees was no longer necessary, with about 30,000 employees expected to take early retirement or leave for other reasons.

7/24/25, 4:40 PM

Facing Painful Cuts, the VA, Reported Dubious Savings to DOGE - The New York Times

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8/12

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

Sahil Lavingia, a software engineer working for DOGE, was sent to work with Cary Volpert to identify areas for cuts in the V.A. budget. Hilary Swift for The New York Times

After all of the cancellations and un-cancellations, it became difficult even for Congress to track exactly what the V.A. had cut.

Mr. Blumenthal, the top Democrat on the Senate Veterans Affairs committee, said the agency sent the committee lists of contracts it was terminating, but they varied in strange ways: More than a third of the contracts the V.A. claimed credit for ending in May were removed from the list by July.

Furthermore, in the most recent version of the V.A.'s list to Congress, more than 75 percent of the contracts were listed as having \$0 in "value remaining" to be saved.

"They're either incompetent or disingenuous. And maybe some combination of the two," Mr. Blumenthal said of V.A. officials. "But what staggers me is they think we're going to somehow accept it." He said he has blocked all nominations for V.A. officials, to demand that the agency provide him better data.



Senator Richard Blumenthal, Democrat of Connecticut, speaking in March alongside Senator Bernie Sanders of Vermont in support of legislation to protect against DOGE cuts to the V.A. Eric Lee/The New York Times

7/24/25, 4:40 PM

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As the weeks went by, the Wall of Receipts began to show that the V.A. was behind on its goals.

The number of new V.A. claims appearing on the wall fell sharply. But according to The Times's analysis, the claims also became more accurate, reflecting real terminations. As of mid-May, the wall showed that the agency had saved \$736 million, a fraction of its \$6.7 billion goal and not even half of what Mr. Collins said he had cut in late February.

On DOGE's "leaderboard" of agencies that had done the most to further its budget-cutting mission, the V.A. fell from the middle of the pack to last place. The Penn Wharton federal budget model, which tracks federal spending, shows the V.A.'s total spending has actually increased more than 25 percent since last year.

By May, even as DOGE's power began to fade, the V.A. boosted its Wall of Receipts numbers by sending in 103 new canceled contracts.

This time, at least 45 of them appeared to be misleading, according to The Times's analysis.

In 34 cases, the contracts that the V.A. listed as "terminated" did not appear to have been terminated at all, according to federal contracting data. Some had simply expired on schedule. Others still appeared active, including several that provided veterans — in New York, California, Michigan and Colorado — with wheelchairs or prosthetic legs.

DOGE has said that public contracting databases may take a month before cancellations are entered and posted publicly. But in all of these cases, more than a month has passed since the V.A. claimed to have terminated these contracts. The Times also spoke to several vendors whose contracts were listed as canceled, who had not been told of any changes.

In one such case, the V.A. said it had canceled a \$8,200-per-year contract to put a fence up around the New Orleans V.A. hospital when a major parade passes by. But federal contracting data shows that contract is still active.

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

The contractor, Ben Cockrell of Task Force Contractors, installed the fence this year and expects to do so again next year. Somebody has to, he said.

"It's literally just to prevent the drunks from getting into the V.A. during Mardi Gras," Mr. Cockrell said.

In five other cases, the V.A. claimed credit for contracts that it had terminated when they were already near — or past — their expiration date.

Precept Environmental had one of those contracts. The company was hired to clean air-conditioning equipment at the V.A. hospital in Long Beach, Calif., to prevent the spread of airborne illnesses.

"The contract was canceled when there was no more work to be done on it, and no more funds to be earned," said Johanna Astaire, vice president of Precept Environmental. "I was like, 'Oh Shoot, why am I getting fired?' Then I was like, 'Oh wait, we don't have any more work to do. No problem.'"

That work still must be done: V.A. policy requires the equipment to be cleaned twice a year. The V.A. declined to say if it had hired another contractor to do the same job this year.

In at least six other cases, the V.A. also appeared to dress up routine, unrelated transactions as DOGE-driven reforms.

The V.A. reported that it had canceled three contracts with Barrier Free Lifts of Ocala, Fla., to maintain devices that transfer patients from wheelchairs to beds. DOGE said those cancellations had saved taxpayers more than \$250,000.

In reality, the vendor itself appears defunct. Its landlord said that its employees had vanished around February, abandoning a warehouse full of medical supplies.

"They just basically walked," said the landlord, Matt Mauro of EMR Distributors, which subleased the space to Barrier Free Lifts.

Mr. Mauro said he did not know any details about Barrier Free Lifts' contracts with the V.A. The leaders of Barrier Free Lifts did not respond to requests for comment.

7/24/25, 4:40 PM

Facing Painful Cuts, the V.A. Reported Dubious Savings to DOGE - The New York Times

As for Father Freeman, reporting his contract as terminated saved only a pittance. Federal records show the V.A. paid him about \$20,000 annually.

Sister Mary Catherine Widger, a friend of Father Freeman's, said he was there to provide comfort to bedridden patients. "He also had a great gift of being able to offer consolation and remove guilt" about veterans' wartime actions, she said.

A friend of Father Freeman's said the V.A. hospital was hoping to hire another chaplain. The V.A. declined to say if it would, though Mr. Collins has said he wants chaplains to play a larger role in agency care.

Regardless, friends were incredulous that DOGE had put his name on a wall meant for wasteful spending.

"He definitely didn't do it for the money," Sister Mary Catherine said.

Alain Delaquérière, Julie Tate and Aric Toler contributed research.

David A. Fahrenthold is a Times investigative reporter writing about nonprofit organizations. He has been a reporter for two decades.

Nicholas Nehamas is a Washington correspondent for The Times, focusing on the Trump administration and its efforts to transform the federal government.

Jeremy Singer-Vine is a data editor at The Times, leading a team of journalists who combine programming, data analysis and traditional reporting skills.

A version of this article appears in print on , Section A, Page 16 of the New York edition with the headline: Facing Agonizing Cuts, the V.A. Reported Dubious Savings to DOGE

7/24/25, 4:40 PM 'Profound alarm': US veterans agency roiled by fight over anti-discrimination provisions | Trump administration | The Guardian

Trump administration

'Profound alarm': US veterans agency roiled by fight over anti-discrimination provisions

Nearly 100 lawmakers claim the agency's recent actions put veterans' healthcare at risk. Department of Veterans Affairs chief says 'no one is being discriminated against at VA'



 The Department of Veterans Affairs building, in Washington DC. Photograph: Jon Bilous/Alamy

Aaron Glantz

Fri 18 Jul 2025 13.13 EDT

The US Department of Veterans Affairs has enthusiastically joined Donald Trump's war on DEI - demanding that staffers report colleagues who engage in diversity initiatives, banning LGBTQ+ pride flags from VA hospitals and

7/24/25, 4:40 PM 'Profound alarm': US veterans agency roiled by fight over anti-discrimination provisions | Trump administration | The Guardian

shuttering an office investigating why Black veterans are more likely to have their mental health disability claims rejected.

Last week, the VA secretary, Doug Collins, **tweeted** that “VA is now squarely focused on Veterans - not out-of-touch, woke causes such as DEI and gender dysphoria treatments.”

Collins's pronouncement comes as he faces tough questions from US Senate and House members in the wake of a Guardian report that the agency had **quietly removed** language from its hospital bylaws that explicitly barred discrimination based on patients' marital status or political views.

Seventy House members **wrote** to express “profound alarm” that doctors and other VA medical providers “will now be able to refuse treatment” based on veterans’ political views or whether they are unmarried, widowed or part of a same-sex couple.

Collins and his agency have pushed back with a series of puzzling statements, saying the bylaw changes were merely a “formality” and were required by a Trump anti-transgender **executive order** banning “gender ideology extremism” - even though the Trump order says nothing about marital status or political affiliations.

Especially novel - given the VA and the Trump administration’s adamant anti-DEI stance - was the agency’s argument that the bylaw changes did not matter because unmarried or politically active patients would still be protected by a 2013 Obama administration DEI directive.

Kayla Williams, an Iraq war veteran who is a former VA assistant secretary for public and nongovernmental affairs and former director of the VA’s Center for Women Veterans, said the agency’s explanation “doesn’t make any sense”.

■■ They're talking out of both sides of their mouth

Kayla Williams, Iraq war veteran

“If this change isn’t going to lead to any of the things we’re worried about, why would they make it?” she asked. “They’re talking out of both sides of their mouth. You know they don’t like Obama policies.”

The VA told the Guardian the directive “remains in effect” and that “under no circumstances whatsoever would VA ever allow any employee to refuse to provide appropriate care to any eligible veteran”.

7/24/25, 4:40 PM 'Profound alarm': US veterans agency roiled by fight over anti-discrimination provisions | Trump administration | The Guardian

The VA declined requests to make Collins available for an interview. On Tuesday, the Guardian sent the agency a five-page email that included 19 questions and details of the issues examined in this story. The VA press secretary, Peter Kasperowicz, responded with a 126-word statement that ignored nearly all of the Guardian's questions. The statement said the Guardian and the story's author "are purveyors of disinformation with a history of maliciously false reporting on Veterans issues. Nothing they say can be trusted.

"Here is the truth: Under Secretary Collins, VA doesn't tolerate discrimination against Veterans or VA employees on any grounds, and multiple federal laws and VA policies prohibit discrimination," the statement added. It cited federal code sections that address discrimination in employment and cover overall healthcare eligibility and enrollment practices at VA, but are silent on the subject of discrimination involving veterans who are patients.

The statement also cites the VA's Obama era anti-discrimination directive. The protections for veterans included in the directive include language that forbids discrimination based on "**gender identity and transgender status**". But advocates say the agency is **actively discriminating** against transgender veterans under Trump by denying them many healthcare services.

In the same document that ordered changes to the medical bylaws, VA leadership also required hospital directors to "remove" education and outreach materials "that provide information about gender identity, gender diversity or gender inclusivity". Physical items like posters and brochures "may be discarded", according to the document. Archived and inactive digital material "may be automatically restricted", the document says, as part of efforts by the VA's technology unit to "identify and hide documents".

The Guardian asked the VA about the directive to remove and restrict records. The VA did not respond.

Doron Dorfman, a law professor at Seton Hall who specializes in healthcare discrimination, said the medical bylaw changes were especially concerning because - unlike protections for race, sex, age, national origin and disability, which are enumerated in federal law - the Trump administration can wipe away rights for equal medical treatment on the basis of marital status and politics by rescinding the 2013 directive.

The nearly 100 members of Congress who have signed letters complaining about the changes indicated they were not satisfied with the agency's assurances.

7/24/25, 4:40 PM 'Profound alarm': US veterans agency roiled by fight over anti-discrimination provisions | Trump administration | The Guardian

Senators led by Richard Blumenthal of Connecticut, the ranking Democrat on the Senate veterans affairs committee, and the Senate minority leader, Chuck Schumer of New York, **called** the revisions "deeply dangerous and pernicious in practice and principle".

Under questioning from Senator Patty Murray during a 24 June **public hearing**, Collins reiterated his position that the bylaw changes were meaningless.

"Nothing was changed that actually affected" protections for veterans, he said.

"When you take words out, people hear them," Murray, a Democrat from Washington state, pressed. "Therefore, I'm asking why don't you put them back in?"

■■ No one is being discriminated against at VA VA secretary Doug Collins

Collins refused. "No," he said. "I can't believe we're still talking about this ... No one is being discriminated against at VA."

After the hearing, they continued the argument over **social media** - with Collins accusing Murray of "lying" and Murray replying: "Did you or did you not explicitly REMOVE language requiring health care professionals to care for veterans regardless of their politics & marital status?"

Collins's social media comment about DEI being an "out-of-touch, woke cause" came in a separate exchange with Representative Ilhan Omar, in response to the Minnesota Democrat's charge that the agency's plans to cut 30,000 staffers will "devastate veterans who depend on timely care and benefits". Collins touted the rollback of diversity, equity and inclusion programs as one of the "commonsense reforms" that were allowing the agency to better serve veterans.

Condemning media reports

Collins has also pushed back against the Guardian - appearing on the conservative outlets Fox News, Newsmax and Barstool Sports to denounce the news organization's reporting on the bylaw changes. He called the story "**fabricated**", "**ridiculous**" and "**false and unbelievable**".

Both the VA and White House demanded a retraction. The Guardian amended the story with additional context provided by the VA after publication, but did not retract it.

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VA officials took a similar tack in March when the Advocate, a national LGBTQ+ publication, **revealed** the Trump administration had “quietly reversed” an agency policy ensuring gender-affirming care for transgender veterans. The agency’s press secretary, Kasperowicz, demanded a retraction. “No such policy change has been made,” he said.

Three days later, the VA publicly **announced** that it had reversed the policy and declared that it was ending gender-affirming medical care for transgender veterans.

“All eligible veterans – including trans-identified Veterans – will always be welcome at VA and will always receive the benefits and services they’ve earned under the law,” Collins said. “But if veterans want to attempt to change their sex, they can do so on their own dime.”

■■ If veterans want to attempt to change their sex, they can do so on their own dime
VA secretary Doug Collins

The agency said the move was required by Trump’s 20 January executive order titled “Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government” – the same order that the agency is now citing to justify the hospital bylaw changes. Trump’s executive order declares that there are “two sexes, male and female” that are “not changeable and are grounded in fundamental and incontrovertible reality”.

A **lawsuit** filed on 9 June by a transgender veteran with the backing of the Yale Law School’s Veterans Legal Services Clinic **alleged** that her hormone treatments had been wrongly discontinued.

Four days after being sued, the VA **reversed itself**, and agreed to resume the veteran’s hormone therapy. The veteran then dropped her suit before the court of appeals for veterans claims – leaving the underlying legal issues unresolved.

“It should not require a federal lawsuit for VA to fulfill its obligation to provide healthcare for veterans injured during service,” law clinic member Hillary Browning said. She said the VA “should reassess any decisions terminating or denying gender-affirming care for other transgender veterans”.

Representative Maxine Dexter, a Democrat from Oregon, and a physician who worked for eight years at VA hospitals, said she saw the changes in the

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medical bylaws and the removal of protections for trans veterans as part of a larger plan to politicize the VA. "As doctors we're supposed to treat the patient in front of us, whoever they are," she said.

New barriers

Legal experts say the recent changes to the VA's medical bylaws created a murky situation where individual medical officers and patients will be left to themselves to interpret what is legal and what is not.

Dr Ken Kizer, the former head of the VA healthcare system, said the changes opened up the possibility that doctors could refuse to treat veterans based on their "reason for seeking care - including allegations of rape and sexual assault - current or past political party affiliation or political activity, and personal behavior such as alcohol or marijuana use".

The legal experts and veterans advocates said the impact of the revisions would probably fall hardest on female veterans, LGBTQ+ veterans and those who live in rural areas where there are fewer doctors.

After the bylaw changes were publicly reported, veterans in multiple states told the Guardian that they worried whether their own recent problems accessing care were linked to the rollback of explicit anti-discrimination protections.

Changes to medical bylaws could cause substantial delays in the provision of care to veterans

Lois Weithorn, law professor

Air force veteran Domonic Medley, 43, who is gay and lives in Dothan, Alabama, said he had to drive four hours roundtrip to Montgomery to receive routine injections of prophylactic HIV medication after staff at his local clinic said they were "unable" to administer the jab. He suspects discrimination.

"I'm not asking to undergo open heart surgery in my small, community-based clinic," he said. "I'm asking to receive a very simple injection, which just happens to be most commonly prescribed to gay men."

After the Guardian's story was published in June, Medley complained to an infectious disease specialist at the VA in Montgomery. The doctor tried to set Medley at ease, saying the prescribed medication might be "unfamiliar" to clinic staff, but added that he "was never made aware of any reason why the dose could not be given".

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The doctor also told Medley she had since been notified that the "medication could be given locally by the nursing staff at the Dothan clinic with some pre-planning".

In April, Carrie Sutton, a 13-year navy veteran, received a call from a wellness coach from the Department of Veterans Affairs' "whole health" team. The coach asked her: "What do you want your health for? What brings you joy and happiness?"

Sutton, a former cryptologist who served a tour combating pirates off the coast of Somalia, told the coach she wanted her family and community to feel safe, but she added that she was upset by the plans to lay off tens of thousands of VA workers. Sutton wanted "to not have the VA gutted, to be able to have VA care and that VA employees feel safe", her medical record shows.

Soon after, Sutton's appointment with a neurologist near her home town of Conesville, New York, was cancelled. She could still receive treatment for service-connected migraines and fibromyalgia, the agency said, but her permission to get treatment in her community had expired and would not be renewed. Sutton, a survivor of military sexual trauma, would now have to drive more than two hours roundtrip to a major VA medical center to see a doctor. Sutton believes she was punished for speaking out.

"I have to think it was what I said," she said. "I can see no other reason why." She filed a complaint with the patient advocate at her VA medical center.

The VA declined to comment on Medley and Sutton's experiences, despite signed releases from both veterans. "I'm not really surprised they didn't actually address the issue," Sutton said. It "seems to be the current trend in the country right now. There is no transparency."

Lois Weithorn, a professor at the University of California San Francisco School of Law, said denials of care might ultimately have to be addressed through litigation, but that the changes to the medical bylaws "could cause substantial delays in the provision of care to veterans, and create difficult obstacles for sick veterans who must challenge denials of care".

'Fairly and equally'

The VA runs the nation's largest integrated healthcare system, serving 9 million veterans a year across 170 hospitals and more than 1,000 clinics.

Like any large hospital system, the VA has long struggled to ensure benefits are provided equitably. A 232-page [report](#), published by the agency in 2022,

7/24/25, 4:40 PM

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found that Black and Native American veterans received significantly lower quality healthcare than non-Hispanic white veterans, while female veterans over 65 years old faced "large gaps in quality" compared with male veterans in the same age group.

The report also found "female veterans of reproductive age" reported far worse patient experiences than male veterans of the same age group, while Black, Asian and Hispanic veterans reported worse experiences than whites.

Disparities have also been endemic when it comes to the provision of benefits. A [2023 report](#) by the Government Accountability Office, the investigative arm of Congress, found the VA was far more likely to deny disability claims filed by Black veterans than white veterans.

Under President Joe Biden, the VA worked to confront these problems, including deploying a team within the VA's Office of Equity Assurance to address the disability benefits issues for Black veterans.

In March, the VA "[liquidated](#)" the office of equity assurance, placing staff on administrative leave, according to the investigative news outlet ProPublica.

The VA said the office was being liquidated because there was no longer discrimination at the VA.

Under Collins's leadership, press secretary Kasperowicz told ProPublica, the VA "treats all veterans and beneficiaries fairly and equally, so the Office of Equity Assurance is no longer needed".

Richard Brookshire, a former US army combat medic and co-founder of the Black Veterans Project, called that statement "laughable".

Brookshire, an Afghanistan war veteran, noted that during the first Trump administration, the VA [produced an internal report](#) that found just 43% of Black veterans' post-traumatic stress disorder claims were approved compared with 57% for non-Hispanic white veterans. The report provided a detailed analysis of where disparities were greatest based on a long list of factors, accounting for the veterans' income, age, education, the state where the veteran lived and the war where the veteran served.

"They know this is happening," Brookshire said. "They just don't want to do anything about it."

Chilling effect

Veterans and VA employees said the Trump administration's clampdown on diversity efforts had created a chilling effect with far-reaching consequences.

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In Seattle, Iraq war veteran and former army intelligence sergeant Selena Coppa said she spent almost half of a recent therapy session talking to her therapist "about their own fear of getting fired because they had participated in various forms of political activity".

Staffers' concerns rose two days into Trump's second term, when then acting VA secretary, Todd Hunter, sent an all staff email that asked VA workers to report colleagues who are "using coded or imprecise language" to "disguise" diversity efforts.

"Failure to report this information within 10 days may have adverse consequences," the email said.

In the months that followed, Coppa said, posters and pamphlets providing information on sexual health, disease transmission and suicide prevention disappeared from the women's clinic in Seattle. Rainbow flags have also been removed and some of the most caring clinicians have quit, Coppa said.

"What's going to be left and who's going to be left?" she said. "It's like a grim horror movie" that also affects the healthcare available to straight veterans.

The women's health medical director at another VA hospital, in California, said basic information about women's healthcare - including posters and pamphlets - was also removed from her hospital. Half of the staff of the women's clinic had either resigned or are looking for work, she said. "You can't erase the word 'gender' without impacting women," she said, requesting anonymity to avoid being publicly attacked.

The Guardian asked the VA about reports of disappearing pamphlets, loss of staff and low morale at VA women's clinics. The agency did not answer.

'Seriously compromised'

Experts say the lack of gender-affirming care will have a major impact on trans veterans' mental health, experts say. VA researchers have found **elevated rates of suicide** among lesbian, gay, bisexual and transgender veterans - with trans veterans dying by suicide at more than **twice the rate** of cisgender veterans.

The VA did not answer a question from the Guardian about the mental health impacts of ending gender-affirming care.

In Pittsburgh, transgender navy veteran Rayven Greer lost her therapist, when he resigned.

7/24/25, 4:40 PM

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The therapist, a licensed clinical social worker, said he could not ethically continue to treat Greer because he had been instructed that, consistent with Trump's executive order, he had to refer to his patient by her birth name and gender in his clinical notes. The therapist spoke on condition of anonymity because he feared online attacks and unwanted political attention to his new employer.

Greer, a survivor of military sexual trauma who suffers from post-traumatic stress disorder, said she is now struggling to create a relationship with a new therapist in an atmosphere where her identity as a trans woman is being held in question.

"I get 'sirred' all the time," she said. "It's very obvious that I look like Rayven. I use she/her pronouns, but they refuse to follow that."

The VA's updated clinical practice guidelines for treating trans veterans direct staff to address veterans by their preferred name and pronoun, saying that doing so "demonstrates respect", but Greer said that hadn't been her experience. VA clinicians regularly refer to her as a "MALE" in her VA medical record.

The VA did not respond to questions about Greer's care, despite a signed release from the veteran.

Harold Kudler, a psychiatrist who served as a top VA mental health official under Obama and the first Trump administration, said the changes at the VA were not small matters.

"A psychotherapist who can neither be present nor genuine with patients is seriously compromised," Kudler said. "By creating an environment in which neither veteran nor clinician feels safe in speaking frankly and honestly, there can be no new understanding, no growth, and no healing."

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Government Executive

VA launches a departmentwide 'review of its mission' as it seeks changes to its operations

[SPONSORED] Cross-skilling creates an efficient, adaptable workforce



A Veterans Affairs Department memo says disability reasonable accommodations will need to be reviewed annually. JANNHUIZENGA / GETTY IMAGES

Workforce

Internal Veterans Affairs memo shows plan to scrutinize disability work from home accommodations

A department press secretary said the new policy is to ensure reasonable accommodations remain "necessary, reasonable and effective," while the American Federation of Government Employees contended it would push employees with disabilities out of the VA.

SEAN MICHAEL NEWHOUSE | JULY 15, 2025

VETERANS TELEWORK UNIONS

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The Veterans Affairs Department is implementing a policy to provide stricter scrutiny of reasonable accommodations for employees with disabilities as part of an effort to "maximize" in-person work.

Agencies are required to fulfill [requests for RAs](#) from eligible federal workers with disabilities. Examples of RAs include interpreters, accessible technology and telework.

Shortly after taking office, President Donald Trump [largely ended remote and hybrid work for the government labor force](#), arguing the flexibility was being abused after the pandemic. His administration, however, allowed for exemptions in case of disability or other qualifying medical condition.

Deputy VA Secretary Paul R. Lawrence in a June 5 memo to department undersecretaries and assistant secretaries obtained by *Government Executive* said that a member of the senior executive service (highest-ranking career employees) or SES-equivalent must now sign off on an RA request for more than eight weeks of regular or recurring telework or remote work.

7/24/25, 4:41 PM

Internal Veterans Affairs memo shows plan to scrutinize disability work from home accommodations - Government Executive

Lawrence also said that supervisors must, at least annually, review RAs approved without an end date to assess their "appropriateness and effectiveness."

The memo also orders a 90-day review of RA approvals since Jan. 1, 2025, for remote or telework that last longer than eight weeks.

Eric Pines of Pines Federal Employment Attorneys, who specializes in representing employees with disabilities, predicted the new policy would result in more of a "hassle" for workers requesting RAs. He also said the memo, as written, might violate [federal law that prohibits employers from requiring medical documentation for "obvious" disabilities](#).

"For example, should a blind person have to go to their doctor to acquire a letter stating that they're blind and they need books written in braille? Speaking in extremes here, but certain things that clearly are open and obvious, the law does not require them to prove anything," Pines said. "So this would force those people to — because it does seem to be a blanket request for everyone to provide proof of disability — it would force those people who normally would not have to get anything from a doctor to go back and to reprove that they're entitled to work at home."

But he also posited that the lack of specific language in the memo about employees with "obvious" disabilities might have been an oversight.

"I'm impressed with this memo in that it really tries to comply with the law and not just wholesale order people back to work [in an office]," Pines said.

VA Press Secretary Peter Kasperowicz said in a statement to *Government Executive* that "the purpose of VA's new reasonable accommodation guidance is to ensure these accommodations remain necessary, reasonable and effective for both the employee and VA."

The American Federation of Government Employees, which represents the VA workforce, argued that the new requirements would unduly harm employees with disabilities.

"It's outrageous that a department that employs so many disabled veterans would potentially ask every person with a reasonable accommodation to recertify their need for an accommodation," a union spokesperson said in a statement. "It's a waste of time and resources and a clear attempt to force disabled veterans out the door at the VA even as the veteran unemployment rate is ticking up across the country."

The [veteran unemployment rate was 3.7% in June](#), which is down from 3.8% the previous month but up from 2.9% in 2024.

According to [Office of Personnel Management data](#) that was last updated in September 2024, there are nearly 115,000 employees with disabilities at the VA out of an approximately 483,000-person workforce.

Eric Katz contributed to this report 

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7/24/25, 4:41 PM

VA loses 7,500 employees in veteran-facing roles amid shrinking workforce

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FEDERAL REPORT

VA loses 7,500 employees in veteran-facing roles amid shrinking workforce

The VA, so far this fiscal year, has sharply rolled back its use of recruitment, retention and relocation (3R) incentives.



Jory Heckman | @jheckmanWFED

July 22, 2025 6:24 pm 6 min read



The Department of Veterans Affairs is reining in its use of pay incentives to recruit and retain employees in veteran-facing health care jobs.

But the VA is also seeing lower staffing levels for some of these mission-critical positions.

The [latest VA data](https://www.va.gov/EMPLOYEE/docs/workforce/VA-Workforce-Dashboard-Issue-26.pdf) (<https://www.va.gov/EMPLOYEE/docs/workforce/VA-Workforce-Dashboard-Issue-26.pdf>) shows that about 7,500 employees in veteran-facing jobs have left the department so far this fiscal year.

That includes a net loss of 1,720 registered nurses, nearly 1,150 medical support assistants, more than 600 physicians, nearly 200 police officers, nearly 80 psychologists and nearly 1,100 veteran claim examiners.

Join us Aug. 26 for **Workforce Reimagined**, a one-day virtual event focused on building a federal workforce that's skilled, resilient and ready to meet evolving mission demands.

(https://federalnewsnetwork.com/cme-event/federal-insights/federal-news-networks-workforce-reimagined-2025/?utm_medium=referral&utm_source=in-article_promo&utm_campaign=workforce_reimagined&utm_content=in-articlepromo)



<https://federalnewsnetwork.com/federal-report/2025/07/va-loses-7500-employees-in-veteran-facing-roles-as-part-of-workforce-cuts/>

1/7

VA Press Secretary Peter Kasperowicz said the net loss of 7,500 employees in veteran-facing jobs so far this fiscal year is the result of attrition, and that the department expects to rehire for these roles.

The VA is also bringing fewer employees on board. The latest VA data shows the department is seeing a 45% decrease in job applications submitted between fiscal 2025 and 2024, and a 56% reduction in new employees starting jobs.

The department, more broadly, is on track to shed nearly [30,000 employees](https://federalnewsnetwork.com/workforce/2025/07/va-on-track-to-cut-nearly-30k-jobs-by-end-of-fiscal-2025-eliminating-need-for-rif/) (<https://federalnewsnetwork.com/workforce/2025/07/va-on-track-to-cut-nearly-30k-jobs-by-end-of-fiscal-2025-eliminating-need-for-rif/>) through attrition by the end of the fiscal year. The department says these positions are mostly administrative roles, and does not intend to fill them once employees leave.

The VA says it is no longer considering a "department-wide" reduction-in-force to cut more than 80,000 positions. VA Secretary Doug Collins says the staff reductions will not impact veteran care or benefits.

Rep. Delia Ramirez (D-III.), ranking member of the House VA Committee's oversight subcommittee, said in a hearing Tuesday that "there's just no possible way" the VA could lose this many employees in critical roles without it having an impact on veteran-facing services.

"How can Secretary Collins look at us and at veterans with a straight face and say that veterans care has not been affected by staffing changes, when he's lost at least 7,500 veteran-facing employees?" Ramirez said.

The VA exempted many veteran-facing health care jobs from the deferred resignation and early retirement offers. But Sheila Elliot, a pharmacist at the Hampton, Virginia VA Medical Center and president of the American Federation of Government Employees Local 2328, said the VA is still losing mission-critical employees.

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"When you rely on random reductions, there can be danger there. You don't know which critical and which noncritical position is going to be reduced," Elliot said.

Subcommittee Chairwoman Jen Kiggans (R-Va.) said she's pleased the VA isn't pursuing a large-scale reduction of force, and has been reassured by VA leadership that "any early retirements will come from redundant positions and non-essential personnel."

The VA, so far this fiscal year, has sharply rolled back its use of recruitment, retention and relocation (3R) incentives.

7/24/25, 4:41 PM

VA loses 7,500 employees in veteran-facing roles amid shrinking workforce

The department awarded 14,585 critical skills incentives in fiscal 2024, but has only granted a single CSI so far this fiscal year.

The department issued 19,484 retention incentives last year, but approved 7,485 this year — a more than 60% decrease.

The VA awarded more than 6,000 recruitment incentives last year, but issued just over 1,000 this fiscal year — more than an 80% decrease.

VA Chief Human Capital Officer Tracey Therit told lawmakers that the department can fill most vacant direct-care positions without using these incentives.

"There has to be a justification for using a recruitment or a retention incentive. In many situations... we are able to post these job announcements, get qualified candidates and bring them on without using an incentive," Therit said.

More than 350,000 VA positions are exempt from a government-wide hiring freeze that President Donald Trump recently extended to Oct. 15. Therit said the VA is hiring several thousand VA employees each two-week pay period.

— [Read more: Federal Report](#)

(<https://federalnewsnetwork.com/category/causey/federal-report/>)

VA's inspector general office, in a [report last year](#) (<https://www.vaoig.gov/reports/administrative-investigation/va-improperly-awarded-108-million-incentives-central-office>), found the department improperly awarded \$10.8 million in critical skills incentives (CSIs) to more than 180 executives in September 2023.

VA said [more than 90% of those critical skills](#) (<https://federalnewsnetwork.com/pay/2024/05/va-paid-nearly-11m-in-bonuses-to-ineligible-executives-watchdog-finds/>) incentives went to eligible recipients — including police officers, housekeepers and food service workers. The department has recouped about 90% of the improperly awarded bonuses.

The watchdog office, however, continues to flag improperly awarded incentives.

A VA inspector general office report [last month](#) (<https://www.vaoig.gov/reports/audit/recruitment-relocation-and-retention-incentives-vha-positions-need-improved-oversight>) found that the Veterans Health Administration awarded \$30,000 in relocation incentives to a VHA employee who never relocated.

Kiggans said the latest IG's report shows that these incentives have been "paid out with very little oversight."

"For far too long, they have been carelessly handled," Kiggans said.

<https://federalnewsnetwork.com/federal-report/2025/07/va-loses-7500-employees-in-veteran-facing-roles-as-part-of-workforce-cuts/>

3/7

Shawn Steel, director of the human capital and operations division at the VA IG's office, said the department "continues to experience staffing shortages for positions fundamental to the safe and effective delivery of care to veterans."

VHA Clinical Occupation Shortages

	2018	2019	2020	2021	2022	2023	2024
Psychology	41%	34%	34%	43%	53%	65%	61%
Practical Nurse	33%	33%	35%	37%	62%	67%	60%
Psychiatry	70%	61%	60%	50%	51%	53%	47%
Nursing Assistant	11%	15%	19%	20%	38%	50%	46%
Medical Technologist	40%	38%	32%	36%	47%	47%	45%
Primary Care	47%	39%	37%	41%	43%	43%	45%

(Source: VA OIG)

Therit told lawmakers that while VA employees can receive recruitment and relocation incentives for up to four years, retention incentives only last for about a year, and allow the department to come up with contingency plans.

"We're looking at somebody who's likely to leave federal service and has a unique skill that we can't afford to walk out the door, and we need a short period of time to put that succession plan in place, to either develop someone with those skills to step in when they depart, or to be able to recruit somebody before they leave," Therit said.

Therit said these incentives can help the VA make more competitive job offers to candidates in certain specialty areas. Pay caps for health care professionals at VA, she added, "have not kept pace" with rising salaries for health care professionals and specialists in the private sector.

"While the 3R incentive program is an important tool for the department in attracting and retaining talent, it is not enough for the VA to remain competitive with industry," she said.

Kiggans added that "these bonuses, when used correctly, enable the VA to pay attractive salaries to valuable clinical staff and other VA employees who serve our veterans."

7/24/25, 4:41 PM

VA loses 7,500 employees in veteran-facing roles amid shrinking workforce

"These incentive payments should go to staff dedicated to providing world-class care for our veterans. When the VA cannot retain its good employees or recruit talented staff, patient care is the first to suffer," she said.

Elliot said incentives are needed to staff up the North Battlefield Outpatient Clinic in Chesapeake, Virginia, which opened in April.

Elliot said the facility opened with about 27% of its staffing goal this spring, and is struggling to compete with the private sector for health care candidates.

"We urge the VA to use these bonuses and other tools to increase capacity at the clinic," she said.

The clinic opened in April with 150 staff in core services, including primary care, mental health and pharmacy. This month, the clinic added dental and additional mental health services.

By January 2026, the facility is scheduled to be fully operational with radiology, optometry, telehealth and other services.

Elliot said a VA psychologist at the North Battlefield Outpatient Clinic left after receiving a better offer in the private sector.

"With no relocation bonus offered, that psychologist was able to get a relocation bonus from someplace else, and that's where that psychologist is going," Elliot said.

If you would like to contact this reporter about recent changes in the federal government, please email jheckman@federalnewsnetwork.com (mailto:jheckman@federalnewsnetwork.com), or reach out on Signal at [jheckman.29](https://signal.org/message/jheckman.29)

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Jory Heckman

Jory Heckman is a reporter at Federal News Network covering the Postal Service, Department of Veterans Affairs, IRS, big data and technology issues. Follow @jheckmanWFED

**Nomination Material for
JOHN BARTRUM**

STATEMENT OF MR. JOHN BARTRUM
NOMINATED TO BE UNDER SECRETARY OF HEALTH
DEPARTMENT OF VETERANS AFFAIR

Chairman Moran, Ranking Member Blumenthal, distinguished members of the committee, I'm honored to be nominated for the Under Secretary of Health at the Department of Veterans Affairs. I thank this committee, the President, and Secretary Collins for their confidence, and I'm grateful for the support of my wife Elizabeth and twin daughters. I also want to acknowledge my family, friends, fellow veterans, and military brothers and sisters who are watching and providing support from across the country.

As a 16-year-old living on my own after my father died in sixth grade, I never imagined this moment. Growing up fatherless presented significant challenges, but military service changed everything. Upon high school graduation, I enlisted in the Air Force, which trained me, allowed me to mature as a leader, pay for college, and opened the American dream for me.

Statistically speaking, my life should have turned out very differently.

The decision to enlist led to over 40 years of service, achieving the rank of Major General and currently serving as Mobilization Assistant to the Air and Space Force Surgeon General. I'm the most senior Medical Service Corps (Hospital Executive) officer in the Air Force and the most senior Medical Officer in the Air Force Reserve. My experience in the military taught me that statistics may be predictive, but American opportunities can override any predetermined path.

Despite my early life challenges, I earned an undergraduate degree in Business Administration from McKendree University. Degrees in Bio-Environmental Engineering and Survival and Rescue Operations and eventually an MBA from Southern Illinois University and a Law degree from George Mason University. In addition, I was trained by the Air Force as a Hospital Administrator.

My background demonstrates my qualifications for the Under Secretary of Health position. This includes extensive healthcare executive leadership experience with multibillion-dollar

systems serving military members and families. In my position as the Air Force Surgeon General Mobilization Assistant, I assist in the leadership of a \$6.1 billion healthcare system involving a 44,000-person integrated healthcare delivery system serving 2.6 million beneficiaries at 76 Air Force military treatment facilities worldwide. I am a combat veteran experience who has been mobilized multiple time from Desert Storm, Operation Iraqi Freedom, to the COVID response. I served as the Associate Director of NIH, and during COVID in addition to developing the concept of what became Operation Wrap Speed I was Deputy for the Government-wide Emergency Support Function-8 with DoD, HHS, FEMA, VA, and PHS. As House Appropriations Committee professional staff member, I oversaw the policy and funding for major healthcare agencies including NIH, CMS, and CDC. Furthermore, I previously worked within the Department of Veterans Affairs and the Office of Management and Budget on VA and DoD health policy and financing matters.

The Veterans health care system exclusively serves millions of veterans nationwide with critical healthcare they earned from military service. It operates and manages over 1,200 healthcare facilities nationwide, including medical centers, community-based outpatient clinics, and specialized care facilities to serve approximately 9 million eligible veterans annually.

If confirmed, I will work to enhance healthcare delivery standards with greater consistency, continue VHA's focus on patient safety and quality improvement, while balancing access and improved outcomes. Continue to support medical research on veteran issues, its medical education programs, and enhance VA's mission to assist our nation during emergencies and disasters.

Military service is more than a job it is an act of selflessness and dedication to ensure all of us can enjoy the freedom of democracy. The military service of my father, brother, grandfather, and my military brothers and sisters who have served before, with or after me who have taught me, we owe veterans more than gratitude—we owe them excellence.

I welcome your questions and, if confirmed, look forward to working with this Committee to fulfill our sacred obligation to those who have served.

**Pre-Hearing Questions for John Bartrum
Nominee for Under Secretary for Health
U.S. Department of Veterans Affairs
From Senator Jerry Moran
Chairman, Senate Committee on Veterans' Affairs**

June 13, 2025

1. Please detail the professional and personal experiences that you believe prepared you to lead the Veterans Health Administration (VHA) as the Under Secretary for Health (USH). In particular, please explain:

My background demonstrates my qualifications for the Under Secretary of Health position. This includes extensive healthcare executive leadership experience with multibillion-dollar systems serving military members and families. In my position as the Air Force Surgeon General Mobilization Assistant, I assist in the leadership of a \$6.1 billion healthcare system involving a 44,000-person integrated healthcare delivery system serving 2.6 million beneficiaries at 76 Air Force military treatment facilities worldwide. I am a combat veteran who has been mobilized multiple times including Desert Storm, Operation Iraqi Freedom, and the COVID response. While the Associate Director of NIH, the nation's leading research organization, I was responsible for research funding and overarching policy priorities. When mobilized as the Deputy for government wide COVID, among other actions I managed the medical response with DoD, HHS, FEMA, VA, and PHS to support the private health system. I also was one of the initial designers of what became known as Operation Wrap Speed. During my time on the House Appropriations Committee professional staff member, I oversaw policy and funding for major healthcare agencies including NIH, CMS, and CDC. Furthermore, I previously worked within the Department of Veterans Affairs on health care policy and funding matters before joining Office of Management and Budget providing oversight of VA and DoD health delivery, policy and financing matters.

- a. How your experience as a Senior Executive Service member and in corporate policy and budget related leadership roles equip you to oversee VHA's complex healthcare delivery system;

My executive leadership skills for the position of Under Secretary for Health are based on my extensive healthcare administration experience, fiscal management background, familiarity with VA and DoD healthcare systems, and status as a veteran. My background in both military healthcare leadership and federal healthcare policy roles makes me particularly well-suited for the position with decades of experience in strategic leadership, health delivery, policy, fiscal oversight and federal health care financing matters. Specifically, as a Senior Executive Service (SES) I led the development of strategic priorities in leadership, policy, management, and budget development related to all 27 Institutes of the National Institutes of Health (NIH) to support medical research across the nation. I have practiced leadership in oversight, congressional and OMB coordination to implement policy, develop legislation, and address operational health issues with the VA, DoD, and HHS agencies healthcare matters related to public health, research, health care delivery, and health

finance/insurance matters. I have managed national health care emergencies where my team and I leveraged innovation to solve complex problems to meet complex health delivery and policy matters.

b. What specific insights from your role as Associate Director and Budget Director at the National Institutes of Health have prepared you to manage VA's medical research and healthcare funding priorities;

While the Associate Director of NIH, the nation's leading research organization, I was responsible for research funding and overarching policy priorities. This position, as well as others enhanced my understanding on the value of VA to serve as a critical asset for our veterans and nation on clinical trials. I have experience in research with NIH, DoD and private sector clinical research. I appreciate VHA is the largest health care enterprise, serves as innovative enterprise to advance medical research and clinical trials on treatments, devices, and protocols, to improve health outcomes for veterans and the nation.

c. How your military service, including your role as Mobilization Assistant to the Air Force Surgeon General, would inform your ability to address veterans' unique healthcare needs; and

In the military the most important weapon system is the human. We continue to focus on how to ensure a high performing human has the force protection as part of military health care. The healthier our military members are before an injury can enhance recovery and mission success. In addition to providing leadership on health and research matters; I focused on medical readiness matters to redesign how we train our medics for future combat. In addition, I have provided oversight of the Air Force health system to not only develop policy, evaluate reorganizations, but also to oversee policy development with consistent guidance and performance measures over the global enterprise. Thus, my 41 years of service provide me with an appreciate of how military service impacts our veterans. A prospective to better serve my fellow veteran brother and sister veterans. If confirmed, I will use my experiences as a veteran to better appreciate our veterans' concerns.

d. How your leadership in coordinating federal medical responses during the COVID-19 crisis, would help you to enhance VA's emergency preparedness and public health efforts?

My experience during the COVID-19 pandemic as the Government-wide COVID-19 Emergency Support Function-8 (Public Health and Medical Services) Deputy Incident Manager provides a foundation on not just the theory of interagency coordination but hands-on experience. It enhanced my understanding of VA's commitment to national security mission. I have noted many times, that without the VA health teams in the response the ability to support local health markets would not have been as successful. In addition, I have served as the Air Force senior medical exercise planner for joint exercises as a General Officer for the past several years. It has expanded my knowledge on patient evacuation, re-distribution, medical training, and trauma related in the preparedness and public health areas and the role of VHA in this system.

2. What do you think are the most significant challenges facing VHA? If confirmed, what would your highest priorities be and what would you intend to accomplish to help address those challenges?
If confirmed, I will work to enhance healthcare delivery standards with greater consistency, continue VHA's focus on patient safety and quality improvement, while balancing access and improved outcomes. Continue to support medical research on veteran issues, its medical education programs, and enhance VA's mission to assist our nation during emergencies and disasters.
3. What do you think is the appropriate role of VA in an average veteran's life and, if confirmed, how would you work to improve outcomes among the veterans, caregivers, survivors, and others who use VA health care, benefits, and services?
The VA operates the largest integrated healthcare enterprise focused on veterans. It provides primary care, mental health, prosthetics, and many other specialized veteran focused treatments or programs. If confirmed, I will continue to support the veterans, caregivers, dependents, survivors, and others who used the VHA enterprise. If confirmed, we will continue to enhance healthcare delivery standards with greater consistency, continue VHA's focus on patient safety and quality improvement, while balancing access (to include the balance of direct care and referral or community care) and improved outcomes. Plus, ensure the CHAMPVA program is focused on timely processing to support its beneficiaries.
4. If the Secretary, the White House, the Office of Management and Budget, the Office of Personnel Management, or other official entities are working on or issue a directive or guidance that you believe violates the law, how would you respond?
I do not expect any of these entities to request I violate the law.
5. What do you see as the role of this Committee, specifically, and Congressional oversight, in general?
I see this committee as a partner in our efforts to support veterans. Congressional partnership certainly includes oversight. Having been a former professional staff member on a Congressional committee, I appreciate not only the members of Congress but their staffs. If confirmed, I look forward working with Congress.
6. If confirmed, will you commit to personally holding regular briefings, no less than monthly, with Committee staff to provide updates on your efforts and actions, as your predecessors have done?
Yes, as I noted in our meeting, I look forward to routing discussions and briefings with the Committee to ensure a strong partnership.
7. If confirmed, would you commit to instructing VHA program offices to provide regular briefings, no less than quarterly and as requested in between, with Committee staff, as has been past precedent??
Yes, as I noted in our meeting, I look forward to routing discussions and briefings with the Committee to ensure a strong partnership.
8. Please describe your understanding of VHA's mission. Do you anticipate making any changes to such mission? If so, how and why? If not, why?
The VHA exclusively serves millions of veterans nationwide with critical healthcare they earned from military service. It operates and manages over 1,200 healthcare facilities nationwide, including medical centers, community-based outpatient clinics, and specialized care facilities to serve approximately 9 million eligible veterans annually. The VHA is the largest integrated healthcare enterprise and the focused-on veterans. It provides primary care, mental health, prosthetics,

and many other specialized veteran focused treatments or programs. If confirmed, I do not plan to alter the primary mission of VHA.

9. Please describe your understanding of VHA's current organizational structure. Do you anticipate making any changes to such structure? If so, how and why? If not, why?

The VHA is organized with approximately 420,000 FTEs operating at over 170 medical centers in 18 VISNs or regions that report to a single headquarters. The VHA headquarters and VISNs account for about 43,000 of these FTEs. The VHA headquarters provides top-level policy guidance while each VISN and medical center generally can modify the implementation guidance. The impact is a sense of inconsistency from veterans. If confirmed, I will work with VHA and VISN leaders to review how to enhance its structure to improve consistent benefits, enhance access, and outcomes for veterans.

10. Please describe your tenure as Senior Advisor to Secretary Collins. When did you start in this role and what have your responsibilities and achievements been? How, if at all, have your role and responsibilities as Senior Advisor changed since being nominated for this position?

My role as Senior Advisor to the Secretary began on January 20, 2025. My portfolio has included OAWP, Office of Management, VHA, and OCLA until other senior advisors arrived. In the recent several months with additional Senior Advisors for health assigned, my duties have been distributed. In this role, we do not make decisions, we provide advice to the Secretary while working to partner with the career staff to understand topics they want the Secretary to review or understand.

11. Please detail your involvement as Senior Advisor with respect to VA's efforts regarding the Agency Reduction in Force and Reorganization Plan, the ongoing hiring freeze for certain occupations, return to office directives, and the Deferred Resignation Program.

I have no specific duties on these matters as part of my portfolio. I have had limited activity within my portfolio to concur with career staff for career specialties who are exempt from actions like the hiring freeze to ensure the Secretary's priority is sustain -- to not impact frontline health care delivery.

12. If confirmed, how would you improve the integration of VA's payer and provider functions to create a more seamless, efficient, timely, and high-quality health care delivery system for veteran patients, whether they seek services in VA's direct care system or in the community?

If confirmed, we will have opportunity to revisit the balance of direct care and community care/referral care in the next generation of the community care contract and the bureaucratic referral process. If confirmed, I look forward to finding a better balance with community/referral care and direct care to put veterans first.

13. Please describe your vision of the ideal role of community care within the VA healthcare system and how that differs from the current state. If confirmed, what would your priorities be with respect to community care?

Our system today is like a motor requiring a tune-up. We appear to have excess bureaucracy with inconsistent application of guidance. The impact is delays in providing community care/referral care. If confirmed, I will review the policy and guidance application processes to reduce the bureaucratic community/referral care process.

14. The USH is responsible for managing the nation's largest integrated health system as well as one of the largest federal research entities. If confirmed, what are your plans for improving VHA's Office of Research and Development to better and more seamlessly integrate into the clinical care system?

If confirmed, we will review the portfolio to ensure we are focused on research related to veterans' health matters.

15. Can you provide specific examples of where you feel the Department's suicide prevention approach is working and where it needs to be improved?

Suicide has no single cause; VA's prevention efforts focus on clinical intervention, community awareness, and community-based outreach. My understanding is about 60 percent of the veterans who died by suicide typically have not sought care at VA over the prior year. If confirmed, we will continue to support a multiple layered approach. However, we will look at the data to understand how to increase outreach to veterans who may not choose or be eligible for care at VA. Plus, ask how we can increase coordinate with DoD to identify indicators prior to departing active duty to enhance the warm hand-off.

16. Value-based care frameworks prioritize high-quality care and good patient outcomes over the quantity of health care services provided. The Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210) directed VHA to begin the process of making this transition. If confirmed, will you commit to making certain that you work to advance the directives set forth in the bill, and the use of value-based care generally throughout VHA, and reporting to Congress on your progress and challenges?

Yes, if confirmed, I will work with Congress on these matters.

17. Please describe how you intend to work with Congress to ensure VHA is adequately staffed to provide timely, high-quality, and accessible health care using a data and outcome driven approach.

If confirmed, yes, we will partner with Congress through routine meetings and standard processes.

18. VHA has long struggled with reducing the time to hire and onboard health care providers, taking as long as six or more months in some instances. What will you do to prioritize improving hiring and onboarding timelines and make certain that prospective providers are not made to wait months before starting their jobs? Do you have any specific thoughts as to how time to hire and onboard can be reduced?

If confirmed, I look forward to understanding the various hiring flexibilities VHA. I agree with the intent of the question that VHA likely can do better to reduce the time to hire. To reduce the hiring and onboarding, if confirmed, I plan to increase my knowledge of what has been done and what flexibilities could be used.

19. What are some lessons and best practices from the private health care industry that you believe VHA could and should learn from and implement and why?

If confirmed, I look forward to understanding how VHA uses the patient experience data and will seek out conversations with the private sector to explore enhanced practices to impact wait times, streamlined appointment scheduling, and promote better communication protocols. We must maintain a mission focus to put veterans first.

20. Over the past few years, VHA has made efforts to increase the efficiency of the direct care system by increasing panel sizes and bookable hours and implementing extended hours at VA medical facilities, among other efforts. If confirmed, what specific actions would you take to increase efficiency in VA's direct care system to ensure veterans are receiving timely and high-quality care from VA providers?

If confirmed, I look forward to understanding how VHA has made efforts to increase the efficiency of the direct care system by increasing panel sizes and bookable hours and implementing extended hours at VA medical facilities, among other efforts.

21. Please describe your understanding of VA's caregiver support programs and the actions you would take, if confirmed, to improve support for caregivers.

The program's mission is to promote the health and well-being of veterans' caregivers who care for our Nation's Veterans, through education, resources, support, and services. The VA offers clinical services to caregivers of eligible and covered Veterans enrolled in the VA health care system. The Caregiver Support Program includes respite care, stipend payments, CHAMPVA payments, and case management costs. If confirmed, I plan to continue to support this program to put veterans first.

22. If confirmed, how would you work with the internal and external stakeholders across VHA to ensure that VA's Electronic Health Record Modernization effort is operationally suitable and safe for patients, and that providers are well trained and supported in using the new system, before it is deployed to additional VA facilities?

If confirmed, I will support the acceleration of the VA's Electronic Health Record Modernization (EHRM) effort to move the Department from the decades-old legacy system to a modern system that is interoperable with the Department of Defense (DoD) and other Federal and community care partners.

23. Last year, the 2024 Compacts of Free Association (COFA) Amendments Act amended Title 38 United States Code to allow VA to expand health services – including mail order pharmacy, telehealth, and beneficiary travel – to veterans residing in the Freely Associated States (FAS). Congressional intent with this legislation was for veterans in the FAS to be treated uniquely compared to veterans living in other foreign countries. Please describe how, if confirmed, you would meet Congressional intent in this regard and work to increase VHA services available to veterans living in the FAS in alignment with the law. Given the national security interest in the region, how would you work in coordination with the State Department, the Department of Defense, the National Security Council, or other relevant agencies in your work to expand services to veterans residing in the FAS?

Yes, if confirmed, as stated previously, I look forward to regular engagements with congressional members or staff.

24. If confirmed, how would you work to develop a comprehensive supply chain management strategy to address VHA's acquisition management challenges, what specific elements would such strategy include, and how would you work with the Committee to develop and implement it?

Yes, if confirmed, I will explore the current plan and work with the team to enhance VHA's supply chain management strategy.

Pre-Hearing Questions for the Record
Nomination Hearing of John Bartrum to be
Under Secretary of Health, Department of Veterans Affairs
From Ranking Member Richard Blumenthal

1. Describe why you want to serve as Under Secretary for Health (USH) at the U.S. Department of Veterans Affairs (VA) and the circumstances of how you came to be considered for nomination to this position.

My background demonstrates my qualifications for the Under Secretary of Health position includes extensive healthcare executive leadership experience. I am a combat veteran with over 41 years of service. My return to the VA was based on my value of service before self. Upon my return to VA as a Senior Advisor, I had positive encouragement from career staff asking me to consider applying for the USH position. Once the position job description was posted for the Commission process, I reviewed it and recognized I was fully qualified so made the decision to apply to the OPM advertisement. I received a notice from the human resource team that I was selected for an interview. I had an interview with the Commission. Eventually, I was notified by the White House liaison to the VA my previous nomination was going to be pulled as I would be nominated for the USH.

2. Describe any specific roles, responsibilities and goals of the USH position you have discussed with Secretary Collins and your understanding of those roles.

I have not had any conversations with the Secretary on specific roles, responsibilities and goals of the USH position.

3. Describe your qualifications for this role, including any experience you may have with leading a large, integrated health care system.

My background demonstrates my qualifications for the Under Secretary of Health position. This includes extensive healthcare executive leadership experience with multibillion-dollar systems serving military members and families. In my position as the Air Force Surgeon General Mobilization Assistant, I assist in the leadership of a \$6.1 billion healthcare system involving a 44,000-person integrated healthcare delivery system serving 2.6 million beneficiaries at 76 Air Force military treatment facilities worldwide. I was active in system design, policy development, guidance development and performance reviews to deliver health outcomes and readiness across the global enterprise. I am a combat veteran who has been mobilized multiple times from Desert Storm, Operation Iraqi Freedom, to the COVID response. While the Associate Director of NIH, the nation's leading research organization, I was responsible for research funding and overarching policy priorities. When mobilized as the Deputy for government wide COVID response, among other actions I managed the medical response with DoD, HHS, FEMA, VA, and PHS to support the private health system. I also was one of the initial designers of what became known as Operation Wrap Speed. During my time on the House Appropriations Committee professional staff member, I oversaw policy and funding for major healthcare agencies including NIH, CMS, and CDC. Furthermore, I previously worked within the Department of Veterans Affairs on health care policy and funding matters before joining Office of Management and Budget providing oversight of VA and DoD health delivery, policy and financing matters.

4. What do you see as the biggest challenges facing the Veterans Health Administration (VHA) at this time and how do you intend to address them?

One of the biggest challenges relates to consistency of policy and guidance application across the enterprise as it impacts the access challenges of balancing direct care and community or referral care. If confirmed, I will work to enhance healthcare delivery standards with greater consistency, continue VHA's focus on patient safety and quality improvement which is based on the system we implemented in the Air Force medical system, while balancing access and improved outcomes. Continue to support medical research on veteran issues, its medical education programs, and enhance VA's mission to assist our nation during emergencies and disasters.

5. How will your role as Senior Advisor to Secretary Collins inform your approach to leading VHA?

This role provides an opportunity to not only, if confirmed, move into this role with established relationship across the entire VA enterprise. It reinforces my alignment to the Secretary's Veterans First focus as we strive to ensure veterans have timely access to care with enhanced focus on health that includes the mental, physical, and spiritual aspects of wellness.

6. As Senior Advisor, have you been involved in developing the Fiscal Year 2026 budget request for VA?

a. If so, please explain the rationale for the significant increase in community care funding as compared to VA's request for the medical services account?

My Senior Advisor portfolio includes the Office of Management (OM). In such, I was involved in discussion related to the 2026 budget. The final budget is a function of what the Office of Management and Budget (OMB) provides to the VA. The VHA position of the budget is informed based on models the VHA CFO office develops and works with OM and OMB on economic assumptions. It is my understanding the prior year models made policy adjustments that lowered community care assumptions. I assume once VHA and OM discussed with OMB it was determined that the final numbers best fell into this allocation with project growth, service delivery methods, and costs assumptions.

b. The budget request also includes an estimated \$2 billion transfer from the medical services account to community care. What is the justification for this transfer?

If confirmed, I look forward to better understanding the questions. My understanding is a "transfer" is an appropriations term of art that is related to the movement of appropriated funds during the year of execution among different accounts. If the question is on the \$2 billion difference in the FY 2026 President's budget request that provides a total of \$92.490 billion (\$11.477 billion increase or 14.7% increase) for Medical Services compared to \$48.030 billion (\$9.781 billion increase or 25.6% increase) to Community Care than I would refer you to the prior response. My assumption is the question is related to difference in the increases in these two accounts in the President's budget request. If such, I assume once VHA and OM discussed with OMB it was determined that the final numbers best fell into this allocation with project growth, service delivery methods, and costs assumptions.

7. What is your perspective on the current structure of VA's Veteran Integrated Service Networks (VISNs) and what, if any, changes would you like to make to the current role and structure of VISNs? Are there other structural changes you intend to make within VHA, if confirmed?

The VHA is organized with approximately 420,000 FTEs operating at over 170 medical centers in 18 VISNs or regions that report to a single headquarters. The VHA headquarters and VISNs account for about 43,000 of these FTEs. The VHA headquarters provides top-level policy guidance while each VISN and medical center generally can modify the implementation guidance. The impact is a sense of inconsistency from veterans. If confirmed, I will work with VHA and VISN leaders to review how to enhance its structure to improve consistent benefits, enhance access, and outcomes for veterans.

8. Congress has expressed concerns that DOGE staff or other individuals may use their access to VA IT systems to collect veteran health data, for use in or by unauthorized government initiatives or private sector businesses.

a. If confirmed, will you work to secure all of the data under the control of VHA, consistent with VA policy and procedures, and the federal government's cyber and legal protections and only allow sharing of the data when such sharing is authorized by law or regulation?

If confirmed, I will work to secure data under the control VHA.

b. Will you follow the Federal Information Security Modernization Act, the Privacy Act, the E-Government Act of 2002, and other cyber and national security laws?

If confirmed, I will work to ensure compliance with appropriate laws.

9. VA's governance processes are the way by which VA senior leadership make decisions, provide strategic direction and maintain accountability in a transparent and collaborative manner. There has been no information indicating recent Administration decisions such as firing VA employees, terminating contracts, and ending programs such as the Veterans Affairs Servicing Purchase program have used any form of VA's existing governance process.

a. Since acting as Senior Advisor to Secretary Collins, how have you been involved in the governance process?

It is my understanding Office of Enterprise Integration's (OEI) mission is to drive unity of effort across the Department related to VA wide policy, and governance. In my role as Senior Advisor, I have not been directly involved in OEI's function to establish or implement the VA governance process.

b. If confirmed, would you ensure that key decisions are made through a governance process that is transparent, coordinated, and data-driven, and seek meaningful input from career program leads and managers?

If confirmed, I will fully support the use of the VA governance process.

10. Does VHA have sufficient staffing levels to address challenges presented by the aging veteran population, increasing number of women veterans, increasing eligibility for VA care through the PACT Act and Dole Act, and to work to effectively end veteran homelessness? In what areas of VHA do you want to see increases or decreases in staffing?

The VHA is organized with approximately 420,000 FTEs operating at over 170 medical centers in 18 VISNs or regions that report to a single headquarters. The VHA headquarters and VISNs account for about 43,000 of these FTEs. If confirmed, I will work with VHA and VISN leaders to review how to enhance its structure to improve consistent benefits, enhance access, and outcomes for veterans. The effort will include understanding what staffing adjustments are necessary to put veterans first.

11. How do you think recruitment and retention of VHA staff will be impacted if those staff lose collective bargaining rights?

If confirmed, I will look into this matter.

12. VA has said it would make sure that mission-critical roles at VA would be exempt from the current hiring freeze and that this would not have an impact on veteran care. Yet, across the VHA system, hiring for direct care workers is still frozen, and positions for important, veteran-facing positions are still not on the exemption list, such as recreational therapists who integrate catastrophically disabled veterans into the community. What will you do to make sure that the administration's workforce reductions don't continue to limit veterans' access to direct care?

My understanding is the Secretary has exempted over 350,000 positions across VHA to ensure it continues to provide patient care. If confirmed, I will work to continue the use of these flexibilities. We all have the same desire to ensure veterans have access to care.

13. Do you think it is important to have medical professionals in community care-related roles at VA such as approving referrals, reviewing community care medical records, and assessing changes in veterans' care needs?

a. If so, how do you plan to work with Secretary Collins to ensure these staff who are trained medical professionals remain in their roles despite the fact that they aren't directly patient-facing?

Yes, medical professionals should continue to be part of the community care or referral care process. Our system today is like a motor requiring a tune-up. We appear to have excess bureaucracy with inconsistent application of guidance. The impact is delays in providing community care/referral care. If confirmed, we will review the organization to best support consistent policy and guidance application while reducing the bureaucratic referral care process. It would be hard to imagine a process where medical professionals are not part of the process.

b. If not, how would you change the current community care coordination process to eliminate the need for these roles?

See above.

14. The Government Accountability Office has found gaps in VA's oversight of third-party private contractors overseeing the Veterans Community Care Program. How would you work to improve the collection and accuracy of performance data available to effectively assess community care providers and use this data to hold private providers to the same quality and performance standards it expects of VA providers?

If confirmed, I will look into this matter.

15. In your opinion, do VA clinicians provide better or worse quality of care overall than community care or private sector providers?

I believe in general that VA clinicians provide outstanding care to veterans. In any system opportunities exist in direct care and community care to improve health outcomes. If confirmed, we will focus on the entire system.

16. Do you support permanently lifting caps physician, dentist, podiatrist, and optometrist salaries?

If confirmed, I will look into this matter.

17. How do you envision bolstering recruitment and retention of mental health professionals? How will you ensure veterans living in rural and remote areas have equitable access to mental health care?

If confirmed, I will look into this matter. I will note that suicide has no single cause; VA's prevention efforts focus on clinical intervention, community awareness, and community-based outreach. My understanding is about 60 percent of the veterans who died by suicide typically have not sought care at VA over the prior year. If confirmed, we will continue to support a multiple layered approach related to mental and behavioral health. Plus, we will look at the data to understand how the impact related to rural and remote areas with access.

18. How will you ensure VA providers are sufficiently and continually trained on women veterans' health care needs and that there are enough providers across the VA system to care for women veterans?

If confirmed, I will look into this matter. Women's health is veterans' health as nearly 18% of the military is women. My understanding is VHA has expanded its Women's health programs over the years. If confirmed, I will further explore this matter.

19. Since the beginning of this Administration, many long-time VHA leaders in career, non-political roles have left or been pushed out of the Department. What is your relationship like with current leaders at VHA? How will you work to dissuade so-called "brain drain" from the Department through policies like the Deferred Resignation Program and Voluntary Early Retirement Authority?

I believe my relationship with current VHA leadership is positive. The current acting USH and I have known each other for years but also worked together during COVID and on VA/DoD sharing matters. It is my understanding that each year VHA has a turnover rate of tens of thousands of employees. If confirmed, I will look into the broader topic of recruitment and retention. My general position is a healthcare enterprise is best served with long-term team members.

20. What Senior Executive Service and higher roles at VHA do you think should be changed from competitive service to excepted service?

If confirmed, I will look into this matter.

21. Since joining VA as a Senior Advisor in January 2025, you have held several different policy portfolios. Please list each office or Administration or policy area where you have served as the designated Senior Advisor and the time periods where you were assigned that portfolio. For each portfolio, office or Administration you were assigned to, please indicate the top three initiatives you worked on during your period as Senior Advisor for that area of responsibility.

My role as Senior Advisor to the Secretary began on January 20, 2025. My portfolio has included OAWP, Office of Management, VHA, and OCLA until other senior advisors arrived. In the recent several months with additional Senior Advisors for health assigned, my duties have been distributed. In this role, we do not make decisions, we provide advice to the Secretary while working to partner with the career staff to understand topics they want the Secretary to review or understand.

- OAWP: This function operates with independence as it conducts accountability reviews. My role has been limited to ensure it stays linked to VA wide activities, support any requests for hiring freeze exemption, and to ensure awareness of VA wide strategic priorities like putting veterans first.
- Office of Management (OM): The primary focus has been as the advisor for budget development matters to concur on timelines to brief the Secretary; support the team in preparing for decisions from the Secretary on fiscal year 2025 construction funding matters, and providing advice as OM prepared for the fiscal year 2026 budget development process.

- VHA: Primarily as a liaison between the Secretary and VHA on topics of interest like how to enhance VHA's ability to shift providers faster in national emergencies, working with VHA and OMB as part of the Secretary's team on discussions to further reduce homelessness, and liaison with VHA on options for the Secretary to consider to further address death by suicide.
- OCLA: This was a role only for about a week or two until more staff was on-board to work in OCLA. My role was early on understanding the OCLA career roles and assisting to bring a list of unanswered questions from the prior administration to the Office of the Secretary.

22. Since joining VA as Senior Advisor in January 2025, describe your involvement in:

- a. Reviewing and approving Congressional inquiries to include requests for information, briefings, and documents.
In my role as a Senior Advisor, I do review and concur on similar matters to validate alignment to the Secretary's priorities to look at if the content appears to answer the question asked and similar matters. My role is limited to reviewing, providing suggestions, and concurring but not approving.
- b. Personnel decisions, including the firing of probationary employees, hiring freezes, Fork in the Road offers, Return to Office orders and cancellation of telework and remote work, Reductions in Force and Reorganization planning.
I have no specific duties on these matters as part of my portfolio. I have had limited activity within my portfolio to concur with career staff for career specialties who are exempt from actions like the hiring freeze to ensure alignment to the Secretary's focus to not impact frontline health care delivery.
- c. Access to VA data and information systems, including any involvement with DOGE, Elon Musk or other individuals or organizations outside of VA.
I have no specific duties on these matters as part of my portfolio.

23. Describe your role in the contract cancellation, termination, un-terminating or descoping process leading up to the Secretary's February 24 and February 25 public announcements on contracts, VA's March 3 contract announcements, and VA's further contracting terminations as publicly discussed by the Secretary and estimated at \$300 million in cost savings.

- a. Provide a copy of the Excel file listing more than 870 contracts cancelled or proposed for cancellation referenced in Secretary Collin's February 24 and 25, 2025, social media announcements and requested by Committee staff on March 3, 2025.
My role related to any contract review is limited. For example, the VHA team has a process to routinely review contracts internally to consider if the contract is appropriate, are their opportunities for regional or national contracts, if the VHA team had requested best price, and to consider the contract scope. Once the VHA team completes their review they share their recommendations with one of several Senior Leaders. If me, typically once briefed, I either concurred, asked clarification questions or requested more information to understand the impact of the recommendation. On the question for a specific list – in my role as a nominee, I first cannot confirm the specific lists exists nor authority to release such list if it exists.
- b. Provide a copy of the Excel file with the final list of 585 cancelled contracts VA announced publicly on March 3, 2025, which VA indicated in its press release would be completed "over the next few days," and requested by Committee staff on March 3, 2025.

In my role as a nominee, I do not know if such single list exists nor to the authority to release such list if it exists.

c. Provide a copy of an Excel file identifying the cancelled contracts that make up the \$300 million in savings referenced by Secretary Collins in April 2025 media appearances.
 In my role as a nominee, I do not know if such a single list exists nor to the authority to release such list if it exists.

24. Do you agree that VA employees have constitutional rights to petition or communicate with members of Congress and congressional staff about matters related to the Department and that those rights may not be interfered with or denied? What authorities do you believe the executive branch has to limit communications with Congress? Have you been involved in any decisions to limit information provided to Congress?

Yes, all employees have first amendment rights and protections like whistleblower protections. Employees who present personal or individual views must make clear that they are presenting their personal and/or individual views—not the views of VA. If they are offering positions on behalf of the agency, in my experience at multiple agencies those positions must be cleared to align with the agency. Often, information can be pre-decisional or embargoed as contains various approaches management may be considering on a matter and thus is pre-decisional. Thus, these materials are not personal and would be subject to the VA's internal procedures to release.

I am not aware of any discussions to limit information provided to Congress outside of pre-decisional matters.

25. VA's vast research apparatus is one of the most valuable recruiting tools it possesses, and VA research has led to medical breakthroughs benefitting both veterans and non-veterans over the last century. Despite the importance of VA research, the recent hiring freeze, probationary firings, and contract cancellations at VA have begun to undermine the VA research enterprise – leading to cancellations and delays of clinical trials and other research studies, as well as many research staff leaving VA either due to terminations or voluntarily.

a. Describe your vision for the future of VA's research enterprise.
 VA's medical research is a crown jewel in the enterprise. My experience from VA, OMB, NIH, the Air Force, and Congress has provided me with extensive background on the value of the VHA research enterprise. If confirmed, we will review the portfolio to ensure we are focused on research related to veterans' health matters.

b. Will you commit to shielding VA research staff from any future cuts made to the Department – including the Secretary's proposed Reduction In Force?
 If confirmed, we will continue the hiring freeze exemptions, as appropriate, put in place by the Secretary to protect and support the enterprise.

c. Outline your involvement with emails recently distributed to VA employees stating they may not publish in medical journals without first seeking clearance from political appointees.
 I am not aware of an e-mail limiting employees from publishing in medical journals.

d. Outline the specifics of these emails.
 On 29 May 2025, I received an e-mail from OPIA noting a long-standing process (VA DIRECTIVE 8500, dated October 28, 2019) relating to policy on public affairs (PA) to include external engagement and internal communications. It outlines, as I understand how local VA leaders or employees desiring to comment to news media or key stakeholders on

identified VA policies or matter should coordinate with appropriate public affairs channels. Once I received the information that included the 2019 Directive, I forwarded Directive to key VHA leadership to remind the field of existing VA policy.

e. What spurred this change in Department policy?

I am not aware of any change to the department's policy. The policy I forwarded was dated October 28, 2019.

f. How does involving political appointees in the academic research process help support VA's research enterprise?

I am not aware of political appointees being involved in the academic research process. If confirmed, I will seek to understand the matter.

g. If confirmed, do you plan to further involve political appointees in approving, overseeing, or managing VA researchers' studies?

I am not aware of any planned activities noted in the question. If confirmed, I will look into the process for approving, overseeing and managing VA's research program but have no plans to alter the process.

26. In September 2022, VA published an interim final rule (IFR) that allows for abortion counseling to pregnant veterans and CHAMPVA beneficiaries, and abortions in cases of rape, incest, and life or health endangerment. VA published its final rule on this topic in March 2024, with no changes made from the IFR.

a. If confirmed, will you continue to implement this final rule?

If confirmed I will implement the law.

b. Will you commit to upholding veteran privacy by refraining from publicizing any information on specific conditions which led veterans to receive care under this rule?

If confirmed I will implement the law.

27. In March 2024, VA expanded eligibility for in-vitro fertilization (IVF) to eligible unmarried veterans, veterans in same-sex marriages, and veterans who are not able to produce their own gametes.

a. If confirmed, will you commit to upholding this expanded IVF eligibility at VA?

If confirmed I will implement the law.

b. Would you support removing the burden of proof requiring veterans to link their infertility to a specific service injury or illness in order to qualify for IVF coverage?

If confirmed, I will implement the law and look forward to understanding the specific concern noted.

28. Given the aging veteran population, there is a need for VA to look comprehensively at the demand for and availability of long-term care options. How will you assess VA's current approach to long term care, including institutional and non-institutional care, and make any changes to care for the aging veteran population? Further, how will you evaluate the current structure and workload of the Office of Geriatrics and Extended Care to understand how effectively it is serving veterans?

If confirmed, I will look into this matter.

29. Please outline your plan for ensuring timely implementation of the Elizabeth Dole Act.

My understanding is OEI is coordinating and overseeing the VA-wide implementation of this act. In my role, I have had briefings with VHA on

components to understand policy decisions that may need approval by the Secretary. For example, the Secretary elected to sign the policy memo for the implementation of the Best Medical Interest from the Act. If confirmed, I plan to more closely monitor the VHA portion of this important legislation to ensure timely decisions are made and implemented.

30. Veteran homelessness is not an isolated issue. It frequently overlaps with difficulties accessing reliable employment, access to mental health and substance-use disorder recovery services, and proper in-home care and support for aging and disabled veterans.

- a. How will you facilitate better care and benefit coordination between the Homeless Program Office and other relevant programs and offices at VA such as the Office of Geriatrics and Extended Care and the Office of Mental Health and Suicide Prevention so veterans experiencing housing instability have everything they need to get back on their feet?

I agree the homelessness challenge for veterans is not merely a matter for one office. It is a challenge that crosses many lines of effort. If confirmed, I plan to explore how these programs coordinate and discuss if better mechanisms exist to enhance these lines of efforts. We must all work to put veterans first and get them on back into housing.

- b. How will you encourage VA coordination with other agencies such as HHS, HUD, and DOL to connect veterans with wrap-around services proven to break cycles of chronic homelessness?

If confirmed, I will explore the existing relationships and work with my partners at HHS, HUD, DOL, and OMB to enhance our coordination with wrap around services, housing, and jobs.

31. Veterans who are members of the LGBTQ+ community, especially transgender veterans, exhibit suicide rates at vastly higher levels than the overall veteran population. How will you work to ensure they can access LGBTQ+-friendly mental health care at VA and feel safe seeking that care? What would you say to a LGBTQ+ veteran who reports harassment or feeling unsafe accessing care at VA facilities?

In my opinion, we serve all veterans who are eligible for and seek care at VHA.

If confirmed, I will have zero tolerance for harassment as all veterans should have access to safe care at VHA.

32. On average, over half of the veteran deaths by suicide per day are among veterans who have no recent interactions with VA. How will you work to bring those veterans into the Department and ensure they can access the care and benefits they need to reduce their risk of death by suicide?

Suicide has no single cause; VA's prevention efforts focus on clinical intervention, community awareness, and community-based outreach. My understanding is about 60 percent of the veterans who died by suicide typically have not sought care at VA over the prior year. If confirmed, we will continue to support a multiple layered approach. However, we will look at the data to understand how to increase outreach to veterans who may not choose or be eligible for care at VA. Plus, VA should explore efforts to coordinate with DoD to support transition and identify indicators prior to departing military service.

33. What would you say to a VHA employee who says they do not feel comfortable reporting waste, fraud, or abuse up their chain of command or to the Office of the Inspector General?

We as federal employees have a responsibility to uphold the public trust and act with integrity. The reporting of fraud, waste, or abuse in my opinion is a fundamental aspect of that responsibility to ensure taxpayer funds are used appropriately and to ensure we have the appropriate resources to put veterans first.

34. VA's current process for implementing pilot programs instituted by Congress, many of which are within VHA, can take upwards of five years. This severely delays veterans' access to innovative care, changes requested by the Department to improve operations and services, and proper Congressional oversight to authorize extensions for successful programs. How would you work to expedite this process?

If confirmed, I will look into this matter. I agree we should not take years to implement access to innovation to improve outcomes for veterans.

35. Do you believe VHA plays a role in National Security and, if so, what role is that?

Yes, it's fourth mission is to support the nation's preparedness for response to war, terrorism, national emergencies, and natural disasters. These are in my mind National Security. If confirmed, we must review our plans, exercise schedule, and practice how we continue service to veterans while support these national security responsibilities. The VA demonstrated its expertise as part of the medical response to the private sector health care system during COVID.

Additional Pre-Hearing Questions
Nomination Hearing of John Bartrum to be
Under Secretary of Health, Department of Veterans Affairs
From Ranking Member Richard Blumenthal
July 18, 2025

1. The External Provider Scheduling (EPS) program has been a valuable tool in helping Veterans access timely care in the community, reducing wait times and improving access. However, VA schedulers using EPS currently have full visibility into community care appointment grids—but not into direct VA medical center schedules. This gap means Veterans aren't always presented with the full range of care options, which limits their ability to make informed, timely choices.

Can you explain why direct care schedules have not been integrated into EPS? And can you commit to taking the necessary steps to unify community and direct care scheduling in EPS, so Veterans can see all available options in real time and make decisions that best meet their needs?

Response:

- My understanding is this is an artifact of prior decisions and system integration challenges. If confirmed, I commit to working on this effort.

Chairman Moran
Questions for the Record
Senate Veterans' Affairs Committee
Pending Nominations
July 23, 2025

Questions for Mr. John Bartrum

1. Do you commit to working with Congress on considering the Veterans ACCESS Act, and if passed, to enact and implement the Act, in accordance with Congressional intent, in your current role as Senior Advisor and if confirmed as Under Secretary for Health?

Response: Yes, but in my role as a Senior Advisor the role is more limited compared to that of the Under Secretary for Health.

2. During the hearing, you mentioned the bureaucratic process that VA has instituted between the veteran and the choices the veteran is entitled to in the community under the MISSION Act as something you would aim to "balance" in this role. If confirmed, how would you eliminate red tape to increase the efficiency of the community care referral process and timely access to care for eligible veterans? Please be specific.

Response: It is my understanding that the roles related to community care (e.g., Referral Coordination Teams (RCTs) versus clinical staff handling referrals) are not applied consistently across facilities. My understanding is scheduling a community care appointment often involves manual handoffs and data entry into separate systems, and coordination with external partners. Such variation means that the process of a Veteran experience can differ widely from one VA facility to another as it creates a bureaucratic difference for a veteran who uses more than one facility or even two veterans within the system.

Self-service tools for Veterans (such as web portals or informational booklets) are not always intuitive, comprehensive, or well-publicized. As a result, many Veterans are unsure how to navigate community care and often end up relying on phone calls to VA staff for guidance.

If confirmed, my desire is to fully support the External Provider Scheduling (EPS) program to streamline scheduling. Plus, to consolidate guidance with a single, formal document that consolidates all eligibility criteria and referral steps for community care.

Furthermore, as noted in our meeting, it is time to examine the form and function of our current structure to enhance operational function, consistency of policy implementation, and improve veteran health outcomes and access.

The VHA leadership team, if confirmed, I would engage a team of VISN Directors to explore organizational structure to streamline the system while improving consistency of policy across the country.

3. Do you agree that a veteran patient should play a central role in deciding when, where, and how to use the VA healthcare benefits that they have earned through their military service? Why or why not?

Response: Yes. As a veteran I believe this is a central tenant to “putting the Veteran first” as noted by the Secretary. For example, a veteran should have the choice to decide if they want to apply for veteran benefits, if earned, and to the level of they want to use them or not.

4. If confirmed, how would you empower veterans to exercise greater choice and control in their VA healthcare decisions and ensure that VA staff take a veteran’s preference into account regarding those decisions?

Response: If confirmed, the initial step will be reducing bureaucracy as noted above and developing organizational structure changes to increase the consistency across the enterprise. Plus, beyond the already External Provider Scheduling (EPS) tools be rolled out. If confirmed, I would like to work with Congress to build out a self-scheduling tool to allow veterans eligible for to self-schedule through an app-based tool or to use or dial-in for an appointment.

5. In preparation for assuming the role of Under Secretary for Health, if confirmed, have you reviewed the requirements in the MISSION Act and familiarized yourself with the relevant VA regulations and policies? Is it your assessment that any of these requirements, regulations, or policies should change? If so, how? If not, why not? In particular, do you believe that the current VA access standards should be changed? Why or why not?

Response: Correct, as appropriate in my role, I have begun to increase my knowledge of the MISSION Act authorities. The initial focus areas have been on Community Care, Urgent Care, and Care Giver programs as high level topics are worked through to the Secretary. If confirmed, I plan to conduct deep dives into the execution of the MISSION act policies.

6. If confirmed as Under Secretary for Health, you would be responsible for ensuring VHA has the resources it needs to deliver high-quality health care to all of its patients in a way that is responsible to the tax payer. If you are confirmed and find yourself facing a situation where the available resources are projected to not meet the demand for VHA services, how would you go about aligning VHA services with the available resources? Please provide specific actions you would take as USH or recommend to the Secretary.

Response: If confirmed, and such a situation occurred, we would certainly begin by assessing the fiscal situation to understand the burn rate, identifying the gap between projects to actual costs while identifying low impact options to better manage spending. Certainly, a critical aspect early on is to engage in stakeholder transparency early on as we look to reforecast and restructure towards prioritized mission-critical operations. This

would include discussions with the Secretary to understand the flexibilities and tools available to address the challenge.

7. In planning for VHA, the Enrollee Health Care Projection Model forecasts VHA workload via Global RVUs, which is a major factor in determining the appropriations needed for care delivery. How would you go about evaluating the cost per RVU, making certain the VHA workforce is efficiently aligned to the projected demand, and can be adjusted in accordance with changing demands for care?

Response: If confirmed, having been at VHA when the model was created and working in federal appropriations. I plan to take a deep dive into the model to understand what has been adjusted in the projection model since the recent shortfalls, workloads, and how the model is re-calibrated since the shortfall and based on new laws or expansion of benefits to understand its demand of care projections.

**Senator Richard Blumenthal, Ranking Member
Questions for the Record
Senate Veterans' Affairs Committee
Nomination Hearing of John Bartrum, Under Secretary for Health
July 23, 2025**

1. In your role as Senior Advisor did you recommend the Secretary cancel more than 800 contracts, including critical services for veterans such as suicide prevention and mental health treatment?
 - a. Did you review or give specific advice on any of the hundreds of other contracts cancelled since February?

Response: Yes, I was one of several senior advisors who on occasion reviewed the recommendation from career officials on contract reviews which on occasion included termination, descoping, continuation, or consolidation into VISN, regional, or national contracts.

- b. According to official Federal contract databases, VA has cancelled up to 19 nursing home contracts to provide long-term care for veterans in the community. Did you advise the Secretary on that decision?

Response: It is my understanding from VHA that 18 of the 19 contracts were conversions to Veteran Care Agreements (VCA's) to comply with the law while one contract in VISN 4 was cancelled as the facility closed in October 2024 and the veterans transitioned to other facilities.

- c. Were you involved with any cancellations or descoping of contracts related to cancer registries?

Response: VA career leadership identified multiple contracts for cancer registries with duplicate requirements that will be more efficiently handled with a national contract. I cannot recall if I was one of the senior advisers briefed on this specific topic but would not have objected to the career recommendation to more effectively manage requirements. My understanding is VHA is currently adopting an enterprise-wide acquisition strategy that will reduce fragmentation, duplication and overlap by streamlining all registry services under nationwide contracts that will be managed centrally. I was advised that VHA will continue to support local facility cancer registry needs while a national contract is created.

2. The Department of Defense has become overly reliant on the TRICARE networks, such that military doctors are not getting enough hands-on patient care experience, leading to poor outcomes for patients and doctors leaving the service. If confirmed, what steps will you take to ensure the VA health care system does not repeat DOD's mistake of unnecessarily forcing too many patients out to the private sector?

Response: The VA operates the largest integrated healthcare enterprise focused on veterans. It provides primary care, mental health, prosthetics, and many other specialized veteran focused treatments or programs. Unlike DoD, where the system is designed in-part to sustain the war fighting skills of military members for future conflicts. The VHA does not have the same mission. Our mission is to provide health care to veterans and serve as a backstop in times of national emergencies. If confirmed, I will continue to support the veterans, caregivers, dependents, survivors, and others who use the VHA enterprise. Plus, continue to enhance healthcare delivery standards with greater consistency, continue VHA's focus on patient safety and quality improvement, and improved outcomes.

3. As Senior Advisor, you were involved in developing VA's Fiscal Year 2026 budget request, which shifts billions of dollars from the VA medical care account to the community care account and the Toxic

Exposure Fund. Various studies and reports have shown that veterans prefer VA health care and providers over community health care.

- a. How will moving money away from VA direct care to community care affect veterans' access to VA providers and facilities?

Response: VA's total funding for VA's Veterans Health Administration (VHA) would increase by \$24 billion under the Trump Administration's FY2026 budget request – a 17% increase. Regardless of the source of funding (discretionary or mandatory), all funding for VA medical services is directed toward Veterans' medical care at VA, and all funding for community care support Veterans who seek care in the community.

- b. Will you commit to publishing wait times for health care appointments, including appointments in the community?

Response: I was not aware that VHA did not publish wait times on a routine basis. If confirmed, I look forward to understanding why and working to a process to ensure reliable data is publicly available on a routine basis.

4. As Senior Advisor, were you involved in any changes to VA's Medical Bylaws, including those related to providers being able to decline care for veterans based on personal characteristics or providers being prevented from working at VHA due to personal characteristics?

Response: I believe the reference is the report from the Guardian that was false and inaccurate. The VA does not discriminate. This change was made at the request of career VHA officials. To be clear: VA does not tolerate discrimination on any grounds, including political affiliation or marital status. If confirmed, we will follow the law. It is my understanding that the following prohibits VA from doing what the Guardian story alleges.

- 5 USC section 2302 prohibits discrimination on the basis of marital status or political affiliation.
- 5 USC section 7102 governs union participation rights, including barring interference with those rights.
- VHA Directive 1019 governs all medical services provided by VA and prohibits discrimination on the basis of marital status or political affiliation.

5. At the end of Fiscal Year 2024, more than 20% of the vouchers allocated for HUD-VASH went unused due to lack of staff and availability of affordable housing where the veteran wishes to reside.

- a. How would you plan to fix this issue?

Response: My understanding is that while availability of case managers is not a primary driver of voucher utilization but in many markets it is housing stock and rent rates. However, VHA leadership over the base six months has implementing a new program that will "graduate" HUD-VASH veterans from housing case management who no longer need it (while still retaining their voucher) so that those case managers can take on new, more active cases. This will allow VA to serve at projected 30,000 veterans with vouchers this year. Thus, VA is hosting "Surge" events at every VAMC this FY that will literally housing unsheltered veterans that day in VA housing, including HUD-VASH vouchers. If confirmed, I will work to support this effort. Plus, if congress passes the Bridging Rental Assistance for Veteran Empowerment (BRAVE) program it will enable VA to oversee and administer rental assistance to provide the full spectrum of needed supports for Veterans experiencing or at-risk of homelessness, including activities to transition from the current HUD-VASH. The proposal will provide VA with flexibility for individual and Project-Based Vouchers ratio to help address some of the challenges.

b. How would you handle the Low-Income Housing Tax Credit associated with dedicated HUD-VASH housing – both for current and future housing?

Response: I am not aware of any changes to the Low-Income Housing Tax Credit associated with dedicated HUD-VASH housing. If confirmed, I would defer to the IRS on any changes to this tax credit but personally I am not aware of any changes.

6. In our meeting, you mentioned there are excess nurses at various locations in the country.

a. What roles are those nurses in and where are they located?

Response: My understanding is of those who applied, VHA had a very juridical process with only a limited number of nurses approved for DRP or VERA. Primarily worked in VHA Central office roles in administrative functions like finance or education overages at the VISN level but not direct patient care.

b. Are any involved in direct patient care or community care?

Response: My understanding is none were involved in direct patient care. In community care, a handful may have been doing administrative activities in the community care environment.

c. Do you support the decision to cancel the CARF accreditation contract and why/why not?

Response: My understanding is VHA career officials had on-going reviews on CARF compared to other overlapping accreditations. The VHA leadership decision related to the CARF was based on a desire to have the accredited through the National Healthcare Accreditation contract by the Joint Commission to prevent. I understand VHA is committed to ensuring ongoing quality review and overlapping oversight. If confirmed, I can explore the overlap of the CARF and Joint Commission standards.

Senator Cassidy
Questions for the Record
Senate Veterans' Affairs Committee
Nominations Hearing
July 23, 2025

John Bartrum, Nominee for Under Secretary for Health, U.S. Department of Veterans Affairs

In your testimony, you committed to enhancing health care delivery standards and patient outcomes improvement for veterans under the Veterans Health Administration (VHA).

My bipartisan VetPAC Act with Senator Hirono would create an independent policy advisory commission of medical experts and veterans to review all critical areas of the VHA to improve patient care. The VA has stated that the agency supports this legislation.

- Do you believe an expert-driven, third-party review of the VHA, including of its health care delivery operations, would help toward improving the concerns you outlined, and will you commit to working with this commission as Under Secretary for Health?

Response: I agree the VA can always benefit from outside experts. If confirmed, I look forward to working with you on the understanding of the root causes the bill desires to address and work with you on avenues to address those issues.

It is important to ensure that veterans living in rural areas have access to quality health care under the VA. In many areas in Louisiana, a VA medical center can be too far to reach on a regular basis and veterans often face significant wait times for an appointment.

- How can we improve availability of both VA direct care and community care providers to help reduce appointment scheduling backlogs in rural communities?

Response: If confirmed, I look forward to working with you on this matter as availability is critical in both the direct care and community care parts of the VHA enterprise. Recently, the Secretary has already made progress with extended hours (as an example for direct care) and expanding the EPS in community care.

- In direct care, VA scheduled over 15% more extended hour appointments compared to two years ago. VA scheduled 856K extended hour appointments from January 2023 through June 2023.
- On community care, the Secretary remains committed to implementing the External Provider Scheduling (EPS) program. It streamlines scheduling by reducing the need for multiple calls between the VA, Veterans, and community care providers. VHA leadership has implemented EPS at 38 VA Medical Centers (VAMCs) with more than 2,100 VA schedulers trained and activated in the system with the remaining VAMCs online by the end of the calendar year. The early reports are EPS can support the staff with coordinating 20+ appointments per day compared to the 5 to 7 appointments per day using traditional processes.

- How can we make sure the telehealth is able to provide the unique care that veterans need regarding mental health and substance abuse disorders?

Response: If confirmed, I will review not only the tele-health aspects, but the virtual health options related to mental health and substance abuse disorders.

Secondly, one of the reasons that many veterans have expressed frustration with care from the VA is that there is significant turnover among medical professionals within the VA. This causes a disruption in the physician-patient relationship for which quality care depends.

- What actions can the VA take to reduce turnover of medical professionals at VA medical centers so that veterans can continue to see the same doctor when applicable?

Response: If confirmed, I will look at this matter, but my understanding is the loss rate of VHA employees is typically better (retain longer) than the average in industry. In 2024, the VHA loss rate was about 7.4 percent and is currently (June 2025) just over 6 percent while industry is noted at typically over 20 percent each year from the bureau of labor statistics. However, to further lower turnover, we can continue to focus on retaining and to target the incentive to high turnover rates. If confirmed, I will look into this matter to better understand how to reduce the turnover rate, especially in rural markets and highly specialty areas.

Senator Gallego
Questions for the Record
Senate Veterans' Affairs Committee
VA Nominations Hearing
7/23/25

Questions for John Bartrum, nominee to be Under Secretary of Health of the Department of Veterans Affairs:

1. During my time in Congress, I have worked to ensure that our Native veterans have access to the care they have earned. I previously introduced the Native American PACT Act, which would have prohibited the VHA from charging American Indian and Alaska Native veterans a copayment to access care.

In 2023, VA began waiving copayments for Native veterans receiving care at VA facilities. If confirmed, what will you do to ensure the VA fully implements the law requiring this waiver?

Response: If confirmed, I will engage with the VHA team to review the law and how it is fully implemented.

2. Based on information provided to the committee, you have been personally involved in VA's haphazard contract cancellation process. Despite requests in emails and letters over the course of four months, the VA still refuses to provide a briefing on the cancelled contracts. At the beginning of July, VA sent list of about 1,665 contracts VA stated it cancelled or was/is in the process of cancelling. This list again contains hundreds of contracts for veteran services and critical VA operations.

There are numerous canceled contracts relating to veteran mental health and suicide prevention. Can you please explain how with roughly 18 veterans dying by suicide each day you and the others you were working with determined that these cancelled contracts weren't crucial to serving our veterans?

Response: Suicide has no single cause; VA's prevention efforts focus on clinical intervention, community awareness, and community-based outreach. Decisions to keep, cut, or descope contracts are based on careful and methodical multi-level reviews by VA senior career officials, including career subject-matter experts who are responsible for the contracts, as well as VA contracting officials. Specifically, evaluations of Suicide Prevention contracts aim to reduce fragmentation, duplication, and overlap. This process ensures resources are redirected towards more impactful suicide prevention efforts without reducing overall funding for these initiatives. My understanding from VHA staff is in one case funding for the development of a review committee was re-directed after a comprehensive review by the Office of Suicide Prevention determined that the program did not meet the necessary efficacy requirements.

In Arizona alone, at least seven contracts— focused on healthcare and services for disabled veterans—were canceled. Will you commit to reinstating these contracts, or provide a clear and detailed explanation for why they were terminated?

Response: Decisions to keep, cut, or descope contracts are based on careful and methodical multi-level reviews by VA senior career officials, including career subject-matter experts who are responsible for the contracts, as well as VA contracting officials. If confirmed, I will work with the VHA team to review and take the appropriate action as requested.

3. I placed a blanket hold on VA nominees after Secretary Collins proposed cutting over 83,000 VA jobs. Now the VA plans to cut 30,000 positions by the end of the fiscal year, avoiding a large-scale reduction-in-force. While that's progress, VA has yet to provide this committee with a plan for this reduction in force. Will you commit to reversing course on VHA terminations, or provide a detailed plan as to the reduction in force? How will you ensure that if carried out that these cuts don't harm vital services like the Veterans Crisis Line, healthcare, or disability benefits?

Response: The Secretary noted in July, that while the VA had been considering a department-wide reduction in force, employee departures due to the federal hiring freeze, deferred resignations, retirements, and normal attrition have eliminated the need for a large-scale reduction in force process. Since my hearing, the VA's Assistant Secretary for Human Resources briefed the Senate staff on July 24, 2025, with the requested information. To ensure that Veterans Crisis Line employees are not impacted by the hiring freeze, the Secretary has exempted all the VCL positions from the freeze, return to office mandates, and other related actions. I fully support the continuation of the Secretary's decisions.

Senator Mazie K. Hirono
Questions for the Record
Senate Veterans' Affairs Committee
Pending Nominations
July 23, 2025

Questions for John Bartrum, nominee to be Under Secretary for Health at the Department of Veterans Affairs

1. During your nominations hearing, I asked the same question I had asked of Secretary Collins during his last appearance before the committee – have the Department provide me and the other members of the committee information regarding any clinical trials that have been cancelled, suspended, delayed, or disrupted since the change in administration. I'd like to reiterate my request for that information, as well as:
 - a. The number of veterans estimated to be set to participate in or enrolled in each trial that was cancelled, suspended, or disrupted since January 20, 2025.

RESPONSE: VA has worked with its career health care leaders to extend positions with expiring appointments and exempt key research positions from the hiring freeze and will continue to do so. The Secretary instituted a hiring freeze exemption for its research personnel, and hiring actions are in progress. No VA research trials have been canceled. Veterans continued to receive care irrespective of a study's status.

Clinical trials, both within VA and outside VA, experience challenges that may be associated with a number of factors including obtaining regulatory approvals, study supply availability (e.g. medications, lab supplies), and/or decisions by the Principal Investigator and/or funder/sponsor. Any reports of trials being suspended, delayed, or disrupted cannot be verified as specifically being attributed to changes associated with the administration change.

In the hearing you asked specifically about the number of veterans participating in VA's VA Office of Research and Development (ORD) funded clinical trials. The reported data in Clinicaltrials.gov from Jan 2025 to July 2025 identifies an estimated 194,502 Veterans enrolled in VA's ORD funded trials. These figures do not include those Veterans enrolled in non-VA (e.g., other federal agency or industry) funded trials and does not include the over one million Veterans who were enrolled in the Million Veteran Program (which is not a clinical trial).

- b. The number of trials cancelled due to researchers participating in the Deferred Resignation or Voluntary Early Retirement Programs, or being terminated.

RESPONSE: VA has worked with its career health care leaders to extend positions with expiring appointments and to exempt key research positions from

the hiring freeze and will continue to do so. The Secretary instituted a hiring freeze exemption for its research personnel, and hiring actions are in progress. No VA research trials have been canceled. No VA researchers were terminated.

- c. The number of staff terminated or suspended due to the cancellation, suspension, delay, or disruption of a clinical trial since January 20, 2025 – including those categorized as WCO (Without Compensation) or NTE (Not to Exceed).

RESPONSE: VA has worked with its career health care leaders to extend positions with expiring appointments and to exempt key research positions from the hiring freeze and will continue to do so. The Secretary instituted a hiring freeze exemption for its research personnel, and hiring actions are in progress. No VA research trials have been canceled. No research staff were terminated or suspended in general.

- d. Costs incurred by the Department due to the cancellation, suspension, or disruption of a clinical trial since January 20, 2025, including the costs associated with restarting suspended, delayed, or disrupted trials.

RESPONSE: The Secretary instituted a hiring freeze exemption for its research personnel, and hiring actions are in progress. No VA research trials have been canceled. Thus, no costs were identified.

2. During the hearing, we also discussed your relationship to the company Brightstar, LLC.
 - a. Can you confirm that any of the other companies you disclosed an affiliation to – J&G Real Estate Investments, Operation Nitrile, G and D, and Hessian Labs – have current business with the Department?

Response: I am not aware of these organizations having any business with the VA prior to my service with the VA. To the best of my knowledge, none of these businesses have any current business with the department.

- i. If any of these companies do have business with the Department, can you confirm you have not been involved, per your disclosure, “personally or substantially” in any matters involving said companies?

Response: Not applicable – see above

- b. In your role at Brightstar, did you interact with external clients who had or have business with the Department?

Response: I have no specific knowledge of former clients working with the department but assume some are likely to fall into the broad scope of this question.

- i. If so, can you confirm that you have similarly not been involved “personally or substantially” with any matters involving those former clients?

Response: Yes, I can confirm that to the best of my knowledge, I have not been involved with matters involving any specific matters with former clients of Brightstar and the Department currently. I have an ethics agreement on-file as required through the VA’s ethics office.

Senator King
Questions for the Record
Senate Veterans' Affairs Committee
Nominations Hearing
July 23, 2025

Questions for John Bartrum, Nominee to be Under Secretary for Health

1. I have serious concerns about veteran suicides, in particular about veteran suicides involving firearms. As you may know, nearly 75% of veteran suicide deaths involve a firearm. Earlier this year, I—alongside my colleague on this Committee, Senator Sheehy—introduced a bill to expand an existing program at the VA to provide any veteran who wants one with a firearm lockbox, no questions asked. I believe providing any veteran—whether they are enrolled in VA healthcare or not—with a safe place to store their firearms could put valuable time and space between the thought of suicide and the means to complete the act. The Senate Appropriations Committee recently included language in their Fiscal Year 2026 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act that directs the VA to expand their existing efforts and enable greater distribution of firearms safe storage devices to help reduce veteran suicides. I am encouraged by this language and hope that my legislation can be part of this expansion to help save lives.

- a. If confirmed, will you commit to working with me and this committee to address firearm suicides?

Response: Yes, if confirmed.

- b. Will you work with me on my legislation to expand the current program at VA so that any veteran—regardless of current suicide risk or current VHA enrollment status—is able to get a firearm lockbox?

Response: I look forward to working with you on this matter if confirmed.

Senator Elissa Slotkin
Questions for the Record
Senate Veterans' Affairs Committee
Pending Nominations Hearing
Wednesday, July 23, 2025

Questions for John Bartrum

1. The “VA Trust Report” is a critical tool that helps policymakers and other interested stakeholders understand the VA’s performance through the eyes of the veterans it serves. The most recent iteration of this quarterly report, covering FY25 Q2 (January 1, 2025 through March 31, 2025), has not yet been released. For reference, the FY24 Q2 report was released in May 2024. What is the status of the FY25 Q2 “VA Trust Report?” When will the FY25 Q2 “VA Trust Report” be published?

Response: The Veterans Experience Office (VEO) who oversees this report noted it was approved for release this week and should be posted by the end of July 25, 2026.

2. Is there a reason for the delayed publication of the FY25 Q2 “VA Trust Report?” Have you been involved in any conversations with VA leadership regarding the delayed report?

Response: I have not been involved in any conversation regarding the delay in this report.

3. Will the VA commit to more timely publication of “VA Trust Reports” in the future? Will the VA commit to providing the committee with an interim status update if publication of a “VA Trust Report” is delayed over three months beyond the coverage period?

Response: The VEO team noted the information is usually available about two months after the close of the quarter that is being reported given the time needed for analysis. However, with the change of administration a longer delay occurred.

UNITED STATES SENATE
COMMITTEE ON VETERANS' AFFAIRS

ROOM 412 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, D.C. 20510
Telephone: (202) 224-9126

QUESTIONNAIRE
FOR PRESIDENTIAL NOMINEES

The Rules of the U.S. Senate Committee on Veterans' Affairs require that a Presidential nominee whose nomination is referred to the Committee submit, on a form approved by the Committee, a sworn statement concerning his or her background and financial interests, including the financial interests of the nominee's spouse and children living in the nominee's household. The Committee form is in two parts:

- (A) Information concerning the employment, education, and relevant background of the nominee, which is made public; and
- (B) Information concerning the financial and other background of the nominee, which is made public only when the Committee determines that such information bears directly on the nominee's qualifications to hold the position to which the individual is nominated.

Committee action on a nomination, including hearings or a meeting to consider a motion to recommend confirmation, shall not be initiated until at least five days after the nominee submits this form unless the Chairman, with the concurrence of the Ranking Minority Member, waives the waiting period. In order to assist the Committee in its consideration of nominations, the Committee requests that each nominee complete the attached Questionnaire for Presidential Nominees. The notarized original and any supplemental information should be delivered to:

Committee on Veterans' Affairs
United States Senate
Room 412, Russell Senate Office Building
Washington, D.C. 20510

Attention: Chief Clerk

Revised January 2025

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC**1. Basic Biographical Information**

Please provide the following information.

<i>Position to Which You Have Been Nominated</i>	
<u>Name of Position</u>	<u>Date of Nomination</u>
Under Secretary for Health (Department of Veterans Affairs)	Monday, June 2, 2025

<i>Current Legal Name</i>			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>
John	Joseph	Bartrum	

<i>Addresses</i>						
<u>Residential Address</u> (do not include street address)				<u>Office Address</u> (include street address)		
				Street: 810 Vermont Ave, NW		
City: Arlington	State: VA	Zip: 22206	City: Washington	State: DC	Zip: 20420	

<i>Other Names Used</i>						
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	<small>Check if Maiden Name</small>	<u>Name Used From</u> (Month/Year) (Check box if estimate)	<u>Name Used To</u> (Month/Year) (Check box if estimate)
None					Est <input type="checkbox"/>	Est <input type="checkbox"/>
					Est <input type="checkbox"/>	Est <input type="checkbox"/>

<i>Birth Year and Place</i>	
Year of Birth (Do not include month and day)	Place of Birth
1966	Grand Rapids, MI

<i>Marital Status</i>					
Check All That Describe Your Current Situation:					
Never Married	Married	Separated	Annulled	Divorced	Widowed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Spouse's Name</i> (current spouse only)			
Spouse's First Name	Spouse's Middle Name	Spouse's Last Name	Spouse's Suffix
Elizabeth	Ann	Bartrum	

<i>Spouse's Other Names Used</i> (current spouse only)						
First Name	Middle Name	Last Name	Suffix	<small>Check if Maiden Name</small>	Name Used From (Month/Year) (Check box if estimate)	Name Used To (Month/Year) (Check box if estimate)
Elizabeth	Ann	Childs	X	Est <input type="checkbox"/> Feb 1972 <input type="checkbox"/>	Est <input type="checkbox"/> Jul 2002 <input type="checkbox"/>	
					Est <input type="checkbox"/>	Est <input type="checkbox"/>

<i>Children's Names (if over 18)</i>			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>
Sophia	Hope	Bartrum	
Olivia	Grace	Bartrum	

2. Education

List all post-secondary schools attended.

<u>Name of School</u>	<u>Type of School</u> (vocational/technical/trade school, college/university/military college/ correspondence/distance/extension/online school)	<u>Date Began School</u> (month/year) (check box if estimate)	<u>Date Ended School</u> (month/year) (check box if estimate) (check "present" box if still in school)	<u>Degree</u>	<u>Date Awarded</u>
George Mason University	School of Law	Sep 2000 Est <input type="checkbox"/>	May 2004 Est <input type="checkbox"/> <input type="checkbox"/>	Juris Doctor	May 2004
Southern Illinois University Edwardsville	School of Business	Sep 1992 Est <input type="checkbox"/>	May 1994 Est <input type="checkbox"/> <input type="checkbox"/>	MBA	May 1994
McKendree College (University)	School of Business	Spring 1985 Est <input type="checkbox"/>	May 1990 Est <input type="checkbox"/> <input type="checkbox"/>	BBA	May 1990
Community College of the Air Force	Military College – Transfer and military education to credit hour program	Jun 1984 Est	1991 Est	Associate degree Bioenvironmental Eng.	1991
Community College of the Air Force	Military College – Transfer and military education to credit hour program	Jun 1984 Est	Mar 1988 Est	Associate degree Survival/Rescue Ops	1988
Military Course	Air War College, Maxwell Air Force Base, Alabama		Correspondence	Completed	2015

Military Course	Air Command and Staff College, Maxwell Air Force Base, Alabama		Correspondence	Completed	2006
Military Course	Squadron Officer Course, Maxwell Air Force Base, Alabama		Correspondence	Completed	1998
Military Course	Various Enlisted Leadership Courses	1984	1995		

3. Employment

(A) List all of your employment activities, including unemployment and self-employment. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of two years of employment history.

<u>Type of Employment</u> (Active Military Duty Station, National Guard/Reserve, USPHS Commissioned Corps, Other federal employment, State Government (Non-federal Employment), Self-employment, Unemployment, Federal Contractor, Non-Government Employment (excluding self-employment), Other	<u>Name of Your Employer/Assigned Duty Station</u>	<u>Most Recent Position Title/Rank</u>	<u>Location</u> (City and State only)	<u>Date Employment Began</u> (month/year) (check box if estimate)	<u>Date Employment Ended</u> (month/year) (check box if estimate) (check "present" box if still employed)
Air Force Active Duty and Reserve Military Service (Breakout Below of Military Service)	Department of the Air Force, Pentagon	Major General, Mobilization Assistant to the Air Force Surgeon General	Arlington, Virginia	Jun 1984 Est <input type="checkbox"/>	Present <input type="checkbox"/> <input type="checkbox"/>
Government Employment	Department of Veterans Affairs, Central Office DC	Senior Advisor	Washington DC	Jan 2025 Est <input type="checkbox"/>	Present <input type="checkbox"/>
Self-Employed	Brightstar Innovations Group, LLC, VA	CEO & Founder	Arlington, Virginia	Jun 2019 Est <input type="checkbox"/>	Jan 2025 Est <input type="checkbox"/>
Private Firm	Squire Patton Boggs, DC	Partner	Washington, DC	Feb 2017 Est <input type="checkbox"/>	May 2019 Est <input type="checkbox"/>
Government Employment	U.S. House of Representative, DC	Senior Professional Staff (Appropriations Committee)	Washington, DC	Dec 2009 Est <input type="checkbox"/>	Feb 2017 Est <input type="checkbox"/>
Government Employment	National Institutes of Health, MD	Associate Director (SES)	Bethesda, Maryland	Oct 2006 Est <input type="checkbox"/>	Dec 2009 Est <input type="checkbox"/>
Government Employment	Executive Office of the President, Office of Management & Budget (OMB), DC	National Security Division, Senior Examiner	Washington, DC	Jun 2001 Est <input type="checkbox"/>	Oct 2006 Est <input type="checkbox"/>
Government Employment	Department of Veterans Affairs, Central Office DC, Assistant Secretary for Management	Senior Budget/Program Analyst	Washington, DC	Dec 1998 Est <input type="checkbox"/>	Jun 2001 Est <input type="checkbox"/>

	Office of Budget, Medical Service, DC				
Government Employment	Department of Veterans Affairs, Central Office DC, Assistant Secretary for Policy & Planning	Policy Program Analyst	Washington, DC	Jun 1998 Est □	Dec 1998 Est □
Government Employment	Dept of Air Force, United States Air Force, Europe (USAFE) International Engagement Office, (Civilian), Germany	International Program Manager/Analyst, Deputy Chief	Ramstein Air Base, Germany	Aug 1996 Est □	Jun 1998 Est □
Government Employment	Dept of Air Force, Air Weather Service (AWS), Headquarters (Civilian)	Deputy Chief, Quality & Process Improvement Division	Scott Air Force Base, Illinois	Jan 1994 Est □	Aug 1996 Est □
Government Employment	Dept of Air Force, 375 Aircraft Maintenance Squadron (Civilian)	Aircraft Maintenance & Fabrication & Survival Rescue Specialist	Scott Air Force Base, Illinois	Oct 1998 Est □	Jan 1994 Est □
Military Service (Reserve)	U.S. Air Force Headquarters Air Force, Pentagon,	Brig General, Mobilization Assistant to the Deputy Surgeon General	Arlington, Virginia	Dec 2018 Est □	Apr 2021 Est □
Military Service (Reserve)	U.S. Air Force Medical Operations Agency Headquarters, Joint Base San Antonio- Lackland	Colonel, Mobilization Assistant to the Air Force Medical Operations Agency Commander	San Antonio, Texas	Feb 2016 Est □	Dec 2018 Est □
Military Service (Reserve)	U.S. Office of Air Force Surgeon General	Colonel, Individual Mobilization Augmentee (IMA) Deputy Assistant USAF Surgeon General, Health Care Operations &	Fairfax, Virginia	Jul 2014 Est □	Feb 2016 Est □

		Medical Research,			
Military Service (Reserve)	U.S. Air Force, Office of Air Force Surgeon General	Colonel, IMA Liaison to USAF Surgeon General for Medical Reserve Forces	Fairfax, Virginia	Jul 2013 Est □	Jun 2014 Est □
Military Service (Reserve)	920 Aerospace Medicine unit (formerly 610 th)	Colonel, Commander	Langley Air Force Base, Virginia	Nov 2008 Est □	Jul 2013 Est □
Military Service (Reserve)	22 Air Force, Headquarters	Lt Colonel, Chief of Medical Administration	Dobbins Air Force Base, Georgia	May 2005 Est □	Nov 2008 Est □
Military Service (Reserve)	459th Aeromedical Evacuation Squadron	Major, Director of Operations	Andrews Air Force Base, Maryland	Aug 1998 Est □	Nov 2005 Est □
Military Service (Reserve)	932 Aeromedical Staging Squadron	Lieutenant, Medical Service Corps Officer,	Scott Air Force Base, Illinois	Apr 1995 Est □	Aug 1998 Est □
Military Service (Reserve)	932 Airlift Wing (Contingency Hospital & Aircraft Maintenance Squadrons)	Enlisted Reserve (Technical Sergeant), NCOIC Bioenvironmental Eng	Scott Air Force Base, Illinois	Aug 1998 Est □	Apr 1990 Est □
Military Service (Reserve)	Individual Ready Reserve	Sergeant, Reserve Personnel Center	Denver, Colorado	Apr 1990 Est □	Mar 1988 Est □
Military Service (Active)	375 Aircraft Maintenance Squadron	Sergeant, Fabrication and Parachute Specialist	Scott Air Force Base, Illinois	Jun 1984 Est □	Mar 1988 Est □

(B) List any advisory, consultative, honorary or other part-time service or positions with federal, state, or local governments, not listed elsewhere.

<u>Name of Government Entity</u>	<u>Name of Position</u>	<u>Date Service Began</u> (month/year) (check box if estimate)	<u>Date Service Ended</u> (month/year) (check box if estimate) (check "present" box if still serving)
None		Est <input type="checkbox"/>	Est Present <input type="checkbox"/> <input type="checkbox"/>

4. Honors and Awards

List all scholarships, fellowships, honorary degrees, civilian service citations, military medals, academic or professional honors, honorary society memberships and any other special recognition for outstanding service or achievement.

- McKendree University Alumni Academy of Excellence for Achievement, Leadership and Character in Business, October 2024, Lebanon, Illinois
- American Hospital Association, Federal Health Care Executive Award for Excellence, 2021
- National Pressure Injury Advisory Panel President's Award, 2021
- Fellow in the National Academy of Public Administration Class of 2020
- SES Performance Awards; National Institutes of Health (NIH) Director's Award;
- Department of the Air Force Award for Meritorious Civilian Service
- Numerous Civilian Performance Awards;
- Numerous Military Medals and Awards; and Numerous other awards/honors, such as
 - Defense Superior Service Medal
 - Legion of Merit
 - Meritorious Service Medal with five oak leaf clusters
 - Air Force Commendation Medal with two oak leaf clusters
 - Air Force Achievement Medal with oak leaf cluster
 - Air Force Outstanding Unit Award with Valor Device with three oak leaf clusters
 - Air Force Organizational Excellence Award with oak leaf cluster
 - AF Good Conduct Medal with oak leaf cluster
 - Humanitarian Service Medal
 - Air Force Expeditionary Service Ribbon with Gold Border
 - Department of Health and Human Services, Pinnacle Award
 - Outstanding Airman of the Year, 1987 Scott Air Force Base, Illinois
 - Multiple Military Mobilizations to support military operations since 1990

5. Memberships

List all memberships held in professional, social, business, fraternal, scholarly, civic, charitable, or other organizations in the last ten years.

Unless relevant to your nomination, you do NOT need to include memberships in charitable organizations available to the public as a result of a tax-deductible donation of \$1,000 or less, Parent-Teacher Associations, or other organizations connected to schools

attended by your children, athletic clubs or teams, automobile support organizations (such as AAA), discounts clubs (such as Groupon or Sam's Club), or affinity memberships/consumer clubs (such as frequent flyer memberships).

<u>Name of Organization</u>	<u>Dates of Your Membership</u> (You may approximate)	<u>Position(s) Held</u>
Veterans of Foreign War	Est. 2019 to present	None
Medical Service Corps Association – Volunteer Professional Association	Est 1996 to Present (some years membership likely lapsed but now Life Member)	Current Member of Association Advisory Board
National Rifle Association	Unknown – Life Member	None
Trout Unlimited	2023 to present	None

6. Political Activity

(A) Have you ever been a candidate for or been elected or appointed to a political office?

<u>Name of Office</u>	<u>Elected/Appointed/ Candidate Only</u>	<u>Year(s) Election Held or Appointment Made</u>	<u>Term of Service</u> (if applicable)
Nomination to serve as Assistant Secretary for Financial in the Department of Health and Human Services in 2017	Nominated Only	None	None

(B) List any offices held in or services rendered to a political party or election committee during the last ten years that you have not listed elsewhere.

<u>Name of Party/Election Committee</u>	<u>Office/Services Rendered</u>	<u>Responsibilities</u>	<u>Dates of Service</u>
None			

(C) Itemize all individual political contributions of \$200 or more that you have made in the past five years to any individual, campaign organization, political party, political action committee, or similar entity. Please list each individual contribution and not the total amount contributed to the person or entity during the year.

Name of Recipient	Amount	Year of Contribution
None		

7. Publications

List the titles, publishers and dates of books, articles, reports or other published materials that you have written, including articles or blog posts published on the Internet.

Title	Publisher	Date(s) of Publication
How to Build More Resilient, Diverse, and Secure Supply Chains to Ensure U.S. Economic Prosperity and National Security	NATIONAL ACADEMY OF PUBLIC ADMINISTRATION	Mar 1, 2023
Intergovernmental Dimensions of the COVID-19 Responses and Consequences	NATIONAL ACADEMY OF PUBLIC ADMINISTRATION	Mar 1, 2022
Innovation Supports Federal COVID-19 Response: A Case Study on Short-term Results and Sustainment Thoughts	National Academy of Public Administration	Jan 12, 2022
Summary of Conclusions from Healthcare Common Operating Picture and Healthcare Delivery Workshop	TX A&M Busch School, Scowcroft Institute of International Affairs	October 2024
Interviewed by Mary Kurek of Frontrunners Innovate	https://www.frontrunnersinnovate.com/gen-john-bartrum-combines-innovation-with-strategy-to-solve-huge-public-health-challenges/	May 23, 2021
CMS Considering Supply Bubble Policy to Enhance Supply Resiliency	Linked-In Article, https://www.linkedin.com/pulse/cms-considering-supply-bubble-policy-enhance-john-bartrum-rzclc/	Oct 19, 2023

8. Public Statements

(A) List any testimony, official statements or other communications, including those made on the Internet including on social media or other digital content sites, relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials. Prior Nomination for HHS Asst Sec of Finance hearing on March 20, 2018 (see S.Hrg. 115-587 — NOMINATIONS OF JOHN J. BARTRUM AND LYNN A. JOHNSON) otherwise no others to the best of my knowledge.

(B) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.

- Military Command Address During Site Visits: In my reserve role as a senior leader on occasion I address the troops that included:
 - 349th Medical Group commander's call in March 2025 – see article <https://www.349amw.afrc.af.mil/News/Article-Display/Article/4117607/maj-gen-bartrum-visits-349th-medical-group/> and <https://www.dvidshub.net/image/8903555/maj-gen-bartrum-visits-349th-medical-group>
 - 433rd Medical Group and 433rd Operations Group tour where I discussed readiness and training in Nov 2024 -- <https://www.433aw.afrc.af.mil/News/Article-Display/Article/3580945/maj-gen-bartrum-visits-the-alamo-wing/> and <https://www.jbsa.mil/News/News/Article/3581597/surgeon-general-of-the-air-force-and-space-force-ima-visits-the-alamo-wing/> and <https://www.jbsa.mil/News/News/Article/3584356/alamo-wing-senior-leaders-civic-leaders-serve-up-thanks/>
- McKendree University Discussion with students on 5 Oct 2023 in Lebanon, Illinois. I spoke to several classes and groups of students in the School of Business. Plus, I participated in a discussion with a teacher and student open to students and alumni that evening. I did not have a set speech. The school may have recorded the event but I did not record the event. The point of the speech was a motivational discussion for students from my life experiences. <https://mckreview.com/major-general-john-bartrum-shares-insight-with-students/>

(C) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews). To the best of my knowledge – all are listed above.

9. Agreements or Arrangements

<input checked="" type="checkbox"/> <input type="checkbox"/> See OGE Form 278. (If, for your nomination, you have completed an OGE Form 278 Executive Branch Personnel Public Financial Disclosure Report, you may check the box here to complete this section and then proceed to the next section.)

As of the date of filing your OGE Form 278, report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment.

Provide information regarding any agreements or arrangements you have concerning (1) future employment; (2) a leave of absence during your period of Government service; (3) continuation of payments by a former employer other than the United States Government; and (4) continuing participation in an employee welfare or benefit plan maintained by a former employer other than United States Government retirement benefits.

<u>Status and Terms of Any Agreement or Arrangement</u>	<u>Parties</u>	<u>Date</u> (month/year)
None		

10. Lobbying

Have you ever registered as a lobbyist? If so, please indicate the state, federal, or local bodies with which you have registered (e.g., House, Senate, California Secretary of State).

In 2017 while employed with Squire Patton Boggs I was inadvertently registered to lobby the House, Senate, and Department of Labor. However, these reports were amended in 2017 by the firm. In a direct answer to the question, I was registered in 2017, which was corrected once it became known to me and the firm.

11. Testifying Before the Congress

(A) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such Committee? Yes

(B) Do you agree to provide such information as is requested by such a committee in a timely and accurate manner? Yes

**Nomination Material for
JEREMIAH WORKMAN**

Jeremiah Workman

Nominee for Assistant Secretary of Labor, Veterans' Employment and Training Service (VETS)
Senate Veterans' Affairs Committee Opening Statement

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

Thank you for the opportunity to appear before you today. I am honored and humbled to be considered for the role of Assistant Secretary of Labor for the Veterans' Employment and Training Service. This nomination is a call to serve those who have served us all.

I am grateful to President Donald Trump for nominating me to serve in this role. He has demonstrated an unrelenting support for our military and veterans, placing a renewed national focus on honoring their service and expanding their opportunities after they leave the uniform behind. I would also like to thank Secretary Lori Chavez-DeRemer and Deputy Secretary Keith Sonderling for their leadership and support of my nomination.

I especially would like to take a moment to thank someone very important to me—my wife, Jessica Workman. Jessica and I have been together since high school. She's the mother of our two incredible children, Devon and Delaney, and all three are here in support today. Throughout my military career, through my deployment, injury, and reintegration, Jessica has been a constant source of strength, grace, and resilience. They say the toughest job in the military is that of a military spouse—and Jessica has fulfilled that role with a quiet determination that has shaped the man I am today. Jessica, thank you. You are my rock.

Public service has long been a part of my family's story. My grandfather served in World War II and my father is a U.S. Army veteran. For me, the decision to serve came early - I enlisted in the Marine Corps at age 17. On the morning of September 11, 2001, I was in a barber shop at Parris Island. A few years later, in December 2004, I was deployed with a team of Marines to Fallujah, Iraq, as part of Operation Phantom Fury. Our mission was going house to house clearing insurgents in one of the fiercest urban battles of the Iraq War. During one operation, we engaged more than two dozen insurgents fortified inside a safe house. The details of that day are well documented, and I won't recount them all here—but I will say this: the bravery and sacrifice I witnessed from my fellow Marines on that day continue to inspire my life's work.

Since leaving active duty, I've committed myself to serving veterans. Through my work with the Wounded Warrior Regiment, the VA, and the private sector, I've always had the same focus—making sure veterans don't fall through the cracks. I've seen how powerful the right support at the right time can be. And I've also seen what happens when we fail to deliver.

As a Marine Corps combat veteran, I've experienced firsthand both the immense pride of military service and the complex challenges of transitioning back into civilian life. I've also seen the untapped potential that every veteran carries with them **after service**. Our nation owes these men and women more than gratitude—we owe them an opportunity, dignity, and a pathway to purpose, post-service.

If confirmed, I will lead the Veterans' Employment and Training Service with that mission at its core: to empower every transitioning service member, veteran, and military spouse with the tools they need to succeed in the workforce—and in life. Regardless of the length of their service, they deserve the chance to build a meaningful, fulfilling civilian career.

VETS manages a portfolio of programs that play a vital role delivering on that mission. The **Jobs for Veterans State Grants** help states place veterans into employment through dedicated specialists. The **Transition Assistance Program**, delivered at military installations around the world, helps prepare service members before they even take off the uniform. The **Homeless Veterans' Reintegration Program** helps those who've fallen on hard times reconnect with the workforce. And through the **Uniformed Services Employment and Reemployment Rights Act (USERRA)**, we enforce veterans' workplace rights—ensuring their service is honored, not penalized.

VETS will also continue to develop innovative programs like the **Employment Navigator and Partnership Pilot**, which pairs transitioning service members with career coaches, and the **National Veterans' Training Institute**, which provides professional development to the frontline workforce serving our veterans every day.

Even though these programs are strong, there is more work to do.

Veterans continue to face challenges reentering the workforce, particularly those with service-connected disabilities. We must ensure that disability is not a disqualifier. Employment is more than a paycheck—it's a sense of identity, purpose, and contribution. It's one of the most powerful protectors of mental health. I believe when veterans thrive in the workforce, their families, communities, and our country all benefit.

If confirmed, every decision we make at VETS will start with one question: *What does this mean for the veteran?* That will be our guiding principle.

I will lead with urgency, compassion, and accountability. We will work to strengthen our programs, improve interagency coordination, and embrace innovation—from digital training platforms to expanded employer partnerships. Our focus will be on outcomes that matter: quality jobs, long-term careers, and the dignity that comes with meaningful work.

We will ensure that veterans are not only welcomed in the workforce—but that they are prepared, empowered, recruited, and valued.

This is the greatest professional honor of my life, and I am ready to continue my service to our great Country. Thank you again for your time and consideration. I respectfully ask for your support of my nomination, and I look forward to your questions.

Pre-Hearing Questions for Jeremiah Workman
Nominee for Assistant Secretary of Veterans' Employment and Training
U.S. Department of Labor
From Senator Jerry Moran
Chairman, Senate Committee on Veterans' Affairs

June 16, 2025

1. What professional and personal experiences do you believe have prepared you to lead as Assistant Secretary of Labor for VETS?

My preparation for this role comes from a lifetime of service—first in the Marine Corps, then at the Department of Veterans Affairs, and later through various roles in both public and private sectors that kept me connected to the veteran community.

My military service, particularly during combat operations in Fallujah, taught me about leadership, resilience, and the long-term challenges that many of us face after leaving the battlefield. I experienced firsthand the physical and emotional toll of war, and I saw how difficult the transition to civilian life can be without the right support systems in place.

That sense of responsibility led me to the Department of Veterans Affairs, where I spent nearly a decade as a Military Services Coordinator. I worked directly with service members as they transitioned out—guiding them through their benefits, helping them file claims, and supporting them through the Integrated Disability Evaluation System. While I haven't had access to internal Department of Labor briefings, this role gave me a deep understanding of the issues veterans face during the critical transition window.

I've also had the opportunity to work in roles that required building partnerships and managing programs across state lines, including within the healthcare and federal contracting spaces. These experiences gave me a broader view of how federal policy intersects with local realities—and how important it is to design systems that are responsive, inclusive, and focused on outcomes.

If confirmed, I would lead VETS with a sense of humility and service—listening carefully to veterans, program staff, and employers to ensure the Department's resources are being deployed where they can have the most meaningful impact.

2. What do you believe are the most significant challenges facing DOL VETS? If confirmed, what would your highest priorities be, and what would you intend to accomplish to help address those challenges?

While I have not yet received any official briefings and would want to reserve final judgment until I have the benefit of internal data and staff insights, I've reviewed publicly available information and listened closely to veterans and workforce advocates. Based on that, several challenges appear to stand out.

One is the persistent difficulty many veterans face in connecting their military skills and experience to civilian employment opportunities—particularly in industries unfamiliar with military roles. Veterans often leave service with incredible leadership and technical capabilities, but those don't always translate cleanly onto a civilian resume or job posting.

If confirmed, my first priority would be to listen—to VETS staff, to state and local partners, and to the veterans themselves. I believe a good leader doesn't arrive with all the answers; they come prepared to ask the right questions and act on what they learn.

From there, I would focus on:

- **Improving the quality and personalization of transition services**, in close coordination with the Department of Defense and the VA;
- **Supporting the front-line professionals** who deliver veteran employment services every day through American Job Centers;
- **Expanding partnerships** with employers and community organizations committed to hiring and retaining veterans;
- And **ensuring performance accountability**, not just by counting the number of veterans served, but by focusing on job placement, job quality, and wage progression.

I view this role not only as an opportunity to serve, but as a responsibility—to ensure that every veteran, no matter their background or circumstances, has a real pathway to meaningful work and long-term economic security.

3. Please describe in detail why it is in our national interest for veterans to be successful after their military service, as well as why employers ought to look to veterans to meet their workforce needs.

It is absolutely in our national interest to ensure that veterans are successful after their military service—not just because we owe them that opportunity, but because when veterans thrive, our economy, our communities, and our democratic values all grow stronger.

First, from a moral and civic standpoint, our country makes a promise to those who serve: that their sacrifice will be honored not just in words, but in the opportunities available to

them when they return. Fulfilling that promise is a matter of national character. But it's also smart policy.

Veterans are one of the most capable, resilient, and adaptive segments of our workforce. They've led teams under pressure, solved complex problems in uncertain environments, and learned how to operate with discipline, integrity, and a focus on results. These are not just military traits—they are the very qualities that employers across industries are desperately looking for.

If we don't create clear pathways for veterans to translate those skills into civilian careers, we're not only doing them a disservice—we're wasting an extraordinary national asset. And worse, we risk economic instability, long-term unemployment, and in some cases, crisis-level outcomes like homelessness, substance use, involvement with the justice system, or the ultimate tragedy, suicide. These are preventable with the right systems in place.

Supporting veterans also has ripple effects across generations. When a veteran secures a stable, meaningful job, they're able to support their family, contribute to their community, and often go on to hire or mentor others. It strengthens local economies, reduces dependence on public services, and creates powerful examples of resilience and reintegration—especially for younger Americans considering military service themselves.

As for employers, I would strongly encourage them to view veteran hiring not as charity, but as strategy. Veterans are trained to learn quickly, lead diverse teams, and adapt under stress. They understand accountability and mission execution. In a time when many industries are struggling with workforce readiness, veterans bring readiness on day one.

Of course, not every employer understands how to interpret a military record or how to onboard someone transitioning from a very different culture. That's why programs like those at DOL VETS matter—they help close that gap, build awareness, and equip both veterans and employers to succeed together.

If confirmed, I would work to make sure more employers see the veteran workforce not just as a pool of applicants—but as a reservoir of potential, purpose, and strength that can help drive our economy forward.

**4. What do you think is the appropriate role of DOL VETS in in an average veteran's life?
If confirmed, how would you work to improve outcomes among those who utilize DOL VETS services?**

In my view, the appropriate role of the Department of Labor's Veterans' Employment and Training Service (VETS) in the life of an average veteran is to act as a bridge—from military service to meaningful civilian employment. Not every veteran will need to walk across that

bridge, but for those who do, it should be solid, accessible, and built with their individual needs in mind.

VETS should be there to meet veterans where they are. For some, that might mean help translating their military experience into a private-sector resume. For others, it might be access to job training or apprenticeship programs that open new doors. For those facing more serious barriers—homelessness, disability, or a lack of connection to the workforce—VETS should be part of a coordinated effort to offer stability and opportunity.

From my experience and what I've reviewed publicly, the agency already does important work through programs like TAP, the HIRE Vets Medallion Program, and the Disabled Veterans' Outreach Program (DVOP). But if confirmed, I would want to take a close look at how those services are being experienced on the ground. Are they accessible? Are they flexible enough to serve veterans from all backgrounds? Are they leading to real, quality jobs?

If confirmed, my focus on improving outcomes would start with **listening**—to the veterans who use these programs, to the front-line staff who deliver them, and to the state and local partners who make up the broader workforce ecosystem. We have to understand what's working, what isn't, and where gaps persist.

From there, I would look to:

- **Strengthen personalization:** Veterans aren't a monolith. A 22-year-old junior enlisted service member and a 45-year-old senior NCO have very different employment needs. VETS programs should reflect that, and our performance measures should reward outcomes that meet individuals where they are.
- **Improve employer engagement:** We need to do more than just help veterans look for jobs—we need to help employers better understand the veteran workforce and build pathways that lead to long-term success. I would look to expand partnerships in industries that offer upward mobility, not just short-term employment.
- **Modernize tools and outreach:** Whether it's online platforms, mobile access, or translated resources, we need to make it easier for veterans to access DOL VETS services—especially those who may not walk into an American Job Center but still need support.
- **Use data to drive decisions:** I believe outcomes should be measured not just in job placements, but in retention, wage growth, and career satisfaction. I'd want to look closely at how we track these metrics and make that data more actionable.

Ultimately, DOL VETS should be a trusted partner for veterans—not just in the moment they leave the service, but across the full arc of their working life. That's the standard I would work toward, if given the opportunity to lead.

5. If the Secretary, the White House, the Office of Management and Budget, the Office of Personnel Management or other official entities are working on or issue a directive or guidance that you believe violates the law or could have an adverse impact on services and benefits for veterans, what would you do?

I'll break my response into two parts: first, how I would handle a directive I believe may be illegal, and second, how I would respond to a directive that, while lawful, could negatively impact veterans.

• If a directive were issued that I believed might violate the law:

I want to be clear that I'm not an attorney, and I would never act based solely on my personal interpretation of the law. If I received a directive from a senior official or agency that I suspected might be unlawful, my first step would be to seek immediate guidance from the Department's Office of the Solicitor. I believe that public service requires not just loyalty to the chain of command, but fidelity to the Constitution and the law.

If legal counsel confirmed that the directive would violate the law, I would not carry it out. I take the rule of law seriously, and I understand that following illegal orders—no matter the source—is not an option.

• If a directive were lawful but could negatively affect veterans' services or benefits:

Even if a directive is legally sound, I believe it's my duty—as a public servant, and as someone who has walked the path of transition from military to civilian life—to raise concerns when a policy could harm the veterans we serve.

In that case, I would gather data, consult with VETS program staff and stakeholders, and respectfully but firmly advocate for changes that would mitigate or avoid those negative impacts. I would present a clear analysis to the Secretary or other relevant leadership—outlining how the directive could reduce access or create long-term setbacks for veterans' employment outcomes.

If the decision stands, and it's within the bounds of the law, I would work to implement it as effectively as possible—but I would also stay committed to identifying ways to adapt or improve delivery, so veterans do not bear the brunt of

unintended consequences. Transparency, communication, and accountability would guide my approach.

In both cases—legal or policy—my guiding principle is this: veterans should always be at the forefront in our decision-making. If confirmed, I would see it as my duty to speak up, act with integrity, and always advocate for what's in their best interest.

6. What do you see as the role of this Committee, specifically, and Congressional oversight, in general?

I believe this Committee—and Congressional oversight more broadly—plays an essential role in upholding the integrity, accountability, and responsiveness of executive branch agencies, especially those that serve vulnerable or underserved populations like our nation's veterans.

Specifically, for this Committee, I see your role as threefold:

First, to ensure that the programs authorized and funded by Congress are being implemented effectively, equitably, and in accordance with legislative intent. That includes monitoring how taxpayer dollars are spent and whether programs like those under DOL VETS are delivering meaningful, measurable outcomes—especially in terms of employment, access, and long-term economic mobility for veterans.

Second, to serve as a voice for the public, particularly for veterans and their families. You bring forward the real-world experiences and concerns of your constituents, and in doing so, you help ensure that federal agencies stay grounded in the realities veterans face—not just policy on paper.

And third, to provide critical balance. Oversight is not about micromanagement—it's about ensuring transparency and building trust. It creates the space for honest dialogue, mid-course corrections when needed, and long-term improvements that benefit those we're all trying to serve.

If confirmed, I would view this Committee not as a checkpoint to be passed, but as a partner in mission. I would commit to open communication, timely reporting, and an honest, collaborative approach to problem-solving. I welcome oversight—because when done well, it makes the work stronger, more just, and more effective.

7. If confirmed, will you commit to personally holding regular briefings, no less than quarterly, with Committee staff to provide updates on your efforts and actions?

Absolutely. If confirmed, I will commit to personally holding regular briefings—no less than quarterly—with Committee staff. I view that kind of engagement not as a formality, but as a vital part of doing the job responsibly.

Open, consistent communication with this Committee helps ensure transparency, builds trust, and allows for early identification of challenges or opportunities. It also creates a space for meaningful collaboration—where your staff can share concerns, provide feedback from the field, and help shape improvements that ultimately serve veterans more effectively.

I would welcome those conversations and make them a regular part of how I lead.

8. If confirmed, what would be your overarching vision for how DOL VETS can best support veterans in today's rapidly evolving labor market?

If confirmed, my overarching vision for DOL VETS is to ensure that every veteran—regardless of background, geography, or life circumstances—has a clear, supported pathway to meaningful, sustainable employment in today's economy.

In a labor market that's rapidly shifting due to technology, automation, and emerging industries, we can't rely on one-size-fits-all approaches. Veterans bring a wide range of skills, but they need access to upskilling, reskilling, and employers who understand how to translate military experience into civilian opportunity.

I believe DOL VETS should serve as both a bridge and a catalyst. A bridge that connects veterans to opportunities that match their potential—and a catalyst that empowers employers, educators, and workforce systems to become more inclusive, veteran-ready, and responsive to change.

This means focusing on:

- **Individualized Support** – Veterans should receive tailored career guidance that accounts for their unique service background, goals, and family needs—not just general advice.
- **Employer Engagement** – We need stronger partnerships with employers who are ready to build long-term pipelines for veterans in fields like energy, advanced manufacturing, and cybersecurity.

Ultimately, I want DOL VETS to be seen as a champion for veterans—not just when they leave the service, but throughout their working life. A place where results matter, where dignity and opportunity go hand-in-hand, and where no veteran has to navigate their career journey alone.

9. Please describe your understanding of DOL VETS' mission. Do you anticipate making any changes to such mission? If so, how and why? If not, why?

My understanding is that the mission of the Department of Labor's VETS is to prepare America's veterans, service members, and their spouses for meaningful careers, provide them with employment resources and expertise, protect their employment rights, and promote their economic well-being through programs and services administered at the federal, state, and local levels.

It's a mission that reflects both a solemn obligation and a tremendous opportunity—one that bridges public service, workforce development, and economic justice.

At this time, I do **not** anticipate seeking changes to the formal mission of VETS. It is appropriately broad and flexible, and it reflects a commitment to both protecting veterans' rights—through enforcement of laws like USERRA—and helping veterans thrive in a competitive labor market.

That said, if confirmed, I would work to ensure that the *execution* of that mission reflects today's realities. For example, I would emphasize:

- **Stronger employer partnerships**, especially in growth sectors of the economy;
- And **better performance measurement**, so we don't just report activity but track whether veterans are landing quality jobs, with upward mobility.

The mission, in my view, doesn't need rewriting. It needs reaffirming—and resourcing in ways that allow DOL VETS to deliver on that promise in today's fast-changing world. If confirmed, I would be honored to help lead that effort.

10. Please describe your understanding of the current organizational structure of DOL VETS. Do you anticipate making any changes to such structure? If so, how and why? If not, why?

Based on publicly available information, here's my understanding of the current structure of DOL VETS—and how I'd approach it, respectfully, if confirmed.

A. Current Organizational Structure of DOL VETS

VETS operates under the **Office of the Assistant Secretary for Veterans' Employment and Training (OASVET)** within the Department of Labor. The structure includes:

- **National Level:** A small headquarters in Washington, D.C. (~50–60 staff), including the Assistant Secretary and Deputy Assistant Secretaries for Policy and Operations & Management
- **Regional Offices:** Ten regional offices (matching DOL regions), each led by a regional administrator with support staff, including specialists for grants and veterans' employment rights
- **State-Level Personnel:** Directors of Veterans' Employment and Training (DVETs) in each state—and in some cases, Assistant DVETs—who oversee program implementation and compliance
- **Local Staff:** On the front lines, Local Veterans' Employment Representatives (LVERs) and Disabled Veterans' Outreach Program (DVOP) specialists employed by state workforce agencies. These professionals deliver direct services, including employment counseling, TAP workshops, and employer outreach

B. Do I Anticipate Making Structural Changes?

At this stage, I do not propose any structural changes. Here's why:

- The existing framework aligns closely with DOL's core mission and federal requirements.
- It ensures national-level guidance, regional coordination, state-level oversight, and local delivery through American Job Centers—creating clear lines of responsibility and accountability.
- Any structural changes—such as reassigning regional roles or shifting staffing—could disrupt service delivery unless they're based on in-depth evidence and veteran feedback.

C. How I Would Approach Improvement

If confirmed, my focus would be on strengthening and refining, rather than reorganizing. My approach would be:

Conduct a listening and assessment phase

- Engage with headquarters, regional leadership, DVETs, frontline LVERs and DVOPs, and—most importantly—veterans themselves to identify structural strengths and areas that may need adjustment.

Evaluate resource alignment

- Ensure that staffing levels match regional and local demand. Some areas—rural, high-veteran-population, or underserved communities—may benefit from additional staffing adjustments.

Enhance communication and coordination channels

- Improve information flow between HQ, regions, states, and local Job Centers to foster innovation, share best practices, and ensure consistent delivery.

Invest in staff development

- Expand training for LVERs, DVOPs, and managers on veteran-centered strategies and new technological tools, leveraging VETS' National Veterans' Training Institute.

In summary, the **structure of VETS is fundamentally sound**, designed to serve veterans nationally and locally. Rather than structural overhaul, I would focus on listening, aligning resources, optimizing communication, and deepening frontline support—all in service of better outcomes for veterans.

11. President Trump issued an executive order with the intent of making changes to how the Federal government combats veterans' homelessness. If confirmed, how do you plan to collaborate with VA and the White House to ensure DOL aligns with this directive?

While I understand that President Trump issued an executive order focused on improving federal efforts to combat veteran homelessness, I have not yet been briefed on the full scope of that directive or any internal plans underway across agencies. However, based on what is publicly available, I recognize that reducing veteran homelessness requires strong, coordinated federal action—something that goes beyond any single department.

If confirmed, I would fully commit to supporting the intent of that executive order—and more importantly, the larger goal it reflects: ensuring that no veteran in this country is left without safe housing, opportunity, or dignity.

DOL VETS plays a key role in that effort, particularly through its Homeless Veterans' Reintegration Program (HVRP), which connects homeless veterans to job training, employment services, and ultimately stable work. But employment alone doesn't solve homelessness—it must be integrated with housing, healthcare, mental health services, and case management.

If confirmed, I would work closely with leadership at the Department of Veterans Affairs, the White House Domestic Policy Council, and interagency partners like HUD and HHS to

align our programs, avoid duplication, and make the employment component of reintegration stronger, more accessible, and more data-driven.

That collaboration could include:

- **Regular participation in interagency working groups** focused on veteran homelessness;
- **Aligning data systems and metrics** to ensure that our shared interventions are measuring the right outcomes—housing stability, job retention, and long-term well-being;
- **Ensuring that HVRP grants are well-targeted**, particularly in high-need communities, and reaching veterans truly in need;
- And **making sure that local DOL VETS staff**—especially DVOPs and LVERs—are equipped to identify veterans experiencing homelessness and refer them to housing and wraparound services in real time.

Ultimately, I believe the most important part of any executive directive is not the document itself—it's how we operationalize it. If confirmed, I would work to ensure that DOL VETS is a committed, active, and accountable partner in the national effort to end veteran homelessness.

12. Secretary Hegseth and Secretary Collins recently signed an agreement to improve the transition process for separating service members and increase collaboration between DOD and VA. Given DOL's role in the Transition Assistance Program (TAP), if confirmed, how would you work to ensure DOL is part of those efforts?

I would ensure DOL VETS is fully integrated into these transition reforms by:

- **Engaging Proactively in Interagency Planning:**
As DOL VETS plays a lead role in TAP, I would request a seat at senior-level interagency working groups—bringing visibility to how employment services can align with enhanced health and benefits continuity. That means close collaboration with VA and DoD counterparts, ensuring employment planning is embedded seamlessly from day one of separation.
- **Prioritizing Early Career Planning in TAP Delivery:**
My intention would be to work with DoD and VA to adapt TAP curriculum so that, alongside benefits and health care planning, service members leave with a clear employment roadmap and actively connected to DOL resources. That includes ensuring DOL counselors are woven into the separation timeline.

- **Coordinating Data and Metrics:**

Working with VA and DoD, I'd aim to integrate shared post-separation milestones—data points like completion of VA enrollment, first job placement, and job retention—into unified performance dashboards to ensure accountability and continuous improvement.

- **Strengthening Local Handoff Protocols:**

At the local level, LVERs and DVOPs could be equipped to flag transitioning veterans and facilitate warm hand-offs from DoD and VA staff to DOL employment services—ensuring no veteran “falls through the cracks.”

- **Measuring Impact and Providing Oversight:**

Finally, I would commit to regular interagency reporting—quantifying progress in employment outcomes as part of the broader transition initiative. If I see gaps between promise and delivery, I would report those promptly to this Committee and seek corrective action.

While the Hegseth–Collins MOU emphatically strengthens VA–DoD collaboration—especially around benefits and health care—**true transition success includes economic reintegration.** DOL VETS’ expertise in employment, training, and employer relations is essential to rounding out a comprehensive, veteran-centered transition ecosystem.

In short, if confirmed, I will seek full and formal inclusion of DOL VETS in the implementation of this agreement. TAP must evolve beyond its current form—not just checking boxes, but building real, cross-agency bridges to careers that sustain veterans, their families, and our country.

13. Do you believe DOL should have a more expanded role in TAP and a service member's overall transition out of the military? If so, why and how? If not, why not?

Yes—I do believe the Department of Labor should have a more robust, integrated role in both the Transition Assistance Program (TAP) and the broader transition experience for service members.

At its core, TAP is designed to prepare transitioning service members for civilian life—but in practice, many veterans still leave the military without a clear employment plan, job offer, or even a full understanding of how their military skills translate to the civilian labor market. That's a missed opportunity, and I believe DOL VETS can play a larger, more proactive role in closing that gap.

The Department of Labor brings specific, real-world expertise to the table: workforce trends, job training programs, apprenticeship pipelines, employer engagement, and

credential translation. These are the tools veterans need not just to transition, but to succeed and thrive in a rapidly evolving economy.

If confirmed, I would explore several ways to responsibly expand DOL's role:

- **Earlier Engagement**

Right now, many service members engage with TAP late in their separation process—often just weeks before leaving service. I'd support efforts to begin career planning much earlier in a member's military lifecycle, with DOL career counselors involved in that planning from the outset.

- **Deeper Integration with DoD and VA**

Transition isn't just a DOD or VA issue—it's a whole-of-government challenge. I'd advocate to restore a stronger DOL seat at the interagency table when it comes to policy design and delivery, ensuring that employment services are prioritized alongside benefits and healthcare planning.

- **Expanded, Personalized Career Services**

Every service member has a different trajectory. I'd like to see TAP evolve to include more tailored pathways—whether that's skilled trades, higher education, entrepreneurship, or public service—with DOL helping connect veterans to real-world labor market data and regional opportunities.

- **Stronger Accountability and Follow-Through**

Finally, I'd explore how DOL can maintain a longer-term relationship with transitioning veterans—tracking outcomes like job placement, retention, and wage growth. It's not enough to hand out a résumé template; we need to measure whether the transition actually succeeded.

In short, I believe an expanded DOL role would bring balance, expertise, and outcome-driven focus to the TAP program—and would ultimately help more veterans enter civilian life with purpose, opportunity, and a clear path forward. If confirmed, I would work to make that a reality in close coordination with my interagency partners.

14. What role do you believe non-governmental entities should play in the military-to-civilian transition process? If confirmed, how will you work with these entities to improve the military-to-civilian transition process?

I believe non-governmental entities—whether they are employers, workforce nonprofits, labor unions, educational institutions, or veteran service organizations—play a vital and complementary role in the military-to-civilian transition process. While the federal government provides foundational support through programs like TAP, the real breadth and

depth of transition services often comes from what happens outside the walls of government.

Veterans don't reintegrate into Washington—they reintegrate into local communities. That's where non-governmental partners are often best positioned to deliver personalized, culturally competent, and employment-focused support.

If confirmed, I would work to strengthen DOL VETS' collaboration with these partners in several key ways:

- **Build Local and Regional Partnerships with Purpose**

I would direct DOL VETS to identify and support regional partnerships that are demonstrating results—particularly those connecting veterans to high-quality jobs in growing industries like energy, healthcare, skilled trades, and cybersecurity. This includes close collaboration with workforce development boards, unions, and training providers that offer apprenticeships and certification pathways.

- **Enhance Engagement with Veteran-Serving Organizations (VSOs)**

Many VSOs already provide mentorship, resume support, and job placement help. I'd like to see DOL VETS more actively engaged with these organizations, sharing data, coordinating outreach, and avoiding duplication. Where appropriate, I'd support formal referral pipelines between DOL programs and trusted VSO partners.

- **Use HVRP as a Model for Integration**

Programs like the Homeless Veterans' Reintegration Program (HVRP) already rely heavily on nonprofit grantees to deliver services. If confirmed, I'd explore ways to expand this model—not just for veterans experiencing homelessness, but also for those transitioning from incarceration, long-term unemployment, or service-connected disability.

- **Improve Communication and Transparency**

I'd work to ensure that DOL VETS is seen not as a gatekeeper but as a connector—actively sharing tools, labor market insights, and opportunities with outside partners. That might mean regional briefings, online toolkits, or even standing advisory groups composed of non-governmental partners.

In short, I see non-governmental partners as essential to a successful transition system. If confirmed, I would work to formalize and strengthen those relationships—because ultimately, helping a veteran find purpose and stability after service isn't something any

one agency can do alone. It takes a network. And that network works best when we work together.

15. What do you believe is the current role of State Workforce Agencies and programs funded by DOL's Jobs for Veterans State Grants (JVSG) program in placing veterans into meaningful employment? If confirmed, do you plan to modernize the JVSG program to meet the needs of post-9/11 veterans and transitioning service members? If so, how?

Based on publicly available information, I understand that State Workforce Agencies (SWAs), through the Jobs for Veterans State Grants (JVSG) program, play a frontline role in delivering employment services to veterans—especially those facing significant barriers to employment.

Through JVSG funding, SWAs employ Disabled Veterans' Outreach Program (DVOP) specialists and Local Veterans' Employment Representatives (LVERs), who work directly with veterans and employers across the country. DVOPs provide intensive, individualized services to veterans with employment challenges—such as homelessness, disability, or justice system involvement—while LVERs focus on building employer relationships and advocating for the hiring of veterans at the local level.

This is a crucial delivery system. For many veterans, especially in rural or underserved areas, these professionals may be their only in-person connection to the workforce system. Their ability to serve veterans well—especially post-9/11 and transitioning service members—depends on how well we support, train, and evolve that model.

If confirmed, I would absolutely explore modernization of the JVSG program to better meet today's needs. That includes:

- **Strengthening Performance Accountability**

We need to go beyond counting appointments or workshop attendance and focus on outcomes: job placements, wage progression, job retention, and alignment with career goals. I would review JVSG performance metrics and consider updating them to reflect measurements of long-term success.

- **Expanding Training and Professional Development**

DVOPs and LVERs need access to updated training in high-demand industries, cultural competence, digital tools, and trauma-informed care—particularly when serving post-9/11 veterans who may have invisible wounds or unique transition challenges.

- **Promoting More Tailored, Individualized Services**

Post-9/11 veterans often come with highly diverse skill sets and transition timelines. I would encourage more flexibility in how services are delivered—ensuring DVOPs and LVERs can personalize support, make warm handoffs to other agencies, and operate as navigators rather than gatekeepers.

- **Supporting Innovation and Local Adaptation**

Some states are piloting innovative workforce models—such as embedding veterans' reps in community colleges or apprenticeship programs. If confirmed, I would look at ways to share best practices and incentivize local experimentation within JVSG's framework.

In summary, JVSG remains a cornerstone of how we serve veterans, but like the labor market itself, it must evolve. If confirmed, I would work with Congress, states, and veterans to modernize the program—not by disrupting its foundation, but by making it more adaptive, data-driven, and responsive to the needs of the modern veteran.

16. If confirmed, what metrics, beyond BLS data, would you prioritize to assess the success of the DOL VETS' programs?

While BLS data on veteran unemployment is a valuable macroeconomic indicator, I believe it only tells part of the story. If confirmed, I would prioritize a broader set of metrics—focused on real-world outcomes and long-term impact—to more accurately assess the success of DOL VETS programs.

Here are the key categories I would focus on:

A. Employment Quality and Sustainability

- **Job Retention Rates:** Are veterans still employed 6, 12, and 18 months after placement?
- **Median Earnings at Placement and Over Time:** Not just whether a veteran is employed, but whether they're earning a living wage and progressing economically.
- **Benefits Access:** Are veterans securing full-time positions with benefits, or precarious, part-time work?

B. Program Participation and Engagement

- **Utilization Rates by Eligible Populations:** Are DVOPs and LVERs reaching the veterans who need them most, including those with significant barriers to employment?

C. Customer Experience and Satisfaction

- **Veteran Satisfaction Scores:** Collected through post-service surveys or interviews, measuring perceived value, accessibility, and relevance of services.
- **Employer Feedback:** From businesses that engage with LVERs, use the HIRE Vets Medallion Program, or partner in apprenticeship programs.

D. Training and Credentialing Outcomes

- **Training Completion and Certification Rates:** For veterans engaged in job training or apprenticeship programs.
- **Alignment with In-Demand Occupations:** Are veterans being placed in jobs tied to regional or national growth sectors?

E. Interagency Coordination and Handoff Success

- **Seamless Transition Metrics:** For example, how many service members who participate in TAP are actively connected to American Job Center services post-separation?
- **Warm Handoff Success Rates:** From DoD/VA to DOL, and from DOL to state/local programs or non-governmental partners.

If confirmed, I would work to standardize the collection and reporting of these metrics across VETS programs, and to use them not just for compliance—but for continuous improvement. I believe that success should be defined not just by what we do, but by what veterans experience and achieve because of what we do.

17. Please describe how you intend to work with Congress to ensure DOL VETS is adequately serving veterans?

If confirmed, I would approach Congress as a strategic partner in ensuring that DOL VETS not only fulfills its mission but continually improves in how it serves veterans. Congressional oversight, input, and support are essential—not just in budgetary terms, but in keeping the agency aligned with the real needs of the veteran community.

Here's how I would intend to work with Congress:

- **Regular, Transparent Communication**

I would commit to quarterly briefings with Committee staff, as previously discussed, to share updates on performance, challenges, and opportunities for improvement. I believe proactive engagement—rather than reactive reporting—is the foundation of trust and accountability.

- **Responsiveness to Oversight and Inquiries**

I would ensure that any inquiries from Members of Congress or Committee staff are treated with urgency and transparency. Whether it's a data request, a constituent case, or a policy concern, I would hold myself and my team to the highest standard of responsiveness.

- **Field Engagement and Site Visits**

I would encourage Members and staff to visit American Job Centers, meet with DVOPs and LVERs, and hear directly from the veterans we serve. I believe seeing the programs in action builds shared understanding and helps ground policy in lived experience. I would welcome opportunities to join those visits.

- **Clear, Outcome-Based Reporting**

Rather than simply tracking compliance or output, I would work with Congress to define and regularly report on **outcome-based metrics**—such as job quality, veteran retention, and access. This would help ensure that we're not just doing the work—but doing it well.

In short, I see Congress not just as a funding or oversight body, but as a partner in mission. If confirmed, I would be committed to open communication, shared problem-solving, and ensuring that every veteran—regardless of background or circumstance—is served with dignity, effectiveness, and accountability.

Pre-Hearing Questions For the Record
Nomination Hearing of Jeremiah Workman to be
Assistant Secretary of Labor for Veterans' Employment and Training Service
From Ranking Member Richard Blumenthal

1. Why are you seeking the position of Assistant Secretary of Labor for Veterans' Employment and Training Service (DOL VETS)?

I'm seeking the position of Assistant Secretary for Veterans' Employment and Training Service because this role allows me to make a difference in the areas that matter most: military service, public service, and helping fellow veterans find purpose and stability after they transition.

Like many veterans, my own journey out of uniform wasn't a straight line. After serving in combat, I came home with both physical wounds and emotional scars. But I also came home with a deep sense of duty to those I served alongside, especially those still struggling to find their footing. That sense of responsibility has guided every step of my post-military career, from working directly with transitioning service members at the VA, to helping employers understand the value of hiring veterans, to advocating for those who might otherwise be overlooked.

I've seen firsthand how transformative a job can be. It's not just a paycheck, it's a path to dignity, stability, and community. And I believe DOL VETS plays a critical role in making that transformation possible.

If confirmed, I would bring not just experience, but empathy. I would bring a commitment to outcomes, a deep respect for the mission, and an unwavering focus on ensuring that every veteran, regardless of background, sex, race, or circumstance, has the opportunity to build a meaningful life after service.

This isn't just a professional goal for me. It's personal. And it would be the honor of my life to continue serving those who served.

2. Describe the circumstances of how you came to be considered for nomination to this position.

To the best of my understanding, my consideration for nomination to this position began through a recommendation made by Sergeant Major Carlton Kent, the 16th Sergeant Major of the Marine Corps, with whom I had the honor of serving with during my time on active duty.

Sergeant Major Kent and I worked closely when I served as his executive advisor at Headquarters Marine Corps. He knew my leadership style, my work ethic, and, most importantly, my deep commitment to the well-being of our fellow service members and veterans. I believe he recognized that my lived experience, combined with my time at the VA and in the private sector, had prepared me for a role where I could have a broader impact.

I believe Sergeant Major Kent shared that perspective with leadership at the Department of Labor, and that conversation began the process that ultimately led to my nomination. I'm incredibly humbled by his support and by the opportunity to be considered for this role. If confirmed, I would carry the weight of that trust with me every day in service to our veterans.

3. Have you discussed any specific roles, responsibilities and goals for this position with members of the Trump Administration and if so, what was discussed?

No, I have not had any discussions with members of the Trump Administration regarding specific roles, responsibilities, or goals for this position. I have not been read in on any internal objectives or priorities for the Assistant Secretary role at this time.

If confirmed, I would look forward to receiving a full briefing from Department leadership and working closely with all relevant stakeholders, within the Administration, in Congress, and across the veteran community, to ensure the goals of DOL VETS are aligned with the needs of those we serve.

4. What education and experiences have prepared you to lead DOL VETS? What is your management style?

My education and professional experiences, both in and out of uniform, have uniquely prepared me to lead DOL VETS, if confirmed.

I earned a Bachelor of General Studies in Psychology from Roger Williams University and an Associate degree in General Studies from Central Texas College, but it's been my hands-on experience, working directly with veterans, navigating complex systems, and leading in high-stakes environments, that has shaped me most.

I served in the United States Marine Corps, including combat duty during Operation Phantom Fury in Fallujah, where I had the honor of leading Marines in some of the most intense urban combat operations since Vietnam. After transitioning from active duty, I spent nearly a decade at the Department of Veterans Affairs as a Military Services Coordinator, where I worked one-on-one with transitioning service members to help them access benefits, navigate the VA system, and take their first steps into civilian life.

In the private sector, I've held leadership roles that involved building veteran support programs, forging partnerships, and advising senior decision-makers on strategic initiatives, both in the federal space and with community-based organizations.

As for my management style, I lead as a collaborative, servant leader. I believe in setting clear expectations and then giving my team the trust, autonomy, and support they need to deliver. I hold myself and others accountable, but I lead with empathy and humility. My goal is always to empower the people closest to the mission, those on the front lines, to make informed decisions and serve veterans with excellence. I believe the best outcomes come from listening to those doing the work and fostering a culture of mission-first teamwork.

If confirmed, that's the approach I would bring to DOL VETS.

5. What are your top five priorities if confirmed to lead DOL VETS?

If confirmed to lead DOL VETS, my top five priorities would focus on improving outcomes, expanding access, and ensuring that every veteran, regardless of background, has a fair shot at meaningful employment. While I would want to refine these priorities after receiving formal briefings and engaging with staff, stakeholders, and Congress, here is how I would approach the role from day one:

- **Strengthen the Transition Process:** Ensure that the Department of Labor's role in the Transition Assistance Program (TAP) is personalized, effective, and begins earlier in a service member's separation timeline. Too many veterans still leave active duty without a clear employment plan. I want DOL to help bridge that gap with practical, tailored support that leads to real-world opportunity.
- **Modernize the Jobs for Veterans State Grants (JVSG) Program:** DVOPs and LVERs play a critical role in veteran employment services, and I would prioritize updating their training, support systems, and performance metrics. My focus would be on job quality, retention, and ensuring our services are flexible enough to meet the varied needs of today's veteran workforce.

- **Deepen Employer Partnerships:** Veteran employment outcomes improve significantly when the private sector is engaged and aligned. I would focus on expanding partnerships with employers in high-demand industries and promoting the HIRE Vets Medallion Program as a leading standard for veteran hiring and retention practices.
- **Improve Program Coordination and Interagency Integration:** The veteran transition process involves multiple agencies. I would prioritize closer coordination with the Department of Defense, the Department of Veterans Affairs, and other partners to streamline handoffs, eliminate redundancies, and ensure consistent messaging and service delivery to veterans.
- **Increase Transparency and Accountability:** Both veterans and taxpayers deserve clear results. I would work to broaden the performance metrics used to evaluate VETS programs, going beyond unemployment rates to track job placement, wage growth, and long-term employment stability. Regular reporting and data-driven decision-making would guide continuous improvement.

If confirmed, I would work closely with this Committee, state and local partners, and veteran-serving organizations to translate these priorities into real-world impact for the men and women who served our country.

6. What is your vision for DOL VETS? Are there new programs or initiatives you would like to implement or expand if confirmed?

My vision for DOL VETS is to be the federal government's most effective and trusted resource for helping veterans transition into meaningful civilian careers, careers that provide stability, purpose, and long-term growth. I want every veteran who engages with DOL VETS programs to leave with a clear plan, actionable support, and real opportunities that reflect their service and potential.

If confirmed, I would not seek to reinvent the agency, but to strengthen and modernize its ability to deliver results. Based on what I've seen from publicly available information and my own experience working with veterans, there are several areas I would look to build upon or expand:

- **Earlier, More Individualized Transition Support:** I'd like to see DOL VETS engaged earlier in the military separation process, working with DoD and VA to ensure that service members aren't just attending TAP, but receiving career guidance tailored to their goals, region, and skill set. This includes developing earlier touchpoints before separation and follow-up contact after.
- **Stronger Employer Engagement and Industry Alignment:** I would work to grow the network of employers who actively recruit, hire, and retain veterans, not only in traditional sectors but in emerging industries like advanced manufacturing, infrastructure, energy, and cybersecurity. I'd also explore expanding the reach and visibility of the HIRE Vets Medallion Program to make it more influential in setting national standards for veteran hiring.
- **Smarter Use of Data and Performance Metrics:** The only thing more important than how many veterans we serve is how well we serve them. That means building systems that track job quality, wage progression, and retention, and using that data to continuously improve our programs and inform where resources are most needed.
- **Enhanced Support for Frontline Staff:** DVOPs and LVERs are essential to our service delivery model. I would look to provide better training, clearer performance goals, and modern tools to help them deliver services more effectively, especially in high-demand or hard-to-reach areas.
- **Expansion of Apprenticeship and On-the-Job Training Pipelines:** I would explore how DOL VETS can better connect veterans to apprenticeships and earn-while-you-learn programs. These

pathways are especially effective for transitioning service members looking to move directly into civilian careers with long-term potential.

While I would want to refine these ideas after internal briefings and consultation with stakeholders, my guiding principle is this: veterans shouldn't have to navigate their career transition alone. If confirmed, I would work to make DOL VETS the partner every veteran can count on, one that helps turn their military experience into an economic opportunity.

7. Describe your impression of the working relationship between DOL as a whole and DOL VETS. What could be improved?

Based on publicly available information and my own understanding from outside the Department, my impression is that the working relationship between DOL as a whole and DOL VETS is well-intentioned and mission-aligned, but, like many sub-agencies in large departments, there is likely room for improvement in terms of integration, visibility, and coordination.

DOL VETS plays a unique role within the Department of Labor; it sits at the intersection of workforce development and veterans' policy, and it operates in partnership with state and local systems. While that mission is distinct, it must also be deeply connected to the broader goals and capabilities of the Department.

If confirmed, I would look to improve this relationship in several practical ways:

- **Closer Integration with DOL's Workforce and Apprenticeship Programs:** Veterans should have streamlined access to all DOL resources, not just those branded under VETS. That means ensuring VETS is fully aligned with initiatives coming out of the Employment and Training Administration (ETA), the Office of Apprenticeship, and others, so veterans benefit from the full power of the Department's workforce investments.
- **Internal Coordination and Information Sharing:** I would look to strengthen formal and informal communication channels between DOL VETS and other DOL agencies. That includes identifying areas where cross-briefings, collaborative working groups, and joint planning enables veteran-focused services to overlap with broader labor initiatives.
- **Elevating the Visibility of Veterans Within DOL-Wide Policy:** I believe veterans' employment considerations should be reflected in broader DOL strategies around job quality, economic mobility, and workforce equity. If confirmed, I would work to ensure that the veteran voice is present in Department-wide initiatives and policy conversations, not as an afterthought, but as a valuable and strategic perspective.
- **Strengthening Support for DOL VETS Staff:** Internally, I would advocate for the tools, data systems, and staffing levels that allow DOL VETS to perform its mission at a high level, while ensuring the team feels connected to, and supported by, the broader Department.

In short, DOL VETS can and should remain a distinct advocate for veterans within the Department, but it should also function as a fully integrated partner, leveraging all of DOL's resources to better serve those who have served our country. If confirmed, that's the approach I would take.

8. Describe your impression of the working relationship between DOL VETS, VA, DOD and other interagency partners. What could be improved?

From what I've gathered through publicly available information and conversations with veterans and stakeholders, my impression is that the working relationship between DOL VETS, VA, DoD, and other

interagency partners is well-established but still evolving with strong intent across agencies, but continued need for greater coordination, data sharing, and alignment in service delivery.

Each agency plays a critical role in a veteran's journey:

- DoD prepares service members for transition,
- VA provides benefits and healthcare, and
- DOL VETS focuses on employment and training.

The challenge isn't commitment, it's the handoffs, the timing, and the consistency of experience for the veteran navigating between systems.

Areas Where I See Opportunities for Improvement:

- **Earlier and More Seamless Transition Support:** While DOL VETS plays a leading role in TAP, I believe there's room to engage even earlier in the separation process. Ideally, career planning and connection to civilian employment pathways should begin well before a service member's final months and continue after separation through follow-up services in the community.
- **Improved Interagency Data Sharing:** Generally speaking, data often resides in silos across agencies. That limits our ability to track outcomes across the full transition timeline. If confirmed, I would seek first to understand where the important metrics were kept and advocate for shared metrics, secure data-sharing agreements, and systems that allow for better coordination, so we can measure what's working and intervene where it's not.
- **Integrated Program Planning:** Rather than parallel efforts, I would like to identify areas where more joint planning and co-branded initiatives could lead to better outcomes, whether through interagency pilot programs, combined outreach campaigns, or integrated digital platforms that reduce confusion for service members and veterans.
- **Consistency Across Installations and States:** The experience of TAP, American job centers support, or VA enrollment can vary widely depending on where a veteran lives or separates from service. I would work to promote consistent standards and better collaboration across state and federal lines, so veterans receive the same high level of service regardless of location.
- **Focus on Local-Level Collaboration:** From my experience, the most effective collaborations happen at the local level. In this case, it would be between DOL VETS staff, VA transition teams, and community partners. I would encourage more flexible models that empower local leaders to build integrated networks that reflect the needs of their veterans.

In short, if confirmed, I would work to ensure that DOL VETS is not just a participant in interagency efforts, but a driving force for stronger coordination, clearer accountability, and a more unified experience for those transitioning from military to civilian life. Veterans should feel like the broader system is integrated and working on their behalf.

9. **The Fiscal Year 2026 President's Budget Request maintains the current level of funding to DOL VETS, with the exception of a small increase for the Federal Administration fund. If confirmed, how will you evaluate the funding and staffing needs of DOL VETS?**

If confirmed, I would begin by taking a comprehensive look at how effectively current funding and staffing levels are supporting DOL VETS' mission. While the Fiscal Year 2026 President's Budget Request largely maintains flat funding, with a modest increase to the Federal Administration fund, I believe it's essential to assess not just how much we're spending, but whether those dollars are being used in the right places to deliver meaningful results for veterans.

My first step would be to engage with agency leadership, regional staff, and frontline personnel, particularly those implementing key programs like the Jobs for Veterans State Grants and TAP workshops, to understand where resources may be stretched and where efficiencies can be found. I would also listen closely to state workforce agencies and our community partners to get a clearer picture of how funding translates to services on the ground.

In parallel, I would review performance data to evaluate how current investments align with outcomes. Metrics like job placement, salary, retention, and training completions, not just participation rates, should guide future decisions about where funding is most needed.

If the assessment shows that we're falling short of meeting veterans' needs due to resource limitations, I will not hesitate to bring those concerns to the Department. I believe any request for additional resources must be backed by evidence, justified by performance, and rooted in a clear strategy for impact.

Ultimately, my approach would be to balance fiscal responsibility with a results-driven commitment to veterans. Flat funding may be the current reality, but our expectations for how we serve veterans should remain high. If confirmed, I'll work to make sure our resources, and the way we deploy them, are fully aligned with that goal.

10. How do you plan to promote and advance DOL VETS transition programs including the Transition Assistance Program, the Transition Employment Assistance for Military Spouses program, the Off-Base Transition Training program and the Employment Navigator and Partnership program?

If confirmed, I would work to ensure that DOL VETS transition programs, including TAP, the Transition Employment Assistance for Military Spouses program (TEAMS), the Off-Base Transition Training (OBTT) program, and the Employment Navigator and Partnership Program (ENPP), are not only well-promoted, but delivering clear value to those who need them.

To start, I believe promotion must go hand-in-hand with performance. It's not enough to raise awareness, we must ensure that what we're offering is relevant, accessible, and impactful. That means ensuring each of these programs is well-integrated into the broader transition system, coordinated with VA and DoD, and backed by quality instruction, timely access, and strong employer connections.

For TAP, I would work closely with DoD and VA to make sure the employment portion reflects current labor market realities, is tailored to individual goals, and is delivered early enough in the transition process to have a meaningful impact. I also believe there is room to expand follow-up support after separation to ensure veterans don't lose momentum once they leave the military.

With TEAMS and OBTT, I see real potential in expanding access, especially in communities where base access is limited or where spouses are geographically isolated. Military spouses face unique employment

challenges, and these programs should be designed with flexibility, virtual options, and career relevance in mind. I'd also look at how we measure outcomes so we can improve delivery and engagement.

The Employment Navigator and Partnership Program has shown early promise by helping transitioning service members connect directly with employers, training providers, and community partners. I would look to scale this model where possible, while gathering feedback to make sure it meets the needs of both veterans and employers.

If confirmed, I would also hope to ensure we're using targeted outreach, through base commanders, TAP counselors, social media, and VSOs, to make sure these programs are not just available, but visible. And I would work with this Committee to report progress, share outcomes, and ensure accountability for all four programs.

In short, these programs represent critical tools in the transition toolbox. My goal would be to sharpen them, scale them, and ensure they're doing exactly what veterans, and their families need them to do: provide a strong, informed, and supported path into civilian life.

11. How can DOL VETS improve the Employment Navigator and Partner Program? How do you plan to improve vetting of service providers within that program?

The Employment Navigator and Partnership Program (ENPP) offers a promising model for helping transitioning service members connect directly to employment services tailored to their needs, beyond what's traditionally covered in the TAP curriculum. It brings in outside partners, such as employers, training providers, and nonprofits, to offer one-on-one career guidance and access to additional resources.

If confirmed, I would want to take a closer look at how the program is currently performing in terms of outcomes: Are veterans who engage with an Employment Navigator landing jobs that align with their goals? Are the services being offered consistent across locations? Are partners providing high-quality, veteran-centered support?

ENPP is still relatively new, but I believe it holds great potential. If confirmed, I would work to strengthen the program by ensuring the right partners are at the table, and that those partners are held to high standards of service, accountability, and impact.

12. How can DOL VETS ensure all federal agencies are delivering a consistent message to transitioning servicemembers, veterans, and their families regarding the services and resources available to support employment?

If confirmed, I recognize that while I would not control the communications strategies of other federal agencies, there is a great deal I can do within DOL VETS to promote consistency, alignment, and clarity in how we communicate with transitioning service members, veterans, and their families.

First, I would ensure that all materials, briefings, and guidance developed by DOL VETS, particularly those used in TAP, OBTT, and other transition programs, are clear, practical, and consistent with what veterans may hear from our federal partners. This includes regularly reviewing and updating our curriculum and handouts to reflect current resources and eliminate redundancy or outdated references.

Second, I would prioritize strong coordination with our DOL counterparts, including the Employment and Training Administration, Office of Apprenticeship, and Office of Disability Employment Policy, to ensure that when veterans engage with the broader DOL workforce system, they receive consistent information about available services and benefits. That internal alignment is fully within the Assistant Secretary's purview.

Third, I would ensure that our Employment Navigators, LVERs, DVOPs, and TAP facilitators receive regular, centralized training and guidance from VETS leadership. This would help maintain consistent messaging across the field and ensure that frontline staff are equipped to explain both DOL resources and how they fit into the larger interagency system.

Lastly, I would actively participate in interagency coordination efforts, such as transition-focused working groups or advisory panels, where DOL VETS has a seat at the table. While I wouldn't control the messaging of VA or DoD, I can represent DOL VETS' perspective and advocate for consistent, veteran-centered communication. I would also ensure that any messaging developed in partnership is implemented consistently within DOL VETS programs.

In short, I would use the authorities and tools available to the Assistant Secretary to make sure that when DOL VETS communicates with veterans, we are clear, accurate, and aligned, and that our own programs are a model for how federal messaging should be done.

13. How do you plan to promote and advance DOL VETS employment programs and services including the Jobs for Veterans State Grants program? What improvements could be made?

If confirmed, I would work to ensure that DOL VETS' employment programs, including the Jobs for Veterans State Grants (JVSG) program, are well-promoted, well-supported, and delivering real results for veterans across the country.

Promotion starts with performance. That means ensuring that DVOPs and LVERs, who are funded through JVSG, are equipped with the training, tools, and clear guidance they need to effectively serve veterans. I would work to highlight their impact through data, success stories, and direct engagement with employers and workforce boards to raise the profile of their work.

In all of this, my focus would be on practical impact. If confirmed, I would lead with the mindset that every veteran who interacts with DOL VETS employment services should walk away with something concrete, whether it's a job lead, a credentialing opportunity, or a clearer path forward.

14. How can DOL VETS work to improve employment opportunities for subpopulations of veterans with higher unemployment rates including homeless veterans, rural veterans, and minority veterans?

If confirmed, I would take seriously the responsibility of ensuring that every veteran, regardless of where they live or the challenges they face, has a supported path to meaningful employment.

At the core of it all, my belief is that DOL VETS should not rely on one-size-fits-all programming. Veterans are diverse in background and need, and our services should reflect that reality. If confirmed, I would work to make sure no veteran is overlooked simply because of where they live, how they look, or what challenges they bring to the table. Everyone deserves the chance to succeed after service.

15. How can DOL VETS work to improve employment opportunities for the thousands of veterans recently fired or planned to be fired by the federal government?

If confirmed, I would take seriously the responsibility of ensuring that all veterans, regardless of the circumstances under which they separate from federal service, have access to the tools, support, and opportunities they need to regain meaningful employment.

While I have not yet received internal briefings on the specifics of any recent or planned separations within the federal workforce, I understand that job loss, particularly when unexpected, can be disruptive not just financially, but emotionally.

While I support President Trump in his commitment to rooting out waste, fraud, and abuse in the federal government, I also take seriously my responsibility to veterans in helping them secure gainful employment.

If confirmed, I will do everything within my authority to ensure that these veterans are supported, seen, and given the tools available at DOL-VETS to help them reintegrate into the workforce.

16. What role should DOL VETS play in improving employment opportunities for military spouses, caregivers, and survivors?

While DOL VETS' core mission is focused on veterans, I firmly believe that supporting military spouses, caregivers, and survivors is an essential part of strengthening the broader military and veteran community. When a family member serves, the broader family often sacrifices as well, and economic opportunity should reflect that reality.

If confirmed, I would work to ensure that DOL VETS plays a meaningful and proactive role in improving employment outcomes for these populations, particularly through programs that fall within its current scope and partnerships across the Department of Labor.

While veterans remain the primary focus of DOL VETS, their success is deeply connected to the well-being of their families. If confirmed, I would work to ensure that military spouses, caregivers, and survivors are not just acknowledged, but supported with meaningful tools, services, and opportunities.

17. What role should DOL VETS play in improving entrepreneurship and business ownership opportunities for veterans?

DOL VETS should play a supportive and strategic role in expanding entrepreneurship and business ownership opportunities for veterans. While the Small Business Administration leads federal efforts in this area, DOL VETS is well-positioned to connect veterans to entrepreneurial pathways as a viable and respected form of post-service employment.

If confirmed, I would work to ensure that veterans who are interested in starting a business see that option reflected in our career counseling, Transition Assistance Program (TAP) resources, and follow-up support. Entrepreneurship should be presented not as a side note, but as a legitimate and encouraged career path, and I would work to ensure DOL VETS plays a more active role in making it more visible, more accessible, and more achievable for those who choose that path.

18. What role should DOL VETS play in the effort to collect, aggregate, share and leverage data to inform the employment situation of veterans for government and public consumption?

If confirmed, I believe DOL VETS should play a central role in collecting, analyzing, and sharing data on veteran employment, not only to inform internal program improvement, but to help policymakers, employers, researchers, and the public understand how veterans are faring in the labor market.

DOL VETS already partners with the Bureau of Labor Statistics to publish important data on veteran unemployment. That information is valuable, but it's only a starting point. There's much more we can and should be doing to provide a fuller picture, particularly when it comes to tracking outcomes like job quality, retention, wage growth, and training success.

Within the authority of the Assistant Secretary, I would prioritize the following:

- Enhancing outcome-based data collection across DOL VETS programs, such as the Jobs for Veterans State Grants and Homeless Veterans' Reintegration Program. This would allow us to better evaluate not just how many veterans are served, but how well they are served.
- Applying advanced analytics to identify trends, barriers, and predictive indicators, not just by demographics and geography, but also by service history, occupation codes, credentialing pathways, and prior program engagement, to better anticipate veterans' employment challenges and tailor interventions accordingly.
- Improving coordination with other agencies, such as VA, DoD, and SBA, to link relevant data where permitted and appropriate. That would help us better understand how veterans move through the transition pipeline and where employment interventions are most effective.
- Increasing transparency by publishing regular, accessible reports that synthesize program performance and labor market trends for veterans. These reports should be timely, easy to understand, and useful for Congress, the public, employers, and the veterans community.
- Leveraging data for continuous improvement. Internally, I would make sure data is not just collected but used, to drive program decisions, inform training needs, and support accountability at every level of DOL VETS.

19. How do you plan to promote and advance DOL VETS homeless veterans programs like the Homeless Veterans Reintegration Program (HVRP)?

If confirmed, I would prioritize strengthening and expanding the reach of the Homeless Veterans' Reintegration Program (HVRP), which serves as a vital bridge between housing instability and long-term employment for veterans. HVRP is one of the few federal programs specifically focused on employment services for homeless veterans, and it plays a key role in restoring stability and dignity through work.

To promote and advance HVRP, I would focus on the following:

- Work to ensure that funding is targeted where need is highest by using data-driven approaches to identify geographic areas and populations most affected by veteran homelessness. This would help us allocate resources more strategically and ensure services are reaching the communities that need them most.
- Expand collaboration with community-based organizations that have proven success in connecting with homeless veterans. Many of these organizations have built trust and can deliver

wraparound services, such as transportation, case management, and mental health referrals, in partnership with employment support.

- Improve program oversight and performance tracking, not just counting placements, but assessing job quality, wages, wage growth, retention, and progress toward sustained self-sufficiency. That data should be used to refine grant criteria and identify models worth scaling.

If confirmed, I would work to ensure that HVRP is not just maintained but strengthened as a cornerstone of DOL VETS' mission, and that it plays a leading role in the national effort to end veteran homelessness through the power of employment.

20. What do you see as DOL VETS role in preventing veterans' homelessness and interrupting cycles of chronic homelessness?

If confirmed, I believe DOL VETS has a vital role to play, not only in responding to veteran homelessness through programs like the Homeless Veterans' Reintegration Program (HVRP), but in actively working to prevent homelessness and break cycles of chronic housing instability through early, sustained, and coordinated employment support.

Employment is one of the most powerful tools we have to promote long-term stability. A steady job with a living wage and supportive services can prevent a downward spiral that leads to homelessness, and for those already experiencing it, employment can be the key to restoring independence and hope.

DOL VETS has a responsibility not just to react to homelessness, but to help prevent it. If confirmed, I would lead with the belief that employment is not just an outcome, it's a foundation for stability, and that veterans deserve access to it before they reach a crisis point.

21. How do you plan to improve education and enforcement of the Uniformed Services Employment and Reemployment Rights Act (USERRA)?

I view the education and enforcement of the Uniformed Services Employment and Reemployment Rights Act (USERRA) as one of DOL VETS' most essential responsibilities. USERRA is the legal backbone that protects the employment and reemployment rights of service members, National Guard and Reserve personnel, and veterans. Its promise is simple but powerful: no one should have to choose between serving their country and keeping their civilian job.

To strengthen both awareness and enforcement of this critical law, DOL VETS will focus on the following priorities:

- We will work to expand proactive education and outreach, not only to service members and veterans, but also to employers, HR professionals, and state and local government agencies. Too many violations stem from lack of awareness rather than intent. Clear, plain-language resources, online trainings, and briefings through TAP and American Job Centers can help close that gap.
- We will ensure that DOL VETS investigators and state partners have consistent, up-to-date training and guidance on USERRA case handling. Veterans deserve a timely, fair, and professional process when their rights are violated, and those delivering that process must be fully prepared to carry it out.
- We will seek to improve data tracking and reporting around USERRA claims, looking not only at outcomes but at patterns that may signal systemic issues, such as high complaint rates within

certain industries or regions. That information can inform targeted outreach or referrals to DOJ or OSC when enforcement action is needed.

- We will work closely with interagency partners, particularly the Department of Justice and the Office of Special Counsel, to ensure smooth and timely referral of cases that rise to their level of jurisdiction. Strong enforcement requires coordinated follow-through.
- We will prioritize transparency and veteran confidence in the system. Veterans should know where to go when they believe their rights have been violated, what to expect from the process, and how their concerns will be addressed. I will ensure that DOL VETS communicates clearly and respectfully at every stage.

22. What is your plan of action to incorporate the mission of Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) compliance in the agency? Will the compliance team take on this additional work?

It is my understanding that the enforcement responsibility for the Vietnam Era Veterans' Readjustment Assistance Act (VEVRAA) is in the process of being formally transferred from the Office of Federal Contract Compliance Programs (OFCCP) to DOL VETS, under a reorganization plan proposed by the Trump Administration. While the statutory requirements of VEVRAA, such as affirmative action in hiring, anti-discrimination protections, and VETS-4212 reporting, remain unchanged, the enforcement mechanism and responsible office are shifting.

If confirmed, I recognize this transition would represent a significant expansion of DOL VETS' role, from providing employment and training services to now conducting compliance audits, investigations, and enforcement related to veteran employment protections among federal contractors.

If confirmed, I would treat the transition of VEVRAA enforcement to DOL VETS as a serious undertaking that requires careful implementation, strong staffing, and a commitment to veterans and federal contractors alike. Our goal would be to uphold the law with fairness, clarity, and accountability, ensuring veterans are protected and contractors understand and meet their obligations.

23. When you ran as a candidate for Lieutenant Governor of Ohio in 2022, your running mate Joe Blystone admitted to the Ohio Elections Commission that he improperly documented thousands of dollars in cash contributions to his campaign, among other campaign, finance violations and agreed to pay \$105,000 to the election commission, keep an escrow of \$75,000 for future civil lawsuit taken against him, terminate his state campaign committee, and not run for an elected office for at least five years. Did you have any involvement in or knowledge of these illegal activities? When did you first become aware of them?

Yes, I am aware of the campaign finance violations involving the Blystone for Governor campaign. However, I want to be clear: I had no involvement in, nor prior knowledge of, any of the campaign finance violations that took place. All of the improper cash-handling practices and recordkeeping issues occurred before I joined the campaign as Joe Blystone's running mate in December of 2021.

By the time I was approached to join the ticket, the campaign had already identified the problem and had taken concrete corrective actions. A volunteer had recognized irregularities and brought them to Mr. Blystone's attention. In response, Mr. Blystone brought that individual into a leadership position to help the committee understand the full scope of the issue and take immediate steps to address it.

Those corrective steps included:

- Retraining all volunteers on proper cash-handling procedures and reporting requirements,

- Developing a mobile app to ensure that donor information was accurately captured moving forward,
- Conducting a review of past transactions to retroactively gather donor data, and
- Cooperating fully with the Ohio Elections Commission by providing documentation and backup as requested.

While not all donor information had been recorded prior to October 2021, the campaign implemented its corrections before I joined the ticket, and no further violations occurred after that point.

Had I held any doubt, about the integrity of the committee or the effectiveness of the compliance measures that had been put in place, I would not have agreed to serve as the campaign's candidate for Lieutenant Governor. Transparency and accountability are values I take seriously, and I was satisfied at the time that those principles were being upheld moving forward.

Senator Cassidy
Questions for the Record
Senate Veterans' Affairs Committee
Nominations Hearing
July 23, 2025

Jeremiah Workman, Nominee for Assistant Secretary for Veterans' Employment and Training, U.S. Department of Labor

DOL VETS serves 200,000 service members annually, and it makes known the broad participation from servicemembers exiting the military. On the other hand, one common criticism of DOL VETS is that it lacks performance goals and measurable outcomes to evaluate program effectiveness.

- How would you increase the agency's capacity to evaluate the effectiveness of its grant programs, particularly the Jobs for Veterans State grants?

I believe that every program under DOL VETS, including the Jobs for Veterans State Grants (JVSG), must have clear, measurable goals and a framework to evaluate whether we're truly helping veterans succeed in the workforce.

If confirmed, I would take a multi-pronged approach to strengthening program evaluation and performance tracking by defining clear, outcome-based metrics, standardizing data collection across states, building real-time dashboards and feedback loops, incorporating veteran feedback into performance reviews, and using data to drive resource allocation and technical assistance.

Ultimately, the goal isn't just to measure performance, it's to improve it. Veterans deserve programs that are held to the highest standard, and if confirmed, I will bring a culture of transparency, continuous learning, and results-driven leadership to every grant we oversee.

- How would you work with state workforce agencies to evaluate their administration of the DOL VETS programming?

State workforce agencies are essential partners in delivering DOL VETS programs, especially the Jobs for Veterans State Grants (JVSG). If confirmed, I would take a collaborative but accountability-driven approach to evaluating their performance. Our shared mission with state partners is to ensure veterans find meaningful, sustainable employment. My goal is to support that mission with clarity and a commitment to continuous improvement.

In March, Senator Hassan and I reintroduced the bipartisan *Gold Star and Surviving Spouse Career Services Act*. The bill expands services funded by DOL Vets to surviving spouses of service members who die in active duty or due to a service-connected disability.

- How will you prioritize spouses of veterans through DOL VETS programs?

I believe we have a solemn obligation to support not only veterans, but also the families who stand behind them, especially those who have lost a loved one in service to our country. If confirmed, I will ensure that surviving spouses, and veteran spouses more broadly, are a visible, intentional priority within DOL VETS programming. While our mission has traditionally focused on veterans themselves, the reality is that the success and stability of military families is inseparable from veteran well-being.

- How will you measure the success of DOL VETS programs in providing job counseling services to spouses of veterans?

Measuring success starts with defining clear, outcome-based goals and then ensuring we have the data and processes in place to track progress. If confirmed, I will work to establish a focused, transparent framework for evaluating how effectively DOL VETS programs serve military and veteran spouses, including surviving spouses. Further, spouses make extraordinary sacrifices alongside our service members. They deserve not just access to services, but access to effective services that lead to meaningful careers. I am committed to building the tools and accountability systems necessary to ensure we deliver on that promise.

Senator Mazie K. Hirono
Questions for the Record
Senate Veterans' Affairs Committee
Pending Nominations
July 23, 2025

Questions for Jeremiah Workman, nominee to be Assistant Secretary of Labor, Veterans Employment and Training

1. This administration has set a goal of facilitating one million active apprenticeships nationally.
What is your plan for ensuring veterans are filling a meaningful number of those slots?

If confirmed, one of my top priorities will be ensuring that veterans are both aware of apprenticeship opportunities and actively supported in pursuing and completing them. Apprenticeships represent a strong pathway to high-quality, family-sustaining careers which is something every veteran deserves after their service. A proactive approach to this issue is required and that begins by starting the conversation earlier. It must begin well before a service member's final months on active duty. Additionally, frequent and ongoing engagement is essential. Veterans shouldn't just hear about apprenticeships once during transition. Many veterans navigate their transition over time, and the system should be responsive to that reality.

- a. Could there be opportunities to further bolster efforts of SkillBridge grantees who have built pre-apprenticeship programs, such as VIPER Transitions, which serves many communities across the country, including in Alaska and Hawaii?

I believe there's a real opportunity to bolster efforts like those of VIPER Transitions and other SkillBridge grantees that are building meaningful on-ramps into the civilian workforce. Programs like VIPER are doing exactly what is needed, meeting service members where they are and giving them hands-on experience that translates directly into careers. Pre-apprenticeships are especially valuable because they provide structure, mentorship, and skill development. If confirmed, I'd like to work closely with DOD, employers, and organizations like VIPER to strengthen those pathways, including in Alaska and Hawaii.

2. You've been very public about the mental health issues you faced as a result of your service. We often hear about the transition from active duty back to civilian life as one of the most vulnerable times for veterans, and how important it is to have a "warm handoff" to ensure regular contact with supportive services. One way we can bolster

support during the transition is ensuring veterans who are not immediately going to school can have a career path ready and waiting.

- a. Are there any lessons from your own experience that will inform your approach to this role?

Yes. My own transition out of military service was one of the most difficult periods of my life. Like many veterans, I faced mental health challenges and uncertainty about my future. What made the difference for me was not a single moment or specific program, but consistent outreach, the presence of people who cared, and eventually, the opportunity to apply my experience in a meaningful way through public service. If confirmed as Assistant Secretary for Veterans' Employment and Training, I will certainly lean into my own experience to ensure that no veteran feels alone during this critical time and that every veteran has access to meaningful pathways to employment and purpose.

- b. How, if at all, did finding a role working for VA help with your own transition back to civilian life?

Working for the Department of Veterans Affairs played a significant role in stabilizing and advancing my transition back to civilian life. Like many veterans, I left the military with a deep sense of uncertainty about what came next. While I was proud of my service, I struggled with the loss of structure, identity, and the sense of mission that came with wearing the uniform. Joining the VA restored that sense of purpose. It allowed me to contribute to something larger than myself while using my own experiences to serve others. I found that I wasn't alone in the challenges I faced. And more importantly, I was in a position to help fellow veterans navigate their own transitions. That sense of responsibility and connection made a major difference in my personal recovery and professional growth.

- c. How can DOL VETS support veterans who were terminated from their federal jobs this year, taking into consideration the mental health impacts that can have?

The loss of a job can be deeply unsettling for any employee, but for veterans, it can also trigger feelings of instability and abandonment. I believe DOL VETS can play a key role in both addressing the immediate employment challenge and supporting the broader well-being of these veterans. From individualized career assistance to access to training to programs such as the Jobs for Veterans State Grants (JVSG), I will ensure DOL VETS resources are readily available.

d. Are there additional tools you need from the committee to best support veterans who were terminated from their federal jobs this year?

If confirmed, my goal is to ensure that every veteran impacted by job loss, whether in the federal government or elsewhere, has a clear path back to meaningful employment and support services. I remain committed to working within existing authorities and programs, but I also recognize the value of continued support from Congress to strengthen and expand our ability to serve veterans during periods of economic disruption or personal hardship.

PART I: ALL OF THE INFORMATION IN THIS PART WILL BE MADE PUBLIC**1. Basic Biographical Information**

Please provide the following information.

<i>Position to Which You Have Been Nominated</i>	
<u>Name of Position</u>	<u>Date of Nomination</u>
Assistant Secretary of Labor for Veterans' Employment and Training	May 6, 2025

<i>Current Legal Name</i>			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>
Jeremiah	Wayne	Workman	

<i>Addresses</i>						
<u>Residential Address</u> (do not include street address)			<u>Office Address</u> (include street address)			
			Street: 200 Constitution Ave, NW			
<u>City:</u> Marion	<u>State:</u> OH	<u>Zip:</u> 43302	<u>City:</u> Washington	<u>State:</u> D.C.	<u>Zip:</u> 20210	

<i>Other Names Used</i>						
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>	<small>Check if Master Name</small>	<u>Name Used From</u> (Month/Year) (Check box if estimate)	<u>Name Used To</u> (Month/Year) (Check box if estimate)
None					Est <input type="checkbox"/>	Est <input type="checkbox"/>
					Est <input type="checkbox"/>	Est <input type="checkbox"/>

<i>Birth Year and Place</i>	
Year of Birth (Do not include month and day)	Place of Birth
1983	Marion, Ohio

<i>Marital Status</i>					
Check All That Describe Your Current Situation:					
Never Married	Married	Separated	Annulled	Divorced	Widowed
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>Spouse's Name</i> <i>(current spouse only)</i>			
Spouse's First Name	Spouse's Middle Name	Spouse's Last Name	Spouse's Suffix
Jessica	Nicole	Workman	

<i>Spouse's Other Names Used</i> <i>(current spouse only)</i>						
First Name	Middle Name	Last Name	Suffix	<small>Check if Maiden Name</small>	Name Used From (Month/Year) (Check box if estimate)	Name Used To (Month/Year) (Check box if estimate)
Jessica	Nicole	Jordan		<input checked="" type="checkbox"/>	12/26/1984 Est <input type="checkbox"/>	08/09/2003 Est <input type="checkbox"/>

<i>Children's Names (if over 18)</i>			
<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Suffix</u>
Devon	Leigh	Workman	

2. Education

List all post-secondary schools attended.

<u>Name of School</u>	<u>Type of School</u> (vocational/technical/trade school, college/university/military college/ correspondence/distance/extension/online school)	<u>Date Began School</u> (month/year) (check box if estimate)	<u>Date Ended School</u> (month/year) (check box if estimate) (check "present" box if still in school)	<u>Degree</u>	<u>Date Awarded</u>
Central Texas College	College	03/2007 <input checked="" type="checkbox"/> Est <input type="checkbox"/> Present	03/2008 <input type="checkbox"/> Est <input checked="" type="checkbox"/> Present	Associate of General Studies	07/2008
Roger Williams University	University	03/2009 <input checked="" type="checkbox"/> Est <input type="checkbox"/> Present	06/12 <input type="checkbox"/> Est <input checked="" type="checkbox"/> Present	Bachelor of General Studies	08/2012
		<input type="checkbox"/> Est	<input type="checkbox"/> Est <input checked="" type="checkbox"/> Present		
		<input type="checkbox"/> Est	<input checked="" type="checkbox"/> Est <input type="checkbox"/> Present		

3. Employment

(A) List all of your employment activities, including unemployment and self-employment. If the employment activity was military duty, list separate employment activity periods to show each change of military duty station. Do not list employment before your 18th birthday unless to provide a minimum of two years of employment history.

Type of Employment (Active Military Duty Station, National Guard/Reserve, USPHS Commissioned Corps, Other federal employment, State Government (Non-federal Employment), Self-employment, Unemployment, Federal Contractor, Non-Government Employment (excluding self-employment), Other)	Name of Your Employer/ Assigned Duty Station	Most Recent Position Title/Rank	Location (City and State only)	Date Employment Began (month/year) (check box if estimate)	Date Employment Ended (month/year) (check box if estimate) (check "present" box if still employed)
Active Military Duty Station	USMC Parris Island, SC	Recruit	Parris Island, SC	08/2001 Est <input type="checkbox"/>	Est Present 11/2001 <input type="checkbox"/>
Active Military Duty Station	USMC Camp Lejeune, NC	Pfc.	Camp Lejeune, NC	11/2001 Est <input type="checkbox"/>	02/2002 Est <input type="checkbox"/>
Active Military Duty Station	USMC Naval Support Activity Norfolk	Pfc.	Chesapeake, VA	02/2002 Est <input type="checkbox"/>	03/2002 Est <input type="checkbox"/>
Active Military Duty Station	USMC NSB Kings Bay, GA	Cpl.	Kings Bay, GA	03/2002 Est <input type="checkbox"/>	04/2004 Est <input type="checkbox"/>
Active Military Duty Station	USMC Camp Pendleton, CA	Sgt.	Camp Pendleton, CA	04/2004 Est <input type="checkbox"/>	09/2005 Est <input type="checkbox"/>
Active Military Duty Station	USMC Parris Island, SC	Sgt.	Parris Island, SC	09/2005 Est <input type="checkbox"/>	07/2006 Est <input type="checkbox"/>
Active Military Duty Station	USMC MCB Quantico	Sgt.	Quantico, VA	07/2006 Est <input type="checkbox"/>	08/2007 Est <input type="checkbox"/>
Active Military Duty Station	USMC HQMC (Pentagon)	SSgt.	Arlington, VA	08/2007 Est <input type="checkbox"/>	08/2008 Est <input type="checkbox"/>
Active Military Duty Station	USMC MCB Quantico	SSgt.	Quantico, VA	08/2008 Est <input type="checkbox"/>	01/2010 Est <input type="checkbox"/>
Other Federal Employment	DoD	Operations Analyst	Quantico, VA	01/2010 Est <input type="checkbox"/>	03/2011 Est <input type="checkbox"/>
Other Federal Employment	Dept. of Veterans Affairs	Military Services Coordinator	Washington, D.C.	03/2011 Est <input type="checkbox"/>	06/2020 Est <input type="checkbox"/>

Unemployment	N/A	N/A	Spotsylvania, VA	06/2020	Est <input type="checkbox"/>	03/2021	Est <input type="checkbox"/>
Non-Government Employment	Acadia Healthcare	Business Development Manager	Richwood, OH	03/2021	Est <input type="checkbox"/>	07/2021	Est <input type="checkbox"/>
Non-Government Employment	Summit BHC	Business Development Manager	Richwood, OH	07/2021	Est <input type="checkbox"/>	10/2021	Est <input type="checkbox"/>
Federal Contractor	Presidio Government Solutions	Client Engagement Manager	Richwood, OH	10/2021	Est <input type="checkbox"/>	06/2022	Est <input type="checkbox"/>
Non-Government Employment	Banyan Treatment Centers	Business Development Manager	Richwood, OH	06/2022	Est <input type="checkbox"/>	11/2022	Est <input type="checkbox"/>
Non-Government Employment	Mayhem Solutions Group	Security Director	Richwood, OH	11/2022	Est <input type="checkbox"/>	04/2023	Est <input type="checkbox"/>
Unemployment	N/A	N/A	Richwood, OH	04/2023	Est <input type="checkbox"/>	12/2023	Est <input type="checkbox"/>
Federal Contractor	Nex Tech Solutions	Sales Director	Richwood, OH	12/2023	Est <input type="checkbox"/>	05/2024	Est <input type="checkbox"/>
Non-Government Employment	National Consolidated Courier	Chief People Officer	Lewis Center, OH	05/2024	Est <input type="checkbox"/>	12/2024	Est <input type="checkbox"/>
Unemployment	N/A	N/A	Richwood, OH	12/2024	Est <input type="checkbox"/>	05/2025	Est <input type="checkbox"/>
Other Federal Employment	Dept. of Labor	Senior Policy Advisor	Washington, D.C.	05/2025	Est <input type="checkbox"/>	Present	Est <input type="checkbox"/>

(B) List any advisory, consultative, honorary or other part-time service or positions with federal, state, or local governments, not listed elsewhere.

<u>Name of Government Entity</u>	<u>Name of Position</u>	<u>Date Service Began</u> (month/year) (check box if estimate)	<u>Date Service Ended</u> (month/year) (check box if estimate) (check "present" box if still serving)
NONE	N/A	Est <input type="checkbox"/>	Est <input type="checkbox"/> Present <input type="checkbox"/>
		Est <input type="checkbox"/>	Est <input type="checkbox"/> Present <input type="checkbox"/>
		Est <input type="checkbox"/>	Est <input type="checkbox"/> Present <input type="checkbox"/>

4. Honors and Awards

List all scholarships, fellowships, honorary degrees, civilian service citations, military medals, academic or professional honors, honorary society memberships and any other special recognition for outstanding service or achievement.

Navy Cross, Purple Heart, Combat Action Ribbon, Navy Achievement Medal, Ohio Military Hall of Fame, Class of 2008

5. Memberships

List all memberships held in professional, social, business, fraternal, scholarly, civic, charitable, or other organizations in the last ten years.

Unless relevant to your nomination, you do NOT need to include memberships in charitable organizations available to the public as a result of a tax-deductible donation of \$1,000 or less, Parent-Teacher Associations, or other organizations connected to schools attended by your children, athletic clubs or teams, automobile support organizations (such as AAA), discounts clubs (such as Groupon or Sam's Club), or affinity memberships/consumer clubs (such as frequent flyer memberships).

Name of Organization	Dates of Your Membership (You may approximate)	Position(s) Held
VFW Post 870	2006-Present	Commander Senior Vice Commander
Legion of Valor	2006-Present	N/A
American Legion Post 162	2006-Present	N/A

6. Political Activity**(A) Have you ever been a candidate for or been elected or appointed to a political office?**

<u>Name of Office</u>	<u>Elected/Appointed/ Candidate Only</u>	<u>Year(s) Election Held or Appointment Made</u>	<u>Term of Service (if applicable)</u>
Lt. Governor	Candidate	2022	N/A

(B) List any offices held in or services rendered to a political party or election committee during the last ten years that you have not listed elsewhere.

<u>Name of Party/Election Committee</u>	<u>Office/Services Rendered</u>	<u>Responsibilities</u>	<u>Dates of Service</u>
N/A			

(C) Itemize all individual political contributions of \$200 or more that you have made in the past five years to any individual, campaign organization, political party, political action committee, or similar entity. Please list each individual contribution and not the total amount contributed to the person or entity during the year.

<u>Name of Recipient</u>	<u>Amount</u>	<u>Year of Contribution</u>
N/A		

7. Publications

List the titles, publishers and dates of books, articles, reports or other published materials that you have written, including articles or blog posts published on the Internet.

<u>Title</u>	<u>Publisher</u>	<u>Date(s) of Publication</u>
<i>Shadow of the Sword</i>	Random House	September 2009

8. Public Statements

(A) List any testimony, official statements or other communications, including those made on the Internet including on social media or other digital content sites, relating to matters of public policy that you have issued or provided or that others presented on your behalf to public bodies or officials. None

(B) List any speeches or talks delivered by you, including commencement speeches, remarks, lectures, panel discussions, conferences, political speeches, and question-and-answer sessions. Include the dates and places where such speeches or talks were given.

11/2007: American Veterans Center National Conference, Washington, D.C.
([Issue XXXIX-Summer2007.pdf](#))

2007: Marine Corps Leadership Events, ([Shadow of the Sword - Nebraska Press](#))

3/19/2008: Vets for Freedom National Heroes Tour speech, American Legion Post 36
(<https://www.youtube.com/watch?v=ln3XEsRghTU>)

2009, *Perfect Valor* documentary, Citizens United Productions
(<https://www.imdb.com/title/tt10850008/>)

9/11/2009: First Pitch at LA Angels Game
(<https://americansoldiernetworkourhistory.blogspot.com/2009/09/navy-cross-marine-jeremiah-workman.html?>)

9/15/2009: Memoir: *Shadow of the Sword* ([Amazon.com: Shadow of the Sword: A Marine's Journey of War, Heroism, and Redemption: 9780345512123: Workman, Jeremiah, Bruning, John: Books](#))

3/25/2009: American Veterans Centers 2008 Conference speech
(<https://www.youtube.com/watch?v=FiLY-z1S67s>)

08/31/2010: Book Promotion Event in Dayton, Ohio
(<https://www.daytondailynews.com/news/local/marine-will-local-restaurant-promote-book/KC97pi414czumkjH8eYPsN/?>)

2/22/2022: Blystone/Workman campaign event, Masonic Temple, Mansfield, OH
<https://www.facebook.com/RichlandCountyRepublicanWomen/posts/315186790644230>

March 2022 – Campaign Events: Joe Blystone & Jeremiah Workman

As a lieutenant governor candidate in Ohio, Workman participated in town-hall style events, discussing his platform and engaging with the community.

lobbyistsforcitizens.com

- March 9 – *The Farm*, Delhi, OH
Kickoff event in Hamilton County.
- March 11 – *Delaware Township Hall*, Delaware, OH
Evening town hall in Delaware County.
- March 12 – *Buss Farms*, Pataskala, OH
Afternoon rally in Licking County.
- March 13 (Morning) – *Medina Gun Show*, Medina County Community Center, Medina, OH
Meet-and-greet with attendees.
- March 13 (Evening) – *Ben's Restaurant & Bar*, Berlin Center, OH
Community discussion in Mahoning County.
- March 16 – *Sandusky Yacht Club*, Sandusky, OH
Evening event in Erie County.
- March 16 – *DoubleTree by Hilton*, Newark, OH
Meeting with Licking County Republican Women's Club.
- March 17 – *Lincoln Way Vineyards*, Wooster, OH
Evening gathering in Wayne County.
- March 19 – *Kelly's Kitchen*, Richwood, OH
Breakfast event in Union County.
- March 20 – *Massey's Pizza*, Grove City, OH
Afternoon meet-and-greet in Franklin County.
- March 21 – *Fast Eddie's*, Parma, OH
Evening event in Cuyahoga County.
- March 23 – *Willowick American Legion*, Willowick, OH
Evening gathering in Lake County.
- March 24 – *Blend of Seven Winery*, Delaware, OH
Evening event in Delaware County.
- March 26 – *Miamisburg*, OH
Evening rally in Montgomery County.
- March 27 – *Norwalk Eagles Post 711*, Norwalk, OH
Afternoon event in Huron County.
- March 28 – *Ashland University*, Ashland, OH
Evening town hall in Ashland County.

- March 30 – *Topnotch Diner*, Cortland, OH
Evening event in Trumbull County.
- March 31 – *Mesopotamia Town Hall*, Mesopotamia, OH
Evening gathering in Trumbull County.
- April 1 – *Belmont County Courthouse*, St. Clairsville Ohio
Evening gathering in Belmont County.
- April 2 – *Zalenski Family Eatery & Pub*, Wintersville Ohio
Meeting in Jefferson County.

(C) List all interviews you have given to newspapers, magazines or other publications, and radio or television stations (including the dates of such interviews).

3/3/2007: *Washington Post* profile, "A Hero Who Didn't Save Himself"
(<https://www.washingtonpost.com/archive/style/2007/03/04/a-hero-who-didnt-save-himself/b7b7d128-254d-4179-8a31-062daab1d64d/>)

2008: *American Valor Quarterly* magazine, Spring 2008 issue, p. 37
(<https://americanveteranscenter.org/Publications/AVQ%20-%20Spring%202008.pdf>)

1/30/2008: *The Christian Science Monitor*, "Vietnam veterans help returning Iraq soldiers deal with shocks of war" (<https://www.csmonitor.com/USA/Military/2008/0130/p20s01-usmi.html>)

2009: *Now I've Heard Everything* Podcast interview, "How a Navy Cross Hero Fought PTSD After Fallujah" (<https://podcasts.musixmatch.com/podcast/now-ive-heard-everything-01hs0njd48v68egwv76r3j6grc/episode/how-a-navy-cross-hero-fought-ptsd-after-fallujah-01ht0rzv88ks55dm0ptf1zcabc>)

3/27/2009: CNN interview on *Lou Dobbs Tonight*
(<https://transcripts.cnn.com/show/ldt/date/2009-03-27/segment/01>)

9/1/2009: *ArmchairGeneral.com* interview (<http://armchairgeneral.com/shadow-of-the-sword-a-marines-journey-jeremiah-workman-interview.htm>)

10/15/2009: Pritzker Military Museum & Library video documentary interview, "Jeremiah Workman: Shadow of the Sword, A Marine's Journey of War, Heroism, and Redemption"
(https://www.pritzkermilitary.org/whats_on/pritzker-military-presents/jeremiah-workman-shadow-sword)

11/11/2009: *PBS NewsHour* interview, "For Some Veterans, the Battle Continues Against PTSD"
(<https://www.pbs.org/newsHour/show/for-some-veterans-the-battle-continues-against-ptsd>)

11/17/2009: WBUR *On Point* radio interview: "PTSD: A Marine's Story"
<https://www.wbur.org/onpoint/2009/11/17/ptsd-a-marines-story>

3/18/2010: HUFFPOST article by Jeremiah Workman, "The Stigma of PTSD"
https://www.huffpost.com/entry/the-stigma-of-ptsd_b_334341

3/18/2010: HUFFPOST article by Jeremiah Workman, "The War at Home"
https://www.huffpost.com/entry/the-war-at-home_b_324861

3/18/2010: HUFFPOST article by Jeremiah Workman, "The Fort Hood Killer and PTSD"
https://www.huffpost.com/entry/the-fort-hood-killer_and_b_353976

9/4/2010: *Columbus Dispatch*, "Navy Cross recipient continues to help Marines"
<https://www.woundedtimes.org/2010/09/navy-cross-recipient-continues-to-help.html>

11/11/2010: GatorZone.com interview, "Saluting Those Who Serve: Jeremiah Workman"
<https://floridagators.com/news/2010/11/11/19170>

2/2011: The Pentagon Channel, *Conspicuous Courage* video interview
https://www.usapatriotism.org/videos/hp/workman_i.htm

5/23/2012: U.S. Marine Corps video interview
<https://www.youtube.com/watch?v=OwGMnyX2WJM>

9/6/2012: *Business Insider* magazine article, "The 8000-Mile Sniper Shot: I've Lost Friends to Combat, Now I'm Losing Them to Suicide" <https://www.businessinsider.com/the-8000-mile-sniper-shot-ive-lost-friends-to-combat-now-im-losing-them-to-suicide-2012-9>

3/22/2013: *Military Times* article, "Navy Cross recipient credits Kent in recovery"
<https://www.militarytimes.com/2013/03/22/navy-cross-recipient-credits-kent-in-recovery/>

March 2013 (est.): *Marine Corps Connection* magazine, "NAVY CROSS RECIPIENT CREDITS KENT IN RECOVERY" https://www.marines.mil/Portals/1/Docs/comrel/mc_connection/13Jun11.pdf

11/11/2013: Fox News interview, "'I still have a fighting chance': Wounded warriors share stories of survival, recovery"
<https://www.foxnews.com/politics/i-still-have-a-fighting-chance-wounded-warriors-share-stories-of-survival-recovery>

11/11/2013: Fox News, "Wounded Warriors Make Dramatic Comeback from Injuries" segment teasing full interview, "'I still have a fighting chance': Wounded warriors share stories of survival, recovery" <https://grabien.com/file?id=10907>

6/2/2014: U.S. Department of Veterans Affairs video interview
[\(<https://www.youtube.com/watch?v=L9C1b8kvhcw>\)](https://www.youtube.com/watch?v=L9C1b8kvhcw)

9/17/2014: Marines.mil article, "Gen. Mattis honored by No Greater Sacrifice"
[\(<https://www.marines.mil/News/News-Display/Article/497465/gen-mattis-honored-by-no-greater-sacrifice/>\)](https://www.marines.mil/News/News-Display/Article/497465/gen-mattis-honored-by-no-greater-sacrifice/)

1/24/2015: CNN Newsroom interview with Poppy Harlow
[\(<https://transcripts.cnn.com/show/cnr/date/2015-01-24/segment/09>\)](https://transcripts.cnn.com/show/cnr/date/2015-01-24/segment/09)

11/11/2015: Military Order of the Purple Heart Service Foundation interview, American Veterans Center, The Wounded Warrior Experience: Segment 2
[\(<https://www.youtube.com/watch?v=44YeEF3t1yU>\)](https://www.youtube.com/watch?v=44YeEF3t1yU)

6/16/2016: All Marine Radio interview, "Navy Cross recipient SSgt Jeremiah Workman: 'I shouldn't have this. I don't want this...' Pt. 1
[\(<https://www.youtube.com/watch?v=HGDKpxo9vGg>\)](https://www.youtube.com/watch?v=HGDKpxo9vGg)

6/16/2016: All Marine Radio interview, "Navy Cross recipient SSgt Jeremiah Workman: 'I shouldn't have this. I don't want this...' Pt. 2
[\(\[https://www.youtube.com/watch?v=VfADus_hiyl\]\(https://www.youtube.com/watch?v=VfADus_hiyl\)\)](https://www.youtube.com/watch?v=VfADus_hiyl)

6/16/2016: All Marine Radio interview, "Navy Cross recipient SSgt Jeremiah Workman: 'I shouldn't have this. I don't want this...' Pt. 3 (<https://www.youtube.com/watch?v=3-351p4jUUU>)

9/9/2016: All Marine Radio interview, FALLUJAH, PTSD & A NAVY CROSS: SSgt Jeremiah Workman, USMC (ret)

3/13/2016: *Washington Post* as reported in *Stars & Stripes*, "Pentagon chief pick popular among troops" (<https://slite.dma.mil/issues/dec2016/20161203.pdf>)

1/13/2017: All Marine Radio interview, "SGT JEREMIAH WORKMAN, USMC (RET): valor, guilt, failure, post-traumatic stress and surviving (Part 1 of 2)"
[\(<https://allmarineradio.com/2017/01/13/jan-13-h1-jeremiah-workman-best-of-all-marine-radio-pt1/>\)](https://allmarineradio.com/2017/01/13/jan-13-h1-jeremiah-workman-best-of-all-marine-radio-pt1/)

4/11/2018: All Marine Radio interview, "SURVIVING WHEN THE BATTLEFIELD COMES HOME: SSgt Jeremiah Workman, USMC (ret)" (<https://allmarineradio.com/2018/04/11/surviving-when-the-battlefield-comes-home-ssgt-jeremiah-workman-usmc-ret/#more-5791>)

4/18/2018: All Marine Radio interview, "SGT JEREMIAH WORKMAN, USMC (RET): valor, guilt, failure, post-traumatic stress and surviving (Part 2 of 2)"

(<https://allmarineradio.com/2017/01/13/jan-13-h2-jeremiah-workman-best-of-all-marine-radio-pt2/#more-1321>)

6/12/2018: Samaritan's Purse International Relief, "Military Couples Start Fresh During Alaska Adventure"
(<https://www.samaritanspurse.org/article/military-couples-start-fresh-after-alaska-adventure/>)

6/26/2018: All Marine Radio interview, "MARINES THAT INSPIRE ME: SSgt Jeremiah Workman and his devotion to helping Marines" (<https://allmarineradio.com/2018/06/26/marines-that-inspire-me-ssgt-jeremiah-workman/>)

9/21/2018: *Post Traumatic Winning Radio Show*, "37 minutes of trauma, courage & wisdom from SSgt Jeremiah Workman, USMC (ret)"
(<https://posttraumaticwinning.com/2018/09/21/post-traumatic-winning-37-minutes-on-living-with-trauma-wisdom-from-ssgt-jeremiah-workman-usmc-ret/>)

1/8/2019: All Marine Radio interview, "TRAUMA & ALCOHOL: SSgt Jeremiah Workman, USMC (ret)" (<https://allmarineradio.com/2019/01/08/trauma-alcohol-ssgt-jeremiah-workman-usmc-ret/>)

June 2019: *Leatherneck* magazine article, "'Don't Be Afraid To Raise Your Hand' For Navy Cross Recipient, Battle of Fallujah Led To a Battle Within" (<https://www.mca-marines.org/wp-content/uploads/Dont-be-afraid-to-raise-your-hand.pdf>)

10/13/2019: military.com interview with Gina Harkins, "15 Years After the Iraq War's Deadliest Battle, Marines Fight to Save Their Comrades" (<https://www.military.com/daily-news/2019/10/13/15-years-after-iraq-wars-deadliest-battle-marines-fight-save-their-comrades.html>)

11/11/2021: *Tall Tales with Mitch "Taco" Bell* video interview, "Jeremiah Workman, The Lion of Fallujah"
(https://www.youtube.com/watch?v=iTDrYwNz_z0)

1/2/2022: Fox & Friends Television interview
(<https://www.foxnews.com/video/6289686766001>)

2/27/2022: *Marion Star* interview "Marion Native Jeremiah Workman Enters Statewide Political Arena" (<https://www.marionstar.com/story/news/2022/02/27/marion-native-jeremiah-workman-enters-statewide-political-area/6911356001/>)

3/21/2022: *Union County Daily Digital* interview
(<https://www.unioncountydailydigital.com/articles/workman-urges-gas-tax-moratorium-crack-down-on-human-trafficking-in-ohio/>)

3/28/2023: cleveland.com article, "Jeremiah Workman, Joe Blystone's 2022 running mate, launches 2026 run for governor"
(<https://www.cleveland.com/news/2023/03/jeremiah-workman-joe-blystones-2022-running-mate-launches-2026-run-for-governor.html>)

12/12/2022: *Marine Corps Association Scuttlebutt Podcast*, Ep 61: Jeremiah Workman
(<https://www.mca-marines.org/podcast/scuttlebutt/scuttlebutt-ep-61-jeremiah-workman/>)

4/18/2023: Central Ohio Veterans Virtual Lunch and Learn dialogue, Delaware, OH
(<https://www.facebook.com/groups/955379267846140/posts/6371881312862548/>)

9/20/2023: Black Rifle Coffee Company podcast interview
(<https://www.youtube.com/watch?v=dkeRg-RzE60>)

11/14/2024: *Marine Corps Association Scuttlebutt Podcast*, Ep 171: "Catching Up with Old Friends with Jeremiah Workman"
(<https://www.mca-marines.org/podcast/scuttlebutt/scuttlebutt-ep-171-catching-up-with-old-friends-with-jeremiah-workman/>)

11/14/2024: Black Rifle Coffee Company video interview
(<https://www.youtube.com/watch?v=G8aCGrX2jb8>)

9. Agreements or Arrangements

See OGE Form 278. (If, for your nomination, you have completed an OGE Form 278 Executive Branch Personnel Public Financial Disclosure Report, you may check the box here to complete this section and then proceed to the next section.)

As of the date of filing your OGE Form 278, report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment.

Provide information regarding any agreements or arrangements you have concerning (1) future employment; (2) a leave of absence during your period of Government service; (3) continuation of payments by a former employer other than the United States Government; and (4) continuing participation in an employee welfare or benefit plan maintained by a former employer other than United States Government retirement benefits.

<u>Status and Terms of Any Agreement or Arrangement</u>	<u>Parties</u>	<u>Date</u> (month/year)
N/A		

10. Lobbying

Have you ever registered as a lobbyist? If so, please indicate the state, federal, or local bodies with which you have registered (e.g., House, Senate, California Secretary of State).
NO

11. Testifying Before the Congress

(A) Do you agree to appear and testify before any duly constituted committee of the Congress upon the request of such Committee? Yes

(B) Do you agree to provide such information as is requested by such a committee in a timely and accurate manner? Yes

