## Congress of the United States

## Washington, DC 20510

December 10, 2025

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

RE: Access to Care, Benefits and Burial Services in Alameda and the Bay Area

Dear Mr. Secretary:

We are writing to express our serious concerns regarding the lack of transparency and dissemination of basic information on the Alameda Point VA health care facility and columbarium given the immense impact it has on the 28,000 Veterans in California's 12<sup>th</sup> district and 270,000 Veterans in the Bay Area. The Office of Congressional and Legislative Affairs sent an opaque notification to staff on August 28, 2025. The communication said that VA no longer intends to construct and operate a Community Based Outpatient Clinic (CBOC) and multiphase columbarium in Alameda, California. We urge you to reconsider the path forward for this much needed and long overdue clinic, benefits outreach office and cemetery for the Veterans who have been waiting over a decade across multiple Administrations.

Over the past decade, the City of Alameda (City) has worked closely with VA, the Department of the Navy, and other stakeholders on the development of the CBOC and multiphase columbarium to remedy gaps in service and better fulfill the needs of the veteran population within the Bay Area. As required under the MISSION Act, VA provided its most recent infrastructure recommendations under the market assessments performed in 2022 regarding Veterans Integrated Service Network 21. In these recommendations, VA noted "Alameda County has the largest enrollee population of the counties in the market and is served by three distinct VA health care systems, which results in complex Veteran referral patterns." The recommendations continued, stating that the San Francisco VA Medical Center is "... landlocked, and has significant facility maintenance issues."

The report goes on to suggest, as the primary market strategy for the VISN 21 region, that "equitable access to outpatient care through modern facilities close to where Veterans live and through the integration of virtual care" is a key element of VISN 21 strategy. The Market Strategy then clearly states that "The recommendation establishes a new health care center (HCC) in Oakland/Alameda

<sup>&</sup>lt;sup>1</sup> U.S. Dep't of Veterans Affairs, VISN 21 Market Recommendations: Volume II, Market Recommendations (Mar. 2022), <a href="https://www.va.gov/AIRCOMMISSIONREPORT/docs/VISN21-Market-Recommendation.pdf">https://www.va.gov/AIRCOMMISSIONREPORT/docs/VISN21-Market-Recommendation.pdf</a>.

<sup>&</sup>lt;sup>2</sup> U.S. Dep't of Veterans Affairs, VISN 21 Market Recommendations, supra note 1.

Point, California, and relocates the Clearlake multi-specialty community-based outpatient clinic (MS CBOC) to a new site in Lakeport, California<sup>3."®</sup>

Further into the report, VA plainly recommends that modernizing and realigning services in VISN 21 through establishing a new, stand-alone Community Living Center in the vicinity of Oakland/Alameda Point, California, is the best and only way to meet the demand for care that exists among Veterans in Northern California.<sup>4</sup>

VA is clear that constructing Alameda Point is in the best interest of our Veterans and their loved ones. Congress remains concerned that the Alameda Point CBOC remains unbuilt, with House Appropriations Committee Subcommittee on Military Construction and VA (MilCon/VA) Chairman John Carter stating in the MilCon/VA report to H.R. 4366, "The Committee is concerned that the Alameda Point CBOC remains unbuilt more than a decade after Congress authorized this facility in fiscal year 2010 through Public Law 111-82; and after this project was fully funded by Congress. The Committee directs the Department to expeditiously execute the lease and commence construction of the CBOC by no later than June 30, 2024. The Committee also directs the Department to provide monthly reports to the Committees on Appropriations on the progress until completion and activation. These reports shall include an action plan and timeline of the project and a status update on the appropriated funds for the project.<sup>5</sup>

Both Congress and VA agree that Alameda Point is necessary and long overdue. But as you know, Veterans must be at the center of any decision that is made regarding their care. VA has long been regarded as the gold standard in patient care, and two major independent nationwide reviews of care proved this to be quantifiable in 2024, with VA facilities outperforming non-VA facilities by a margin of nearly 40 percent. VA's own Trust Reports, including the most recent report encapsulating quarter three of FY25, report that nearly 93 percent of Veterans trust VA health care out of over 416,000 Veterans surveyed.

Our offices, as well as the office of former Congresswoman and now Mayor of Oakland, Barbara Lee, frequently field inquiries from Veterans and families of Veterans who feel inadequately served by current VA facilities in the Bay Area. Veterans must have a voice in their care, and the clear message is that Veterans want the VA. Congress and VA itself firmly agree that this project must continue as planned.

To that end, we request detailed responses to the following questions:

1. How much has VA spent in total appropriated funds for the Alameda project to date? How much funding has VA not spent and if so, what is the status of that funding since this project was

<sup>&</sup>lt;sup>3</sup> U.S. Dep't of Veterans Affairs, VISN 21 Market Recommendations, supra note 1.

<sup>&</sup>lt;sup>4</sup> U.S. Dep't of Veterans Affairs, VISN 21 Market Recommendations, supra note 1.

<sup>&</sup>lt;sup>5</sup> H.R. Rep. No. 118-122 (2023) (accompanying H.R. 4366), available at <a href="https://www.congress.gov/committee-report/118th-congress/house-report/122/1">https://www.congress.gov/committee-report/118th-congress/house-report/122/1</a>.

<sup>&</sup>lt;sup>6</sup> U.S. Dep't of Veterans Affairs, Press Release, VA health care outperforms non-VA care in two independent, nationwide quality and patient satisfaction reviews (Sept. 3, 2024), <a href="https://news.va.gov/press-room/va-health-care-outperforms-non-va-care-in-two-independent-nationwide-quality-and-patient-satisfaction-reviews/">https://news.va.gov/press-room/va-health-care-outperforms-non-va-care-in-two-independent-nationwide-quality-and-patient-satisfaction-reviews/</a>.

<sup>&</sup>lt;sup>7</sup> U.S. Dep't of Veterans Affairs, VA Trust Report, FY2025 Q3 (2025), <a href="https://department.va.gov/veterans-experience/wp-content/uploads/sites/2/2025/09/VA-FY2025-Q3-Trust-Report v5.pdf">https://department.va.gov/veterans-experience/wp-content/uploads/sites/2/2025/09/VA-FY2025-Q3-Trust-Report v5.pdf</a>.

cancelled? How much does VA spend annually on leasing in Oakland for CBOC operations in lieu of a permanent clinic in Alameda? Did VA conduct a cost analysis and return on investment for Veterans with the current spending structure before the project was cancelled? Please provide our offices with all data, documents and reports on this matter, if so.

- 2. Did VA provide expenditure updates to the House Committee on Appropriations or House Committee on Veterans Affairs during your tenure? If so, can you provide the exhaustive budget information on the Alameda project to our offices without delay?
- 3. How do you plan to meet the needs of the Veterans in my district based on the 2022 market assessment that clearly laid out the measurable and pressing needs of the region's Veterans? 8
- 4. As your VA Notification states, there is currently not enough burial options for Veterans in the San Francisco Bay Area, which continues to leave families and loved ones with the unimaginable burden of seeking options elsewhere when the National Cemetery Administration is a remarkable organization to work with. VA will not find a lower-cost or more central location in the Bay Area than the former Naval Air Station (NAS) Alameda for the purpose of providing our local Veterans with a close, accessible final resting place that honors their service, their memory, and the needs of their loved ones who have already sacrificed so much for our great nation. What are the Department's plans for meeting burial needs in Northern California? What is the process, timeline and ongoing governance to find a path forward to address the capacity constraints in the Bay Area?
- 5. While you cite the "inaccessible" nature of Alameda, it ignores the exhaustive public transportation options between the ferry system, Bay Area Metropolitan Transportation Commission and LINK-21 program. In your time as Secretary, has the Department actively engaged in discussions and outreach to Veterans to verify this concern of inaccessibility? Has the Veteran Experience Office collaborated between Administrations VHA, VBA or NCA to verify this rationale? Has such an assessment been performed at any of the other VA facilities in the Bay Area? If so, can you please provide that information to our offices without further delay?
- 6. The VA Notification also states that the cost of flood and foundational mitigation efforts and "various site-related requirements" is one major reason for terminating the project. Given the enormity of this decision, please provide a further breakdown and all additional information describing the "over \$1.3 billion...for flood and foundational mitigation efforts, project redesign, and various site-related requirements" as well as all supportive documentation related to this estimate.

The VA Notification further states that per- and polyfluoroalkyl substances (PFAS) is a major reason that the project has been cancelled, 12 years following VA's decision to advance the CBOC and columbarium in Alameda. The referenced PFAS characterization report completed by the U.S. Army Corps of Engineers (USACE) states that PFAS compounds "were detected... throughout the VA project footprint." This characterization report included samples collected on City-owned property, yet the report has not been furnished to the City. Further, it has not been

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<sup>&</sup>lt;sup>8</sup> U.S. Dep't of Veterans Affairs, VISN 21 Market Recommendations, supra note 1.

furnished to any other relevant agencies, including the U.S. Environmental Protection Agency, the San Francisco Bay Area Regional Water Resources Control Board, nor the California Department of Toxic Substances Control, all of which conduct oversight of contamination under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and work with responsible parties to advance remediation efforts.

The Office of Acquisition, Logistics and Construction program office confirmed that a characterization report exists. Can you share the report with our offices without further delay? Further, can you elaborate on how the findings from that report informed your decision, including any cost-efficient remediation alternatives that would be impactful to revisiting future plans for this project to meet the long overdue plans?

Please furnish the characterization report to our offices as well as to the relevant agencies of jurisdiction listed above. Please share all supportive documentation and legal analysis on VA's authority regarding performing environmental impact analyses on non-VA and non-federal property.

- 7. Has VA paused, cancelled or reassessed any other ongoing legacy construction projects that are over five years old due to PFAS contamination? Has VA paused, cancelled or reassessed any other ongoing legacy construction projects because of the cost? Further, due to the expired appropriation for the San Francisco VA Medical Center construction project to build new lab space, expand research and parking, what is the Department's plan to ensure access to world-class care for Bay Area Veterans? Please provide an exhaustive list along with all supportive documentation and comprehensive analysis –including a break down on the justification for "too costly"—as well as an comprehensive update on VA's Recurring Expense Transformation Fund utilization and legacy construction projects.
- 8. In the absence of any such analysis, neither our offices nor VA can determine whether the project is in fact untenable or if alternative measures could be undertaken to mitigate the effects of contamination. It could be that containing contaminated PFAS in the groundwater, with restrictions on drinking and usage, is a viable alternative. The Navy has, in fact, installed a successful, award-winning, innovative colloidal-activated carbon barrier to contain PFAS in the groundwater separate from the Bay on the adjacent property within Installation Restoration Site 14, demonstrating a cost-effective method for addressing PFAS. Has VA considered containing contaminated PFAS in groundwater to be a viable option in site restoration at Alameda?
- 9. While we believe very strongly that VA should proceed to construct the CBOC and Columbarium in Alameda as planned, we were equally troubled by the reference in the VA Notification, that: "VA will work with GSA to excess or dispose of this Alameda site through the most advantageous method." This conclusion ignores over a decade of promises, agreements, and understandings between the City, the Navy, and VA that led to the transfer of portions of the NAS Alameda from the Navy to VA. In fact, the 74-acre "Flex Parcel" that is designated to be the location of the CBOC and Columbarium was already declared excess to the needs of the Department of the Navy and surplus to the needs of the United States, and was to be conveyed to the City as the Local Redevelopment Agency (LRA) under the certain Agreement for the

Conveyance of Portions of the Naval Station Alameda from the United States of America to the Alameda Reuse and Redevelopment Authority ("NAS Alameda EDC Agreement"), dated June 6, 2000.

Moreover, VA and the Navy have a binding agreement<sup>2</sup> that requires VA to notify the Navy of its decision to terminate the project within 30 days of its determination, and that permits the Navy to receive the property if VA makes such a decision within fifteen years of this 2014 agreement. It is not our understanding that VA made such a notification to the Navy within 30 days of the August 28, 2025, date of the VA Notification to Congress. Please clarify if this understanding is correct.

You stated at your confirmation hearing that your experience as a Veteran, Congressman and Attorney informs your ability to solve complex programs, including cutting through red tape and bureaucracy for all those who donned the uniform. In that spirit, given Veterans trust scores in the Bay Area and Congressionally-mandated market assessments that inform how Veterans use VA— we respectfully request that VA reconsider its decision to terminate the CBOC and columbarium projects at the former NAS Alameda.

We look forward to your timely, informative communication and continued dialogue on this matter. We welcome you to Alameda to see the site for yourself and consult with local Veterans regarding your decision.

Sincerely,

Lateefah Simon

Member of Congress

Alex Padilla

United States Senator

Nancy Pelosi

Member of Congress

Adam B. Schiff

United States Senator

Cc: The Honorable John Phelan, Secretary of the Navy

The Honorable Mark Takano

The Honorable Debbie Wasserman Schultz