CONGRESSIONAL TESTIMONY

STATEMENT FOR THE RECORD

AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES, AFL-CIO

PROVIDED TO THE

HOUSE COMMITTEE ON VETERANS' AFFAIRS

FULL COMMITTEE BUSINESS MEETING AND OVERSIGHT HEARING "BEYOND GO-LIVE: VA ELECTRONIC HEALTH RECORD MODERNIZATION STATUS UPDATE"

September 2, 2026

Despite a multi-year pause in deployment beginning in April 2023, recent rollouts of the Department of Veterans Affairs' (VA) Electronic Health Record Modernization (EHRM) system across Michigan (April), Southern Ohio and Kentucky (June), and Indiana (August) reveal that foundational system flaws remain unaddressed. According to a September 2024 VA Office of Inspector General (OIG) report, the EHR system has been associated with more than **826 major performance incidents**, of which the VA itself was responsible for 172 and Oracle/Cerner for 654.[1]

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[1] VA OIG Report No. 22-03591-231, *VA Needs to Strengthen Controls to Address Electronic Health Record System Major Performance Incidents*, September 23, 2024.

Frontline healthcare workers—speaking on condition of anonymity out of fear of professional retaliation—report that persistent outages, incomplete functionalities, and cumbersome interfaces are severely compromising patient care, exacerbating provider burnout, and, in tragic instances, contributing to veteran deaths. The American Federation of Government Employees' National VA Council has heard testimonies from a broad cross-section of clinical and administrative personnel across these new deployment states, painting a consistent picture of a system that is failing both its providers and the veterans they serve.

Training Deficiencies and Lack of Support

Reports from VA employees suggest that VA's current EHR training and support programs are fundamentally broken. The agency relies on a mix of temporary launch support and permanent staff, including "Super Users" (resident employees trained to provide long-term peer support) and "Pay It Forward" (PIF) team members (experienced peers brought in from external live facilities). However, frontline feedback indicates these systems are failing due to severe structural gaps:

- **Valueless Instruction:** An emergency department physician noted that while their super-users had prior Cerner experience, the official VA training was "worthless." Providers were subjected to four to six hours of training led by non-clinicians. In multiple instances, Oracle staff utilized completely inappropriate instructors—such as CT technicians training nurses—who were entirely incapable of answering role-specific clinical questions.
- **Poor Scheduling and Timing:** Training is frequently conducted a full six months prior to go-live with zero refresher courses closer to launch. At one site, nursing-specific classes were scheduled only the week prior to launch. Sessions were offered only one day a week with no repeat options for nurses facing work conflicts, and management refused to provide protected time off the floor to attend. Staff who did attend faced constant patient-care interruptions.
- **Misaligned Support Resources:** The Pay-It-Forward volunteer program suffered from volunteers being deployed to places where there were skillset mismatches.

Critical Workflows, Functionality, and Safety Gaps

Frontline employees report numerous glitches that should have been fully resolved during the three-year deployment pause. These software failures create serious safety risks for veterans and inefficiencies for veterans and taxpayers:

- **Grid-to-Template Incompatibilities:** Information from legacy spreadsheet-style scheduling grids under CPRS cannot be easily migrated because the new EHRM uses incompatible naming conventions—calling a grid a "template." Physicians cannot search

and pull historical patient data into the new system, leading to uncredited patient encounters and severe data silos.

- **Medication and Pharmacy Problems:** The Oracle outpatient pharmacy product has proven so dysfunctional that VISN 10 alone had to hire 180 additional pharmacists just to manage the fallout. Frontline pharmacists note that outside healthcare organizations reject Oracle's product in favor of off-the-shelf alternatives. Furthermore, medication searches are split across separate, unintuitive functions; one emergency department noted it took two physicians 45 minutes simply to locate a specific drug. Critical safety alerts are flooded with duplicates, forcing nutritionists and clinicians to come in on weekends to filter through duplicative records.
- **Logistical Tracking and Safety Risks:** ICU nurses report that digital patient status transitions are broken. Under the VA's legacy Computerized Patient Record System (CPRS), staff could digitally place a patient into the ICU to prep rooms in advance; under the new system, staff must wait until the patient arrives, delaying critical care. Furthermore, third-party apps feeding into the EHRM—such as the Airstrip app used to review EKGs—present alarming security gaps, including shared passwords for veteran records.

Impact on Providers and Administrative Burnout

System issues are exacerbating an already challenging working environment, driving low morale and forcing experienced personnel to leave the VA entirely.

- **Uncaptured Workload and Punitive Metrics:** The EHRM fails to accurately capture clinical workflows. Because old data cannot cleanly populate new templates, clinicians cannot close encounters within an eight-hour shift. Unclosed encounters mean hospitals lose vital revenue, and physicians do not get credit for seeing veterans. Meanwhile, supervisors tracking rigid automated metrics monitor these delays, penalizing and writing up clinicians for administrative backlogs caused entirely by software glitches.
- **Dangerous Workarounds:** Because Oracle refuses to customize software to fit clinical reality, staff are forced to piece together DIY workarounds. Emergency rooms, pharmacies, and primary care clinics are routinely downsizing patient loads—dropping to seeing only four to six primary care patients a day at certain sites—because the system is too slow and hazardous to handle standard volume. Whistleblowers and former Oracle deployment leads have warned that these persistent queue failures and ignored safety escalations have directly correlated with preventable veteran deaths.

Recommendations for Congress and the VA

To protect veterans and restore integrity to the VA healthcare system, Congress must demand that the VA take immediate corrective action:

1. **Overhaul Training Protocols:** Mandate role-specific, clinically led training close to the actual go-live date, complete with ongoing refresher courses and dedicated staffing coverage so providers can attend without interrupting patient care.
2. **Address Pharmacy Infrastructure:** Halt rollouts dependent on non-functional Oracle outpatient pharmacy software until scalable, market-tested alternatives can be successfully integrated and fully funded.
3. **Hold Vendors Accountable:** Require Oracle to actively customize software solutions to match the actual clinical workflows of VA facilities, rather than forcing providers to rely on high-risk manual workarounds.
4. **Protect Whistleblowers:** Ensure robust protections for VA employees and contractors who safely escalate software glitches and patient safety incidents without fear of termination or retaliation.