

# United States Senate

WASHINGTON, DC 20510

March 30, 2026

The Honorable Russell Vought  
Director  
Office of Management and Budget  
725 17<sup>th</sup> Street, NW  
Washington, DC 20503

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

Dear Director Vought and Secretary Collins:

We write to urge that in the President's upcoming Fiscal Year (FY) 2027 budget request, as well as future budget requests, the Department of Veterans Affairs (VA) include significantly increased funding for the expansion and modernization of the VA's infrastructure portfolio nationwide.

It has been the case for many years – and across political parties – that annual budget submissions have fallen far short of levels needed to keep pace with the VA's own identified infrastructure needs. In the FY 2026 budget submission<sup>1</sup>, for example, the VA estimates that implementation of its ten-year capital infrastructure plan would cost at least \$187 billion – yet the request made to Congress was only \$7.8 billion for relevant infrastructure accounts, or less than five percent of that identified long-term need.

This is a nationwide issue – but the impacts are felt locally by each of the men and women who rely on healthcare through the VA. Virginia consistently ranks near the top of the list in terms of veteran population, in both gross and per capita terms. In addition to demographics and the military's significant presence across the Commonwealth, we are proud that across the federal, state, and local levels, there has been bipartisan commitment to help support this population.

Despite this support there still exists a critical need for additional investment to align the supply of care offered through the VA, with the sizable – and growing – demand from veterans in Virginia. In recent years we've made progress in addressing that gap – following lengthy authorization and approval fights, extended advocacy efforts across multiple administrations, and multi-year construction processes, new outpatient clinics opened in Virginia in Spotsylvania and Chesapeake. We were also glad that last year, an additional clinic – first authorized under the Honoring our Promise to Address Comprehensive Toxics (PACT) Act – was reapproved by Congress and a lease was then awarded by the VA.

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<sup>1</sup> U.S Department of Veterans Affairs FY 2026 Budget Submission: Construction, Long Range Capital Plan and Appendix. May 2025. <https://department.va.gov/wp-content/uploads/2025/07/FY26-Volume-4-Construction-and-Long-Range-Capital-Plan.pdf>

But still, more must be done. In recent years, for example, the VA conducted market analysis looking at the Department's asset portfolio nationwide<sup>2</sup>. This was an extensive review, examining the current and future healthcare needs of veterans nationwide, analyzing whether the infrastructure laydown was aligned geographically with where veteran populations were projected to shift over the coming decades, and whether the quality of those facilities could appropriately serve those communities.

This data is notable in that it represents the VA's own analysis of a challenge that many of us have been working to address for years – we need both broader and deeper investment in VA infrastructure nationwide. That is certainly true in Virginia. The VA's market analysis made the following findings and recommendations about infrastructure need in Virginia-

*Washington VAMC market* – The VA assessed that this region, covering much of northern Virginia, was projected to see a 7.8 percent increase in enrolled veteran population over the ten-year projection window, and demand for outpatient primary care, mental health, specialty care, dental care, and rehabilitation therapies; inpatient mental health services; and long-term care, are all projected to increase. The report analyzed that demand in this region could support establishing a new clinic in each Prince William, Loudoun, and Fairfax counties.

*Richmond VAMC market* – This market covers large portions of central and eastern Virginia with current clinics across Charlottesville, Emporia, Fredericksburg, and in Henrico County. The report analyzed that demand in this region could support establishing a new clinic in each Petersburg, Chesterfield, and in Hanover County – in addition to the recently opened Health Care Center in Spotsylvania.

*Hampton VAMC market* – This market covers the Hampton Roads region of Virginia with current clinics across Chesapeake, Hampton, Portsmouth, and Virginia Beach. The report analyzed that demand in this region could support broad modernization of the Hampton VAMC, as well as establishment of an entirely new Medical Center in the region – in addition to the recently opened clinic in Chesapeake.

*Salem VAMC market* – This market covers portions of southwest Virginia and the Shenandoah Valley with current clinics across Danville, Lynchburg, Staunton, Tazewell, and Wytheville. The report analyzed that demand in this region could support broad modernization of the Salem VAMC in addition to establishing a new clinic in Bedford.

While those listed above are specifically analyses within Virginia, the report also makes notable recommendations for additional facilities in neighboring states – North Carolina, Tennessee, Kentucky, and West Virginia – which are vital for access to care for many of our constituents.

These significant infrastructure needs are multiplied around the country, in areas where veterans may be having to travel long distances, wait weeks for medical appointments, or receive care in aging facilities. Beyond quality and timeliness of care, these infrastructure backlogs also force

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<sup>2</sup> Market recommendations from the Department of Veterans Affairs to the Asset and Infrastructure Review (AIR) Commission [https://www.va.gov/AIRCOMMISSIONREPORT/Volume\\_II.asp](https://www.va.gov/AIRCOMMISSIONREPORT/Volume_II.asp).

short-term and inefficient solutions upon the VA, necessitating increasingly more funding toward ongoing maintenance of outdated facilities.

We therefore urge you, in both this upcoming FY27 budget and in future years' requests, to present Congress with funding requests in the Major Construction, Minor Construction, and Non-Recurring Maintenance accounts, that are better aligned with the significant projected veteran care needs in Virginia and around the nation. We also request that you provide us written information and follow-up staff briefing on OMB and VA's strategy for executing on needed facility investment, keeping pace with the Department's own analysis on construction and modernization need.

We appreciate your attention to this matter, and look forward to continued engagement with the Department on it going forward.

Sincerely,



MARK R. WARNER  
United States Senator



TIM KAINE  
United States Senator