

Background:

- **VA Workforce Downsizing:** Upon taking office, President Trump ordered a government-wide hiring freeze. The haphazard implementation at VA meant that essential occupations were initially not exempt from the freeze. Job offers for key clinical employees who were already in the onboarding process were rescinded, then reinstated—a flip-flopping that led many would-be hires to run the other way. Less than a month after that, VA terminated nearly 2,400 probationary employees. While some have since been re-hired, they may be terminated again after pending lawsuits have been resolved. Many opted not to return after being offered their jobs back.
 - As a result of the Trump administration’s return-to-office policy, tens of thousands of VA employees who had been hired into fully remote positions were directed to report to offices that were ill-equipped and ill-suited to accommodate them, with little consideration for the impact on their productivity or the quality of care delivery. This has driven many employees to resign or retire.
 - Bottom Line: Since January 2025, VA has hemorrhaged over 17,000 employees— thousands of them in direct-care roles. This is happening through the deferred resignation “buyout” program (DRP) and voluntary early retirement authority (VERA), as well as employees choosing to resign or retire without these incentives. On July 7th, VA announced that it anticipated an additional reduction in its workforce of 12,000 employees by the end of the fiscal year. This will leave VA with an estimated 30,000 fewer employees. Based on VA’s own data, we know that over 7,500 employees who have elected to depart VA in FY25 served in veteran-facing roles, including as physicians, nurses, and claims processors. This will undoubtedly affect VA’s ability to provide high-quality and timely care and benefits to veterans.
- **Contract Cancellations:** In March 2025, a list of more than 870 contracts that VA intended to cancel was leaked to Congress and the media. After the list was made public, VA reversed course on some of the cancellations due to the mission-critical nature of the services and goods provided in the agreements. Many of these contracts were for direct services for veterans or supporting VA operations, including suicide prevention and mental health treatment, radiology services, outreach regarding burial benefits and health care services, cancer care, PACT Act implementation, disability claims processing and audits, and

ensuring safe and clean facilities. Other contracts that remain cancelled included Electronic Health Record Modernization (EHRM) support, staff augmentation, and consulting services. While VA claimed the purpose of cancelling these contracts was to improve efficiency and reduce waste, VA directed the cancellation of more than a dozen contracts to assist VA in conducting oversight activities to identify and prevent waste, fraud, and abuse and follow the recommendations of the Government Accountability Office (GAO) and the VA Office of Inspector General. It is clear VA took and continues to take a haphazard approach to contract cancellations, which will likely have deleterious effects on agency operations. The result? Fewer mental health providers, longer wait times for cancer screenings, and cuts to suicide prevention efforts—while oversight and fraud prevention contracts were scrapped entirely.

- **Budget and Medicaid Cuts:** 1.6 million veterans are enrolled in Medicaid. Trump's One Big, Beautiful, Betrayal budget bill included massive cuts to federal Medicaid spending, jeopardizing care for far too many veterans. Additionally, the loss of Medicaid funding will significantly impact the health care system in many communities, especially in rural and underserved areas. In fact, researchers at the University of North Carolina have identified 338 rural hospitals that are already at risk for closure as a result of the Medicaid and Medicare cuts in the Big, Beautiful Betrayal bill. While veterans' access to care at VA medical facilities is already declining, the forthcoming implementation of OBBBA will elevate the risk of financial distress for hospitals, long-term care facilities, and other providers, further reducing veterans' access to care. Veterans face a double jeopardy: fewer local healthcare options due to Medicaid cuts, and longer waits at VA as the workforce shrinks.
- **Unions:** The right to join a labor union and the right to collectively bargain are foundational American principles. Trump's March Executive Order, effectively outlawing unions and unilaterally striking down collective bargaining agreements, is deeply concerning. The EO also encourages VA to use unconstitutional methods to discipline and fire employees, contradicting judicial precedent and VA officials' pledges to Congress to abide by collective bargaining agreements. VA's ability to serve veterans relies on valuable VA employees who feel supported in exercising their civil service rights. You can't serve veterans by silencing the workforce that serves them.

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SFVAMC and PACT Act Background:

SFVAMC

- \$1.231 billion operating budget
- 3,496 employees
- Serves 110,764 Veterans in Northern California, including 8,452 women
- 671,000+ outpatient visits annually
- 3,212 inpatient admissions
- \$96.3 million in competitive and in-house research funding

PACT Act

- California has 1.42 million Veterans
- Over 205,000 claims have been filed for PACT Act benefits
- Over 350,000 non-PACT Act benefit compensation claims were filed because of the historic outreach campaign to bring Veterans to VA
- Nearly 31,000 Veterans in CA are getting VA health care for first time
- Over 1,300 Veterans in San Francisco get VA benefits thanks to PACT Act.