



# VFW Welcomes VHA Restructuring Initiatives

## Just announced VHA reorganization plans align with VFW advocacy efforts

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**WASHINGTON** - The Veterans of Foreign Wars (VFW) is pleased with recent announcements made by Department of Veterans Affairs (VA) Secretary Doug Collins and House Committee on Veterans' Affairs Chairman Mike Bost, signaling their alignment on reforming the Veterans Health Administration's (VHA) structure, for which the VFW has long advocated. Currently, VHA is comprised of 18 Veterans Integrated Service Networks (VISNs) however, this structure is not serving veterans due to inefficiencies and bureaucratic complexities, which has resulted in poor oversight, unequal and improper policy implementations, and inconsistent outcomes for veterans.

"When the VISN structure was introduced in the 1990s, it was supposed to offer oversight and accountability to the VA health care system," said VFW Executive Director Ryan Gallucci. "Unfortunately, what started as a modest quality control mechanism quickly ballooned into an unwieldy bureaucracy that numerous Inspector General reports show is where accountability often went to die. It's clear to the VFW that the current system of 18 networks – numbered 1 through 23 – is overdue for reform, and we thank Secretary Collins, Chairman Bost, and the committee for moving to deliver consistent, integrated care across VA."

VFW has consistently voiced concerns about the shortcomings of the status quo, including in three separate Congressional hearings in 2025. In January, one VFW employee highlighted her journey accessing appropriate and timely mental health care but experienced delays and roadblocks due to a VISN's misinterpretation of the 2018 MISSION Act. In March, then-VFW Commander-in-Chief Al Lipphardt pointed to the issue in the VFW's annual legislative presentation to the joint House and Senate Veterans Affairs Committees. Finally, in July, another VFW employee spoke to the challenges of navigating maternity care in the community and the roadblocks created by miscommunication and lax quality controls. These are only a handful of examples where the current structure has made

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getting care more difficult for the veterans VHA is meant to serve.

Simultaneously, VA also announced the overhaul of its system of Community Care Networks (CCN), which enable veterans to receive care in the community when facing excessive wait times, medical services are not available at VA, or it is otherwise in their best medical interest. Currently, VA oversees five CCNs and plans to reduce that number to two, further eliminating bureaucratic barriers to veterans receiving the best care VA and its community care partners have to offer.

As a strong supporter of integrated care where VA and its community providers work together to deliver timely, quality care to veterans, the VFW applauds this move and looks forward to collaborating with Congress and VA leadership to ensure this strategic shift builds upon lessons learned to achieve truly integrated health care experiences among veterans receiving both direct VA care as well as services from community providers.

"The VFW has been consistent for more than a decade that community care is part of VA care – yet since the earliest days of the Choice Program and now the MISSION Act, we have seen fits and starts with how VA gatekeeps community care referrals across the enterprise," said Gallucci. "We hope that as VA revamps its CCNs that we can achieve seamless integration of care, whether it is delivered through direct VA providers or VA's community partners – once and for all burying the unrealistic boogeyman of privatization that has stymied modernization."