

Trending in the Wrong Direction: Wait Times at Select Department of Veterans Affairs Medical Centers Increasing in Recent Months

By Kayla M. Williams

Vet Voice Foundation

April 27, 2026

Executive Summary

Without timely access, high-quality medical care is merely theoretical, a fact that an increasing number of veterans have experienced firsthand, particularly in the past year. Since 2016, President Trump has taken steps to push more veterans away from Veterans Affairs medical centers and into community care, part of a long-term goal of privatizing the VA, the nation's largest integrated health care system. Under the current administration, Trump's leadership team has sought to shrink the VA workforce all while denying any negative impact on veterans' access to VA care.

Research shows that a strong VA direct care system is essential for medically vulnerable veterans with blast injuries, toxic exposures, a history of military sexual trauma, or spinal cord injuries, because specialized private sector care is vastly inferior or simply doesn't exist. Study after study has shown that VA provides higher quality, more culturally competent, and more evidence-based care — tailoring that care to veterans who already carry a heavy health burden and whose experiences are foreign to most community-based providers. Moreover, private sector wait times are rising across metropolitan areas while rural areas face physician shortages and budget shortfalls — and this is *before* absorbing any veterans who are turfed out of the VA and into community-based care.

To unveil the increasing healthcare burden on veterans under the second Trump administration, the Vet Voice Foundation undertook an assessment of wait times at 21 VA Medical Centers (VAMCs) around the country over the six-month period from August 20, 2025 to February 20, 2026. Among the most pertinent findings:

- When averaged across all specialties, **wait times increased at 15 sites (71.4%)** and decreased at six.
- Wait times increased in 16 specialties (64%) and decreased at 9, when averaged across all sites.
- With unpredictable wait times and wait time changes, **there is no consistent story about veteran experience in accessing VA care nationwide** — meaning also that veterans do not have the ability to assess or predict how long it will take them to access care. **The VA is violating its own standards for timely access** in many specialties in most locations.
- Veterans seeking care in oncology, neurology, pulmonology, and women's health — **specialties that are those the most critical for post-9/11 vets** — are seeing increases in average wait times.

- While wait times for individual mental health appointments have remained relatively stable, wait times for other types of mental health care (including group, PTSD-specific, and substance use disorder) have increased.
- **Since 2017, wait times for VA primary care have consistently grown longer**, creating a deeply concerning trend for veterans' access to competent care.
- Anecdotally, there are discrepancies between listed wait times and what veterans are being told by facilities, raising concerns that reported wait times are inaccurate or misleading.

Even as VA has referred an increasing number of veterans to community-based care, wait times have continued to climb. As noted above, the private sector does not have the capacity or specializations needed to meet the burden of shifting veteran care outside the VA — and what's more, the outside referrals come with a **significant financial burden to the VA**, further exacerbating internal shortfalls and *artificially* bolstering political arguments against its cost-effectiveness.

Veteran-serving nonprofits must step in: for instance by collecting reports from their members about mental health care at VAMCs being rationed or wait times differing dramatically from what is listed online. Advocates must keep a keen eye on the reality of veterans' experiences — and on the ways that the administration might be working to make the VA appear ineffectual. Without this external oversight and demands for accountability, the current administration could dismantle essential medical supports...and the VA itself. Opportunities exist for advocates and local journalists to track wait times from the Access to Care website longitudinally since VA does not make that information publicly available. Advocates, veterans, and their families will once again be called upon to carry testimony of their experiences, their acute needs, and their long service histories before individual members of Congress, and to bring to bear the full power of the veteran and military family community in pushing for accountability, transparency, and a fulfillment of the VA's promise. Without intervention by policymakers and legislators, it is likely that the harm to the VA direct care system will become irreparable.

Introduction

Timely access to needed medical care is an important aspect of health. The Department of Veterans Affairs (VA) runs the largest integrated health care system in the U.S., providing care to roughly 9 million enrolled veterans. Allegations that veteran medical appointment wait times were too long led to Congress to pass the Choice Act in 2014 and the MISSION Act in 2018; both laws were designed to standardize and ease access to care in the community (Rosen, Beilstein-Wedel, Gurewich, Davila, & Shwartz,

2026). Despite studies showing VA often has *shorter* wait times than community providers (Penn, et al., 2019) (Rosen, Beilstein-Wedel, Shwartz, Davila, & Gurewich, 2024) (Govier, et al., 2022), efforts to push more veterans into community care have continued — and are increasing under current VA leadership.

Last year, VA announced plans for significant personnel reductions (Department of Veterans Affairs, 2025). Although VA leadership has claimed that clinical positions were exempt from layoffs, the turmoil likely contributed to increased challenges filling empty positions (Armstrong, Umansky, & Coleman, 2025). Layoffs of human resources personnel will make it more challenging to hire clinicians in a timely manner. Additionally, eliminating non-clinical jobs does not eliminate the work they entailed, forcing clinicians to take on more roles (Alvarez, 2025). The agency has “eliminated thousands of medical positions that were left vacant after a wave of resignations and retirements,” leading to a reduction in the number of providers working at VA for the first time in two decades (Nehamas, Fuller, Ivory, Danielle, & Barry, 2026). Staffing shortages were already particularly acute in mental health, and VA lost roughly 500 psychologists and psychiatrists over a year (Coleman, Sanders, Jacobs, & Umansky, 2026).

In the aftermath of these staffing changes, the Vet Voice Foundation initiated a study to monitor available data and assess whether patient wait times have changed. VA is more transparent about wait times than any other sector of care, posting wait times as of that day for each site of care by specialty (Farmer, 2022). However, it does not make that data available to the public longitudinally. I selected 21 VA Medical Centers (VAMCs) and scraped wait time data daily for both new and established patients for all specialties for each site from [accesstocare.va.gov](https://www.accesstocare.va.gov). Listed in Table 1 below, these sites represent 13 of the 18 current Veterans Integrated Service Networks and all four Census regions of the United States.¹ They include a combination of high-profile VAMCs, such as Phoenix and Washington DC, and those that have drawn less scrutiny in the past.

Table 1: List of 21 Selected VAMCs

City	State	Facility Name	VIS N	Region
Atlanta	GA	Joseph Maxwell Cleland Atlanta VA Medical Center	7	South
Cleveland	OH	Louis Stokes Cleveland Department of Veterans Affairs Medical Center	10	Midwest
Des Moines	IA	Des Moines VA Medical Center	23	Midwest
Detroit	MI	John D. Dingell Department of Veterans Affairs Medical Center	10	Midwest
Durham	NC	Durham VA Medical Center	6	South

¹ I excluded sites that have transitioned to the new electronic health record, which calculate wait times differently.

East Orange	NJ	East Orange VA Medical Center	2	Northeast
Hampton	VA	Hampton VA Medical Center	6	South
Houston	TX	Michael E. DeBakey Department of Veterans Affairs Medical Center	17	South
Iowa City	IA	Iowa City VA Medical Center	23	Midwest
Lyons	NJ	Lyons VA Medical Center	2	Northeast
Manchester	NH	Manchester VA Medical Center	1	Northeast
Minneapolis	MN	Minneapolis VA Medical Center	1	Midwest
Palo Alto	CA	Palo Alto VA Medical Center	21	West
Philadelphia	PA	Corporal Michael J. Crescenz Department of Veterans Affairs Medical Center	4	Northeast
Phoenix	AZ	Carl T. Hayden Veterans Administration Medical Center	22	West
Pittsburgh	PA	Pittsburgh VA Medical Center - University Drive	4	Northeast
Tampa	FL	James A. Haley Veterans' Hospital	8	South
Togus	ME	Togus VA Medical Center	1	Northeast
Tomah	WI	Tomah VA Medical Center	12	Midwest
Washington	DC	Washington VA Medical Center	5	South
White River Junction	VT	White River Junction VA Medical Center	1	Northeast

After collecting data for 6 months – from August 20, 2025 through February 20, 2026 – I analyzed data to assess what changes, if any, had taken place in patient wait times. To minimize the impact of daily fluctuations, my primary mode of analysis was comparing average wait times in the first three months of data collected (P1: August 20, 2025 through November 19, 2025) with average wait times in the second three months of data collected (P2: November 20, 2025 through February 20, 2026). I employed Microsoft Excel to compile and compare these datasets.

In accordance with previous studies, I primarily focused on appointment wait times for new patients. This also allowed some comparisons with previous wait time estimates in select specialties at six locations both within VA and in the community. I also briefly examined changes in wait times for existing patients. This analysis is not definitive; it captures a snapshot of early trends based on publicly available data only. We encourage more in-depth analyses at a national level and/or at additional sites to support vigorous oversight of an essential component of our national healthcare system.

The remainder of this report is organized as follows: I first examine changes in wait times for new patients in primary care, mental health, women's health, three specialties important for Post-9/11 veterans, and then all other specialties.² I conclude by analyzing

² Specialties are listed as they are presented on the VA access to care website.

changes in wait times for existing patients in a smaller selection of specialties, followed by acknowledging limitations and highlighting possible areas of concern before concluding.

Primary Care

Primary care, like family medicine in the private sector, is often the main source of health care for patients. Ideally, primary care “plays a major role in providing early detection and treatment of disease, chronic care management, preventive care, and coordination of care” (Rosen, Beilstein-Wedel, Gurewich, Davila, & Shwartz, 2026). Within the VA system, patients are eligible to be referred to care in the community if VA cannot provide a primary care appointment within 20 days. Below, I show recent changes in primary care wait times and compare those with available data from earlier studies. Despite slight overall average improvements, the majority of sites are not meeting VA’s standards of timeliness.

Recent Changes

Table 2 shows new patient average new patient wait times for a primary care appointment at each site, in order from largest increase in wait times to largest decrease in wait times.

Table 2: New Patient Average Wait Times for Primary Care by VAMC, P1-P2

VAMC	P1	P2	Difference
Tomah WI	54.8	71.2	16.45
Tampa FL	17.4	27.9	10.47
Detroit MI	18.0	23.8	5.81
Iowa City IA	56.5	61.8	5.31
Durham NC	31.3	33.3	1.99
Palo Alto CA	39.8	40.9	1.10
Houston TX	28.4	28.7	0.27
East Orange NJ	35.2	35.2	-0.02
Minneapolis MN	25.3	24.8	-0.47
White River Junction VT	16.2	15.2	-0.95
Cleveland OH	29.5	28.2	-1.27
Washington DC	36.1	34.7	-1.40
Lyons NJ	15.5	13.8	-1.70
Philadelphia PA	23.6	20.9	-2.70
Phoenix, AZ	9.5	6.0	-3.49
Pittsburgh PA	49.3	42.0	-7.32
Manchester NH	31.4	22.5	-8.85
Atlanta GA	65.5	55.9	-9.58
Hampton VA	64.4	47.5	-16.85
Togus ME	96.4	56.1	-40.30
<i>Average</i>	<i>37.2</i>	<i>34.5</i>	<i>-2.7</i>

The average wait time for new patient primary care appointments decreased from 37.2 days in P1 to 34.5 days in P2; wait times improved at 13 sites and worsened at 7 sites. In P1, 5 sites met the 20-day access time standard for primary care; in P2 only 3 sites did.

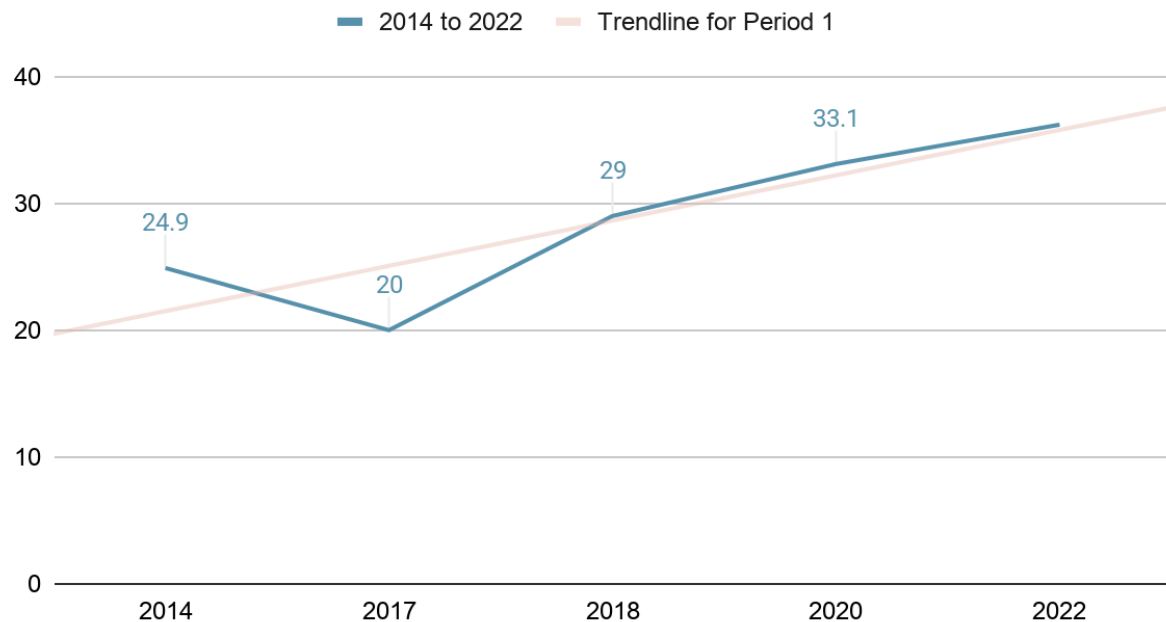
Longer-term Trends in Primary Care Wait Times

Across both P1 and P2 (from August 20, 2025 through February 20, 2026), the average wait time for new patient primary care appointments at the 21 sites tracked was 35.9 days. Previously published research provides estimates of new patient wait times across the entire VA system of care at various points in time:

- 2014: 24.9 days (Penn, et al., 2019) **Note this is when the CHOICE Act was enacted.**
- 2017: 20.0 days (Penn, et al., 2019)
- January 1, 2018-June 30, 2021: 29.0 for direct care, 38.9 for VA-covered community care (Feyman, Asfaw, & Griffith, 2022). **Note that the MISSION Act was enacted in 2018.**

- October 1, 2020-September 30, 2022: 33.1 days (Rosen, Beilstein-Wedel, Shwartz, Davila, & Gurewich, 2024)³ **Note that the COVID-19 pandemic instigated a global interruption of healthcare delivery beginning in early 2020.**
- October 1, 2020-September 30, 2023: 36.2 days (Rosen, Beilstein-Wedel, Gurewich, Davila, & Shwartz, 2026)⁴

Average Wait Times



The wait times for new patient VA primary care appointments in our analysis (35.9 days) is relatively close to the system-wide wait times reported in the most recent published article (36.2 days). Notably, during this time frame private sector wait times *decreased* across 15 major metropolitan areas, from 29.3 days in 2017 down to 20.6 days in 2022 followed by an increase in 2025 to 23.5 days (AMN Healthcare, 2025).

Mental Health Care

Mental health conditions are common in the United States. Some, such as post-traumatic stress disorder (PTSD), are more prevalent among veterans due to exposure to traumatic events including combat and military sexual assault (Department of Veterans Affairs Office of Research & Development, 2026). Suicide rates continue to

³ This average includes both VA direct care appointments and VA-covered community care (CC); most appointments within VA were 35 days or shorter and all CC wait times were over 35 days.

⁴ Researchers did not distinguish between VA direct care and CC.

be significantly higher for veterans than non-veterans, and higher for veterans who do not use VA than those who do; providing comprehensive mental health care is a key element of VA's suicide prevention strategy (Department of Veterans Affairs Office of Suicide Prevention, 2026).

VA reports wait times for several different types of outpatient mental health care, including individual and group therapy, care for specific diagnoses (e.g., PTSD and substance use disorder), and integrated care in the primary care setting. There can be significant differences in wait times for these types of care within the same VAMC. For new patients, many VAMCs report "N/A" for some types of mental health appointments.⁵ Overall, the VAMCs in our sample have generally held steady on wait times for mental health individual appointments for new patients, with more variability in other types of mental health appointments. These findings are presented below in tables 3-6.

Table 3: New Patient Average Wait Times for Mental Health Individual by VAMC, P1-P2

⁵ The Access to Care website says this "means that zero new or return appointments occurred at that clinic or location in that specialty in the previous month."

VAMC	P1	P2	Difference
Iowa City IA	15.0	37.4	22.4
Tomah WI	10.3	23.8	13.5
Palo Alto CA	26.9	39.7	12.9
Atlanta GA	11.3	21.1	9.8
Cleveland OH	29.1	38.4	9.3
Minneapolis MN	29.0	37.2	8.1
Durham NC	42.3	49.5	7.2
Lyons NJ	18.7	23.5	4.8
Detroit MI	20.9	24.7	3.8
Phoenix, AZ	14.9	17.4	2.5
Hampton VA	23.4	23.3	-0.2
Washington DC	13.7	11.2	-2.5
White River Junction VT	28.2	25.5	-2.7
Houston TX	44.4	41.0	-3.4
East Orange NJ	24.5	19.6	-4.9
Togus ME	31.1	24.7	-6.4
Pittsburgh PA	38.5	31.6	-6.8
Manchester NH	32.3	23.1	-9.2
Des Moines IA	22.8	13.0	-9.8
Philadelphia PA	50.9	38.6	-12.3
Tampa FL	38.3	10.7	-27.6
<i>Average</i>	<i>27.0</i>	<i>27.4</i>	<i>0.4</i>

Wait times decreased at 11 sites and increased at 10 sites – some by significant amounts, such as an increase of 22 days at the Iowa City, Iowa VAMC and a decrease of 27.6 days at the Tampa, Florida VAMC.⁶ However, when all sites are averaged together, there was only a 0.4 day increase in mental health individual wait times for new patients to 27.4 days. In P1, 6 sites met the 20-day access time standard for mental health care; in P2 only 5 sites did.

The average wait time for mental health individual care at these 21 VAMCs significantly exceeds the 18.8-day system-wide wait time that Secretary Collins cited at his hearing with the Senate Veterans Affairs Committee on January 28, 2026 (PoliticoPRO, 2026).

Table 4: New Patient Average Wait Times for Mental Health Group by VAMC, P1-P2

⁶ Current new patient mental health individual wait times by facility and Congressional district are available at vhadata.org (Common Defense Education Fund, 2026).

VAMC	P1	P2	Difference
Hampton VA	30.0	87.2	57.2
Togus ME	24.8	68.1	43.3
Iowa City IA	23.5	59.1	35.6
White River Junction VT	8.6	22.1	13.6
Detroit MI	15.9	24.1	8.2
Lyons NJ	1.6	4.0	2.4
Minneapolis MN	0.4	0.0	-0.4
Phoenix, AZ	46.0	25.3	-20.7
<i>Average</i>	<i>17.2</i>	<i>29.0</i>	<i>11.7</i>

Only 8 of the VAMCs in this sample reported wait times for mental health group appointments for new patients, as shown in Table 7. Of those that did, wait times increased in 6 locations and only decreased in 2; the average increase across these 8 sites was nearly 12 days to 29 days.

Table 5: New Patient Average Wait Times for Primary Care – Mental Health Integrated Care by VAMC, P1-P2

VAMC	P1	P2	Difference
Cleveland OH	15.6	25.0	9.4
Atlanta GA	5.9	14.0	8.0
Des Moines IA	1.8	9.5	7.7
Minneapolis MN	15.0	18.1	3.1
Phoenix, AZ	15.4	18.4	3.0
Washington DC	32.2	35.0	2.8
White River Junction VT	19.8	22.4	2.6
Durham NC	17.2	19.1	2.0
Manchester NH	31.1	32.9	1.8
Palo Alto CA	6.7	7.8	1.2
Lyons NJ	0.6	1.1	0.5
Philadelphia PA	0.1	0.2	0.1
Pittsburgh PA	3.3	2.9	-0.4
Iowa City IA	30.0	29.3	-0.7
East Orange NJ	5.8	4.1	-1.7
Detroit MI	28.6	25.8	-2.8
Houston TX	40.2	36.7	-3.5
Tomah WI	15.3	8.8	-6.5
Hampton VA	64.4	47.5	-16.9
<i>Average</i>	<i>16.1</i>	<i>21.5</i>	<i>5.4</i>

Within VA, the Primary Care-Mental Health Integration model integrates mental health staff into each Patient Aligned Care Team, allowing patients to receive “services for depression, anxiety, PTSD, and substance use without needing a separate consult with mental health providers outside the PACT clinic area” (Department of Veterans Affairs, 2026). Of the sites that reported wait times for primary care–mental health integrated care, 12 reported increases and 7 decreases, with an overall average increase of 2.5 days to 17.3 days. In P1, 13 sites met the 20-day wait time standard for mental health care; in P2 11 sites did.

Table 6: New Patient Average Wait Times for All Other Mental Health Care by VAMC, P1-P2

VAMC	P1	P2	Difference
Minneapolis MN	11.9	55.6	43.7
Philadelphia PA	9.5	24.0	14.5
Detroit MI	17.3	26.5	9.2
Togus ME	28.9	36.0	7.1
Washington DC	16.7	22.7	5.9
Lyons NJ	16.2	22.0	5.9
Hampton VA	26.4	32.3	5.8
Palo Alto CA	3.2	7.3	4.1
Iowa City IA	10.2	14.0	3.8
Atlanta GA	7.7	11.3	3.6
Cleveland OH	8.9	10.6	1.8
Pittsburgh PA	14.5	14.3	-0.2
Phoenix, AZ	36.6	33.6	-3.1
Houston TX	25.7	21.5	-4.3
Manchester NH	19.6	10.8	-8.8
Tomah WI	25.1	12.8	-12.3
East Orange NJ	24.7	7.7	-17.0
<i>Average</i>	<i>17.8</i>	<i>21.8</i>	<i>4.0</i>

Table Note: This table includes averages of the following types of mental health care when available: PTSD Specific Individual, PTSD Specific Individual, Substance Use Disorder Group, and Substance Use Disorder Individual.

When averaging the remaining mental health subspecialties together, wait times increased at 12 sites and decreased at 5 sites, with an overall average increase of 4 days to 21.8 days. Averaging all types of VA mental health care together, wait times for new patients increased at these 21 VAMCs from 21.6 days in P1 up to 23.5 days in P2,

an increase of nearly 2 days (table not shown) and exceeding the 20-day mental health wait time standard in both periods.

Women's Health Care

Women veterans are more likely to rely exclusively on VA for their health care; they are also more likely to have a history of military sexual trauma, which is associated with negative long-term impacts on physical and mental health (Schultz, Lovejoy, Williams, Lindquist, & Ruder, 2023) (Fenwick, Street, & Creech, 2025). Accordingly, it is important that they are able to access culturally competent care from providers who understand their risk factors.

VA has invested significant attention to improving and expanding care for women veterans in recent years as the population of women veterans has increased. Through the Deborah Sampson Act, Congress also mandated a number of changes designed to improve access, staffing, and data collection; in accordance with that legislation, as of September 2024, all VAMCs have a designated women's health primary care provider (Depompei, 2026). As part of VA's comprehensive primary care model, women veterans are typically able to get well-woman exams either from a women's health primary care provider or from a gynecologist.

Table 7: New Patient Average Wait Times for Women's Health and OB/GYN by VAMC, P1-P2

VAMC	WOMEN'S HEALTH			OB/GYN		
	P1	P2	Difference	P1	P2	Difference
White River Junction VT	10.5	17.9	7.4	15.7	38.8	23.1
Manchester NH	29.0	34.9	5.9	42.3	60.1	17.8
Togus ME	62.6	52.8	-9.7	37.8	53.2	15.4
Minneapolis MN	30.3	38.5	8.1	36.6	46.6	10.0
Atlanta GA	16.0	49.3	33.3	50.5	59.7	9.2
Washington DC	35.3	30.9	-4.4	59.4	68.1	8.6
Palo Alto CA	63.5	68.6	5.1	29.6	36.9	7.3
Houston TX	21.2	26.2	5.0	79.3	83.3	4.0
Cleveland OH	13.9	14.6	0.7	26.5	29.6	3.0
Pittsburgh PA	n/a	n/a	n/a	26.3	28.5	2.2
East Orange NJ	n/a	n/a	n/a	30.3	32.3	2.1
Tampa FL	n/a	n/a	n/a	25.6	26.8	1.3
Hampton VA	43.8	44.9	1.0	61.8	62.0	0.2
Phoenix, AZ	n/a	n/a	n/a	18.7	17.9	-0.9
Philadelphia PA	26.1	16.9	-9.2	35.0	33.2	-1.8
Lyons NJ	n/a	n/a	n/a	26.1	23.1	-3.0
Tomah WI	30.3	105.8	75.5	6.7	3.4	-3.3
Durham NC	22.6	43.3	20.7	53.0	49.1	-3.8
Detroit MI	15.5	19.5	4.0	40.2	33.9	-6.2
Iowa City IA	39.9	30.8	-9.1	39.3	30.7	-8.6
<i>Average</i>	<i>30.7</i>	<i>39.7</i>	<i>9.0</i>	<i>37.0</i>	<i>40.9</i>	<i>3.8</i>

Note: The average wait time for women's health for Pittsburgh in P2 was 4.2 days; it was excluded from the above table since no P1 value was available to calculate a difference over time.

As shown in Table 7, Wait times increased for new patient OB/GYN appointments at 13 sites and decreased at 7 sites for an average increase of 3.8 days; wait times increased for women's health appointments at 11 sites and decreased at 4 sites for an average increase of 9 days. When both women-specific specialties were combined across locations, the average wait time for new patients at these 21 VAMCs went from 33.9 days in P1 up to 40.3 days in P2, an increase of 6.4 days.

As a point of comparison, when AMN Healthcare/Merritt Hawkins periodically contacts physician offices seeking to schedule new patient appointments for obstetrics/gynecology, callers specifically request to schedule "a 'well-woman' gynecological exam," the average wait times across 15 major metropolitan areas was 41.8 days in 2025, compared to 31.4 days in 2022, an increase they attributed to a shortage of providers (AMN Healthcare, 2025).

Key Specialties for Post-9/11 Veterans

Veterans who served in the Post-9/11 era have unique exposure risks compared to both other veterans and civilians; among these are traumatic brain injuries and environmental toxins associated with lung damage and certain cancers (Wounded Warrior Project, 2026) (Veterans of Foreign Wars, 2026). Tables 8-10 show changes in new patient VA wait times in three specific specialties likely to be important to this generation of veterans based on those risks: neurology, oncology, and pulmonology.

Neurology

Table 8: New Patient Average Wait Times for Neurology by VAMC, P1-P2

VAMC	P1	P2	Difference
Togus ME	221.4	246.2	24.8
Tomah WI	36.8	50.3	13.5
Palo Alto CA	30.5	42.1	11.6
Durham NC	189.7	199.6	9.9
Detroit MI	66.7	73.7	7.0
Houston TX	35.1	40.4	5.3
Philadelphia PA	82.4	87.0	4.5
Lyons NJ	44.9	48.8	3.9
Pittsburgh PA	36.0	38.6	2.6
Washington DC	41.9	44.3	2.4
Cleveland OH	77.0	78.5	1.6
East Orange NJ	29.1	30.2	1.1
Minneapolis MN	46.1	46.7	0.7
White River Junction VT	59.4	58.1	-1.3
Atlanta GA	57.5	55.1	-2.4
Tampa FL	49.4	41.8	-7.5
Manchester NH	111.4	99.2	-12.1
Hampton VA	70.0	51.3	-18.7
Iowa City IA	149.7	117.9	-31.8
<i>Average</i>	<i>75.5</i>	<i>76.3</i>	<i>0.8</i>

New patient neurology appointment wait times increased at 13 sites and decreased at only 6; the overall increase was less than one day to 76.3 days on average. Variation between sites was significant, ranging from a nearly 25-day increase in Togus, Maine to a nearly 32-day decrease in Iowa City, Iowa. All 19 sites exceeded the 28-day wait time access requirement for specialty care.

Oncology

Table 9: New Patient Average Wait Times for Oncology by VAMC, P1-P2

VAMC	P1	P2	Difference
Togus ME	75.4	165.3	89.9
Detroit MI	24.0	38.8	14.8
Hampton VA	84.7	98.2	13.5
Washington DC	38.8	51.2	12.4
Atlanta GA	47.2	59.1	11.9
Lyons NJ	36.1	42.0	5.9
Philadelphia PA	42.8	47.8	4.9
White River Junction VT	15.1	19.5	4.3
Durham NC	33.8	36.9	3.1
Cleveland OH	26.5	29.6	3.0
Minneapolis MN	23.0	25.5	2.5
East Orange NJ	21.1	23.3	2.2
Des Moines IA	12.1	14.0	1.9
Manchester NH	21.6	22.2	0.6
Palo Alto CA	31.3	30.2	-1.0
Houston TX	70.5	68.9	-1.6
Pittsburgh PA	32.9	29.6	-3.3
Tampa FL	25.7	22.3	-3.4
Tomah WI	64.8	59.8	-5.0
Iowa City IA	45.5	37.0	-8.5
Phoenix, AZ	74.4	57.4	-17.0
<i>Average</i>	<i>40.3</i>	<i>46.6</i>	<i>6.2</i>

New patient oncology appointment wait times increased at 14 sites and decreased at 7; the overall increase was over 6 days to 46.6 days on average. Variation between sites was significant, ranging from a nearly 90 day increase in Togus, Maine to a 17 day decrease in Phoenix, AZ. In P1, 13 of the 21 sites exceeded the 28-day wait time standard for specialty appointments for new patient oncology appointments, in P2 15 sites did.

Pulmonology

Table 10: New Patient Average Wait Times for Pulmonology by VAMC, P1-P2

VAMC	P1	P2	Difference
Phoenix, AZ	0.0	29.1	29.1
Cleveland OH	36.6	51.6	14.9
Palo Alto CA	22.1	28.6	6.5
Pittsburgh PA	21.0	26.5	5.5
Durham NC	55.7	60.6	4.9
Tampa FL	54.6	59.2	4.7
Hampton VA	32.0	36.3	4.3
East Orange NJ	46.5	50.7	4.2
Lyons NJ	87.5	91.2	3.7
Atlanta GA	49.4	52.1	2.6
Philadelphia PA	53.8	56.4	2.6
Manchester NH	42.0	44.3	2.4
Detroit MI	22.2	23.6	1.4
Togus ME	81.3	82.4	1.2
Tomah WI	65.6	66.3	0.7
Washington DC	31.9	32.5	0.6
Houston TX	35.4	34.7	-0.7
Iowa City IA	54.9	52.3	-2.6
Minneapolis MN	27.1	21.9	-5.2
Des Moines IA	22.3	16.3	-6.0
White River Junction VT	47.5	29.8	-17.7
<i>Average</i>	<i>42.4</i>	<i>45.1</i>	<i>2.7</i>

New patient pulmonology appointment wait times increased at 16 sites and decreased at only 5; the overall increase was 2.7 days to 45.1 days on average. Variation between sites ranged from a 29.1 day increase in Phoenix, AZ to a 17 day decrease in White River Junction, Vermont. In P1, 15 of the 21 sites exceeded the 28-day wait time standard for specialty appointments in new patient pulmonology appointments, in P2 17 sites did.

Other Specialties

Longer-term Trends in Three Specialties

AMN Healthcare (formerly known as Merritt Hawkins) periodically contacts physician offices in 15 major metropolitan areas seeking to schedule new patient appointments not only for primary care appointments, as mentioned above, but also cardiology, dermatology, and orthopedics (AMN Healthcare, 2025). Researchers have previously

compared those findings with VA data, allowing an opportunity for further analysis of trends through time.

Notably, this prior research refers to VA *regions*, meaning not only individual VAMCs but also including clinics in a surrounding 25-mile radius were included. To better align with that methodology, I replicated it on February 26th, 2026. Table 11 shows average wait times in these three specialties for the six regions contained in both the previous research and ours, with sites listed alphabetically.

Table 11: New Patient Wait Times in Three Specialties for Six Regions Through Time, VA and Private Sector

Region	Cardiology				Dermatology				Orthopedics			
	2014	2017	9/5/22	2/26/26	2014	2017	9/5/22	2/26/26	2014	2017	9/5/22	2/26/26
Atlanta, GA	39	42	85	59	2	3	10	94	33	19	29	38
Detroit, MI	23	17	58	34	32	32	59	30	32	16	24	32
Houston, TX	13	14	32	19	19	11	23	26	12	14	18	39
Minneapolis, MN	7	15	35	26	27	37	0	13	29	18	26	21
Philadelphia, PA	37	59	62	51	12	9	1	14	36	19	50	79
Washington, DC	18	10	32	25	8	4	0	15	21	27	20	26
<i>Average</i>	<i>22.8</i>	<i>26.2</i>	<i>50.7</i>	<i>35.7</i>	<i>16.7</i>	<i>16.0</i>	<i>15.5</i>	<i>31.9</i>	<i>27.2</i>	<i>18.8</i>	<i>27.8</i>	<i>39.2</i>
Region	Cardiology				Dermatology				Orthopedics			
Private Sector	2014	2017	2022	2025	2014	2017	2022	2025	2014	2017	2022	2025
Atlanta, GA	11	16	26	15	14	13	26	10	6	7	8	36
Detroit, MI	17	14	13	31	22	27	104	51	18	19	10	12
Houston, TX	11	12	23	24	21	28	25	9	5	10	50	7
Minneapolis, MN	15	22	20	38	56	30	72	87	5	15	16	8
Philadelphia, PA	6	28	29	28	49	78	9	21	5	10	10	20
Washington, DC	32	18	36	37	17	20	12	15	11	8	5	7
<i>Average</i>	<i>15.3</i>	<i>18.3</i>	<i>24.5</i>	<i>28.8</i>	<i>29.8</i>	<i>32.7</i>	<i>41.3</i>	<i>32.2</i>	<i>8.3</i>	<i>11.5</i>	<i>16.5</i>	<i>15.0</i>

Note: VA 2014 and 2017 wait times from (Penn, et al., 2019), VA 2022 wait times from (Farmer, 2022), VA 2026 wait times from search conducted on accesstocare.va.gov by the author, private sector wait times from (AMN Healthcare, 2025).

Compared to the snapshot taken on September 5, 2022, average wait times across the six VA regions increased in both dermatology and orthopedics, where they were also higher than in both 2014 and 2017. In cardiology, the average wait time across the six sites was lower on February 26, 2026 than on September 5, 2022 but still higher than in 2014 and 2017. On average, VA wait times were shorter in dermatology but longer in cardiology and orthopedics, though there are specific regions where these trends do not hold true. There is also significant variability by region in both VA and the private sector.

Applying the methodology used in the rest of this report to compare time periods P1 and P2 across all 21 VAMCs showed higher – and increasing – average wait times across all three of these specialties, as shown in Table 12.

Table 12: New Patient Average Wait Times in Three Specialties Across 21 VAMCs, P1-P2

Specialty	P1	P2	Difference
Cardiology	48.1	50.0	1.9
Dermatology	49.5	54.3	4.8
Orthopedics	34.6	37.9	3.3

Between P1 and P2, average wait times decreased for cardiology at 9 sites and increased at 12, decreased for dermatology appointments at 5 sites and increased at 13, and decreased for orthopedics appointments at 7 sites and increased at 12.⁷ For comparison, the average private sector wait times across 15 major metropolitan areas in 2025 were 32.7 days for cardiology, 36.5 days for dermatology, and 12.0 days for orthopedics (AMN Healthcare, 2025).

All Other Specialties

The remaining specialties are presented in Table 13 averaged across all sites, along with a count of the number of sites that saw a decrease and increase in wait times for that specialty; the final row shows the average wait times in P1 and P2 and the average difference, followed but the total specialties with increases and decreases across VAMCs.

Table 13: New Patient Average Wait Times by Specialty, P1-P2

⁷ Not all sites provide data on all specialties; accordingly, these do not all sum to 21.

Specialty	P1	P2	Difference	Decrease, # VAMCs	Increase, # VAMCs
Dental	50.5	50.9	0.5	10	8
Audiology	39.7	34.8	-4.9	15	6
Ophthalmology	44.0	50.7	6.7	7	11
Optometry	66.8	60.6	-6.1	15	4
Endocrinology	56.6	54.2	-2.4	13	8
Gastroenterology	54.2	56.3	2.1	7	13
Urology	62.4	60.9	-1.4	10	10
Podiatry	44.9	47.8	2.9	6	15
Physical Therapy	36.0	34.9	-1.1	12	9
Occupational Therapy	31.6	29.6	-2.0	10	11
Sleep Medicine	74.7	73.0	-1.7	9	8
Pain Medicine	43.3	42.8	-0.6	10	10
<i>Average / * Total</i>	<i>50.4</i>	<i>49.7</i>	<i>-0.7</i>	<i>*124</i>	<i>*113</i>

Average new patient wait times across sites decreased in audiology, optometry, endocrinology, urology, physical therapy, occupational therapy, sleep medicine, and pain medicine; they increased in dental, ophthalmology, gastroenterology,⁸ and podiatry. The overall average decrease across all specialties was less than half a day to 48.8 days; the average number of sites to see a decrease in wait times was 10.6 while an average of 9.2 saw an increase.

Existing Patients

Peer-reviewed studies on VA wait times published in academic journals focus on new patients. Two experts interviewed while conducting this research also cautioned against relying on reported wait times for established patients when analyzing wait times out of stated concerns for their reliability.⁹ Accordingly, less time is spent in this report analyzing established patient wait times. However, any underlying reasons behind these concerns are unlikely to vary over the six-month period in question. Below, average wait

⁸ For comparison, the 2025 private sector average wait time for a gastroenterology appointment was 40 days across 15 major metropolitan areas (AMN Healthcare, 2025).

⁹ VA's posted FAQs state that established patient wait times "are measured from the date agreed upon between a Veteran and provider for future care and ends on the date care is received, or the date scheduled for care to occur if it has not yet occurred" (Department of Veterans Affairs, 2026). This should mitigate against concerns that follow-up appointments purposefully scheduled months in the future artificially inflate wait times; indeed, as shown below, established patient wait times appear shorter. The reluctance among experts to have confidence in VA established patient wait time data is unclear.

times for established patients are presented for primary care and mental health individual appointments.

Table 14: Established Patient Average Wait Times for Primary Care by VAMC, P1-P2

VAMC	P1	P2	Difference
Pittsburgh PA	4.3	11.7	7.4
Atlanta GA	9.1	10.7	1.6
Detroit MI	5.5	6.7	1.1
East Orange NJ	6.4	7.2	0.8
Tampa FL	12.4	13.0	0.6
Tomah WI	5.6	6.1	0.5
White River Junction VT	5.8	6.3	0.4
Philadelphia PA	5.1	5.4	0.3
Des Moines IA	2.8	3.1	0.3
Minneapolis MN	7.0	7.2	0.2
Phoenix, AZ	1.8	1.9	0.2
Lyons NJ	2.7	2.7	0.0
Cleveland OH	8.4	8.3	-0.1
Houston TX	3.1	3.0	-0.1
Manchester NH	6.2	6.1	-0.1
Durham NC	4.2	3.9	-0.3
Hampton VA	7.9	7.4	-0.4
Togus ME	7.3	6.2	-1.1
Washington DC	12.2	10.8	-1.4
Palo Alto CA	7.2	5.5	-1.8
Iowa City IA	14.3	12.5	-1.8
<i>Average</i>	6.6	6.9	0.3

Compared to new patient primary care appointment wait times, those for established patients have remained both significantly lower and relatively static, increasing by less than half a day to 6.9 days on average. All changes were less than two days on average, except for an over 7-day increase in Pittsburgh, Pennsylvania.

Table 16: Established Patient Average Wait Times for Mental Health Individual by VAMC, P1-P2

VAMC	P1	P2	Difference
East Orange NJ	11.6	15.8	4.1
Tampa FL	3.5	5.8	2.3
Lyons NJ	3.6	5.9	2.3
Phoenix, AZ	3.3	4.5	1.2
Minneapolis MN	3.4	4.5	1.1
Atlanta GA	9.7	10.7	1.0
Manchester NH	5.5	6.3	0.9
Cleveland OH	8.7	9.4	0.7
Philadelphia PA	7.0	7.7	0.7
Durham NC	10.1	10.6	0.6
Pittsburgh PA	5.8	6.2	0.4
Palo Alto CA	3.8	4.1	0.4
Tomah WI	3.4	3.7	0.3
Togus ME	11.0	11.2	0.2
White River Junction VT	2.2	2.0	-0.2
Des Moines IA	8.4	8.1	-0.3
Hampton VA	17.0	16.6	-0.4
Detroit MI	8.0	7.5	-0.5
Houston TX	10.6	9.9	-0.7
Washington DC	10.3	8.6	-1.7
Iowa City IA	12.1	7.9	-4.2
<i>Average</i>	7.6	8.0	0.4

Established patient mental health individual appointment wait times increased at 14 sites and decreased at 7; the overall increase was less than half a day to 8.0 days on average. Variation between sites was also much lower than in many other specialties.

Limitations

This analysis relies on a subset of 21 out of 170 VAMCs and (except the analysis presented in Table 4 and the surrounding discussion) does not include any of the 1,193 VA outpatient clinics (Veterans Health Administration, 2026). Average wait times varied significantly between examined sites; accordingly, system-wide averages could vary considerably from those presented in this analysis.

This analysis also relies on publicly available wait times published by VA on their website [accesscare.va.gov](https://www.accesscare.va.gov) and therefore subject to weaknesses noted in other analyses. Under the new electronic health record VA will be transitioning to the industry-standard measure of timeliness called Third Next Available Appointment;¹⁰ however, this is not available at enough sites to be relied upon for this analysis (Department of Veterans Affairs, 2026). Additionally, VA cautions that, “averages that reflect a small number of appointments – for example, in a geographic area where only a few Veterans seek a certain type of subspecialty care in any given month – may show average wait times that are skewed high or low due to the small number” (Department of Veterans Affairs, 2026). I have tried to mitigate against this by using a three-month average for most analyses but acknowledge it could skew wait times at some sites or locations. Additionally, this analysis does not show statistical significance of change in wait times, nor is it capable of conclusively showing that staff changes are causing any increased wait times.

Discrepancies Between Data and First-Person Reportage

Two veterans who are already enrolled in the VA system at VAMCs that are part of this project also made “secret-shopper” style inquiries about mental health individual wait times as part of this research.

- On March 2, 2026, the online mental health individual wait times listed for the East Orange, New Jersey VAMC were 10 days for established patients and 15 days for new patients. When a patient asked the facility directly for an estimated wait time to schedule a mental health appointment, they were told it would be an estimated 25 days if an established patient needed an appointment and 35-45 days for a new patient.
- On February 25, 2026, the online mental health individual wait times listed for the Washington, District of Columbia VAMC was 7 days. When a patient asked the facility directly for an estimated wait time for a mental health appointment, they were told that time-limited and evidence based therapy for general mental health concerns had a wait time of approximately 4 months, and further that this VA system *is not offering* longer term therapy, though they can offer referrals for Care in the Community that would not be time-limited.¹¹

¹⁰ Third Next Available Appointment accounts for the possibility of the next and second next appointments being available due to cancellation and therefore unreliable and is meant to reflect realistic wait times.

¹¹ Care in the community is less likely to be evidence-based or culturally competent (Tanielian, et al., 2014).

While some disparity between the wait time listed online and the estimate provided directly to patients requesting appointments is to be expected based on the methodology listed on the VA website, these differences are substantial and point to a potential area of concern.

Additionally, the Washington DC VAMC provider stating the facility no longer offers appointments for any type of mental health care except time-limited courses of therapy aligns with other reporting, the accuracy of which VA has denied (Todd, 2025). Pairing that policy with the recent announcement that VA now offers yearlong authorizations for community care for mental health along with 29 other services seems designed to push as many patients as possible out of VA direct care (Department of Veterans Affairs, 2025). Pushing significant numbers of appointments to community care could result in lower quality of care for some veterans. Ensuring veterans never end up waiting for a VA appointment, even when that is their stated preference, could artificially deflate wait times.

Some VA employees are also warning of other potentially harmful changes in VA care, such as reductions in patient privacy (Riddle, 2025) and reducing outpatient appointment time from one hour to 30 minutes (Baram, 2025). Of critical importance, increasing the use of community care threatens the long-term viability of the VA direct care system and undermines its long-term sustainability (Craven & Lemle, 2025).

Conclusion

Critically, wait times for many specialties in most locations exceed VA's own stated standards. There is significant variability in both wait times and change in wait times between P1 and P2, between and within both VAMCs and specialties. The high level of variability means that veterans around the country are having very different experiences trying to access VA care. When considering the big picture, however, wait times increased at 15 sites (71.4%) and decreased at 6, when averaged across all specialties. Looked at another way, wait times increased in 16 specialties (64%) and decreased at 9, when averaged across all sites.

In the private sector, the Merritt Hawkins survey shows increasing appointment wait times in metropolitan markets, which are likely longer in areas with fewer physicians per population, largely attributed to a "looming physician shortage" (AMN Healthcare, 2025). Pushing more veterans to community care is thus unlikely to reduce veterans' wait times for appointments. In particular, there is no evidence suggesting that the private sector has the capacity to absorb additional mental health patients from VA; the U.S. has a significant shortage of mental health professionals nationwide (KFF, 2026).

However, the rising costs caused by increasing use of community care poses such an existential threat to the VA direct care system that it “creates the potential unintended consequence of reducing or eliminating choices for high quality care for the millions of veterans who prefer to use the VA direct care system” (Kizer, et al., 2024). These risks are particularly acute for vulnerable veterans, such as those with blast injuries, toxic exposures, a history of military sexual trauma, or spinal cord injuries who rely on VA’s specialty care because “private-sector medical care is inferior or largely non-existent” (Hersey, 2026). Extensive research has shown that VA provides higher quality, more culturally competent, more evidence-based care to a population that carries a heavy health burden and has faced military-specific exposures with which many community providers have limited expertise.

VA leadership continues to tout improvements in access to care and dispute any negative coverage in ways that are not supported by these findings. For example, VA announced that it is now “easier” for women veterans to access gynecology providers by eliminating the requirement that they get a primary care provider referral (Department of Veterans Affairs, 2025). This announcement ignores that women veterans could already get basic gynecological screenings from their women’s health primary care providers *and* the fact that they must now wait longer for both women’s health appointments and OB/GYN appointments. In this case, a headline trumpeting progress obscures setbacks in women veterans’ actual access to timely care. In another example, VA leadership has repeatedly claimed the agency needs to hire more health care providers while simultaneously eliminating medical positions and not refilling them; more than 90 percent of VA facilities report “severe shortages” of doctors (Nehamas, Fuller, Ivory, Danielle, & Barry, 2026).

In the six-month period assessed in this report, wait times on average increased more often than they decreased. Continued oversight and attention is essential.

Veteran-serving nonprofits should collect reports from their members about mental health care at VAMCs being rationed or wait times differing dramatically from what is listed online. Those organizations or local journalists should track wait times from the Access to Care website longitudinally since VA does not make that information publicly available. Members of Congress should use these sources of information to hold VA leadership accountable for performance.

The ongoing damage to the VA direct care system is dangerous and could have devastating long-term second and third order effects on the broader U.S. healthcare system due to VA’s critical role training providers, conducting research, and serving as a backstop in times of crisis. It is imperative that advocates, policymakers, and legislators step up to stop the devastation before the harm becomes irreparable. The United States

owes no less to those who have sworn an oath and risked their lives to protect our nation.

Bibliography

- Alvarez, Maximillian. "Trump Cuts Leave VA Hospital Nurses and Veteran Patients in a Crisis." *In These Times*, 24 November 2025, <https://inthesetimes.com/article/trump-cuts-va-hospital-nurses-and-veteran-patients-healthcare-working-people-podcast>. Accessed 8 April 2026.
- AMN Healthcare. (2025). *2025 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*. Dallas: AMN Healthcare. Retrieved from <https://www.wahospitalservices.com/wp-content/uploads/2023/06/mha-2022-wait-time-survey.pdf>
- Baram, M. (2025, November 3). Despite Vow to Protect Health Care for Veterans, VA Losing Doctors and Nurses. *Capital & Main*.
- Common Defense Education Fund. (2026, March 5). *VA Mental Health Wait Times Report*. Retrieved from VA Staff Shortage Impact Dashboard: <https://vhadata.org>
- Craven, J., & Lemle, R. (2025, July 30). *Privatizing Veterans' Health Care Will Be a Disaster*. Retrieved from The American Prospect: <https://prospect.org/2025/07/30/2025-07-30-privatizing-veterans-health-care-will-be-disaster/>
- Department of Veterans Affairs. (2025, December 4). *VA makes it easier for women veterans to access gynecology care*. Retrieved from VA News: <https://news.va.gov/press-room/va-makes-it-easier-for-women-veterans-to-access-gynecology-care/>
- Department of Veterans Affairs. (2025, August 4). *VA offers yearlong community care authorizations for 30 services*. Retrieved from VA News: <https://news.va.gov/press-room/va-offers-yearlong-community-care-authorizations-for-30-services/>
- Department of Veterans Affairs. (2025, July 7). *VA to reduce staff by nearly 30k by end of FY2025*. Retrieved from VA News: <https://news.va.gov/press-room/va-to-reduce-staff-by-nearly-30k-by-end-of-fy2025/>
- Department of Veterans Affairs. (2026, March 7). *Primary Care - Mental Health Integration (PC-MHI)*. Retrieved from Department of Veterans Affairs Patient Care Services: <https://www.patientcare.va.gov/primarycare/PCMHI.asp>

- Department of Veterans Affairs. (2026, March 6). *va.gov*. Retrieved from Access to Care: <https://www.accesstocare.va.gov/>
- Department of Veterans Affairs Office of Research & Development. (2026, March 7). *Overview of VA research on Posttraumatic Stress Disorder (PTSD)*. Retrieved from VA Office of Research & Development: <https://www.research.va.gov/topics/ptsd.cfm>
- Department of Veterans Affairs Office of Suicide Prevention. (2026). *2025 National Veteran Suicide Prevention Annual Report Part 1: Overview*. Department of Veterans Affairs.
- Depompei, E. (2026, March 7). *Here's What Came from Historic Women Veterans Legislation*. Retrieved from DAV: <https://www.dav.org/learn-more/news/2026/heres-what-came-from-historic-women-veterans-legislation/>
- Farmer, C. (2022). *Wait Times for Veterans Scheduling Health Care Appointments: Challenges with Available Data on the Timeliness and Quality of VA Community Care*. Santa Monica: RAND.
- Fenwick, K., Street, A., & Creech, S. (2025, January). Military Sexual Trauma and Women Veterans: State of the VA Research Knowledge. *VA Women's Health Research Network (VA HSR SDR 10-012)*. Retrieved from Department of Veterans Affairs Health Services Research and Development: https://www.hsrdr.research.va.gov/centers/womens_health/MST-snapshot.pdf
- Feyman, Y., Asfaw, D., & Griffith, K. (2022). Geographic Variation in Appointment Wait Times for US Military Veterans. *JAMA Network Open* 5(8).
- Govier, D., Hickok, A., Edwards, S., Weaver, F., Gordon, H., Niederhausen, M., & Hynes, D. (2022). Early Impact of VA MISSION Act Implementation on Primary Care Appointment Wait Time. *J Gen Intern Med* 38(4), 889-897.
- Hersey, L. (2026, March 5). Paralyzed veterans group warns that VA cuts impact 'lifelong' care for vulnerable patients. *Stars and Stripes*.
- KFF. (2026, March 7). *Mental Health Care Professional Shortage Areas (HPSAs)*. Retrieved from KFF: <https://www.kff.org/other-health/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/>

- Kizer, K., Perlin, J., Guice, K., Granger, E., Griessen, D., & Safran, D. (2024). *The Urgent Need to Address VHA Community Care Spending and Access Strategies - Red Team Executive Roundtable Report*.
- Nehamas, N., Fuller, A., Ivory, Danielle, & Barry, E. (2026, March 3). Despite Promises, Veterans Affairs Department Cut Thousands of Roles for Doctors and Nurses. *New York Times*.
- Penn, M., Bhatnagar, S., Kuy, S., Lieberman, S., Elnahal, S., Clancy, C., & Shulkin, D. (2019). Comparison of Wait Times for New Patients Between the Private Sector and United States Department of Veterans Affairs Medical Centers. *JAMA Network Open*; 2(1).
- PoliticoPRO. (2026, January 28). Senate Veterans' Affairs on Restructuring the Veterans Health Administration. *PoliticoPRO*, p. Transcript.
- Riddle, K. (2025, May 2). VA mental health care workers worry about patient confidentiality due to limited space. *NPR Morning Edition*.
- Rosen, A., Beilstein-Wedel, E., Gurewich, D., Davila, H., & Shwartz, M. (2026). Examining Differences in Wait Times for Primary Care in the Veterans Health Administration by Race and Ethnicity. *Medical Care Volume 64 Number 3*, 153-160.
- Rosen, A., Beilstein-Wedel, E., Shwartz, M., Davila, H., & Gurewich, D. (2024). Racial and Ethnic and Rural Variations in Access to Primary Care for Veterans Following the MISSION Act. *JAMA Health Forum*; 5(6).
- Schultz, D., Lovejoy, S., Williams, K., Lindquist, K., & Ruder, T. (2023). *A Needs Assessment of Women Veterans in Western Pennsylvania: Final Report to Adagio Health*. Santa Monica: RAND.
- Tanielian, T., Farris, C., Epley, C., Farmer, C., Robinson, E., Engel, C., . . . Jaycox, L. (2014). *Ready to Serve: Community-Based Provider Capacity to Deliver Culturally Competent, Quality Mental Health Care to Veterans and Their Families*. Santa Monica: RAND.
- Todd, B. (2025, October 25). *Some VA therapists and patients say their treatment sessions are being limited, raising alarm*. Retrieved from CNN: <https://www.cnn.com/2025/10/21/politics/va-therapists-treatment-sessions-limited>
- Veterans Health Administration. (2026, March 6). *va.gov*. Retrieved from About VHA: <https://www.va.gov/health/aboutvha.asp>

Veterans of Foreign Wars. (2026, March 7). *PACT Act and Toxic Exposure Information*.

Retrieved from VFW:

<https://www.vfw.org/advocacy/pact-act-and-toxic-exposure-information>

Wounded Warrior Project. (2026, March 7). *What is TBI?* Retrieved from Wounded

Warrior Project Newsroom:

<https://newsroom.woundedwarriorproject.org/What-is-TBI>