

STATEMENT FOR THE RECORD
OF
WILLIAM L. CALL, JR.
DIRECTOR
VETERANS AFFAIRS & REHABILITATION DIVISION
THE AMERICAN LEGION
TO THE HOUSE COMMITTEE ON VETERANS' AFFAIRS
ON
"BEYOND GO-LIVE: VA ELECTRONIC HEALTH RECORD MODERNIZATION STATUS UPDATE"

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November 19, 2026

Chairman Bost, Ranking Member Takano, and distinguished members of the Committee, on behalf of National Commander Jay Bowen and the more than 1.5 million dues-paying members of The American Legion, we thank you for the opportunity to submit this statement for the record on the Department of Veterans Affairs (VA) Electronic Health Record Modernization (EHRM) program.

The American Legion is guided by active Legionnaires who dedicate their time and resources to serve veterans, service members, their families, and caregivers. As a resolutions-based organization, our positions are directed by more than 107 years of advocacy and resolutions that originate at the post level of our organization. Every time The American Legion testifies, we offer a direct voice from the veteran community to Congress. Our members belong to more than 12,000 posts in communities across the country and around the world, including the communities each of you represents. We are your constituents.

The American Legion supports completion of the Federal Electronic Health Record (EHR). A single lifetime record is an imperative that has grown in importance over fifty years, and veterans at many VA medical centers do not yet have it. The American Legion measures this program by its outcome: whether or not it improves care and benefits for the more than 17 million living veterans and for their families.[1] Timely and consistent care at every facility would resolve problems that members bring to American Legion service officers every day, including repeated tests and examinations, missing service treatment records that delay claims, and medication lists that do not follow the veteran from one provider to the next. We therefore ask Congress to sustain deployment and to condition it on three factors: an independent cost estimate, published outcomes for each site, and demonstrated readiness and training at each facility before go-live.

Our purpose is simple: a strong VA means better lives for veterans and their families, and The American Legion advocates for both. Families often carry the physical records when the system

[1] United States, Department of Veterans Affairs, National Center for Veterans Analysis and Statistics. "Veteran Population by State: FY2026." 31 Mar. 2026, www.data.va.gov/dataset/Veteran-Population-by-State-FY2026/w6fb-7dn4.

does not. A spouse often keeps the medication list. A caregiver often provides the transportation. A survivor often files the claim. When a record is incomplete, the family absorbs the consequence.

Background: Fifty Years of Veterans' Records

For more than fifty years, veterans have absorbed every setback in federal recordkeeping: a 1973 fire at the National Personnel Records Center that destroyed an estimated 16 to 18 million military personnel files;[2] VistA, a 1983 record designed for care inside VA alone;[3] and three failed efforts to replace VistA beginning in 2001.[4] The 2018 contract for the commercial system the military had selected made the current program the fourth attempt to give veterans one record that follows them.[5]

The American Legion recognizes that conditions have changed since 2018 and we commend VA for its efforts to improve records management. VA reports that the program's requirements have expanded, and it describes a move from more than 130 iterations of its legacy record to one enterprise system, with a data migration that includes the records of deceased veterans as well as living veterans.[6,7] The American Legion supports the migration, because a complete data set would strengthen research on toxic exposure, chronic illness, and suicide. The American Legion cannot verify the extent or the cost of the expansion, and the Government Accountability Office (GAO) reports that VA has not produced an updated, independent life cycle cost estimate.[8] If the scope has grown as described, the training requirement has grown with it. VA credits stronger training for improved results at its Michigan sites, and The American Legion asks the Committee to conduct oversight over the equality and effectiveness of provider training going forward.[9]

Progress to Date

Veterans at facilities that have not converted still depend on a record that cannot readily share their information with other VA facilities or with the military.[10] In 2026, VA brought the Federal EHR

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[2] United States, National Archives and Records Administration. "The 1973 Fire, National Personnel Records Center." www.archives.gov/personnel-records-center/fire-1973.
[3] United States, House, Committee on Appropriations, Subcommittee on Military Construction, Veterans Affairs, and Related Agencies. "Timeline: VA's Electronic Health Record History." 27 Feb. 2020, https://www.govinfo.gov/content/pkg/CHRG-117shrg52328/html/CHRG-117shrg52328.htm
[4] United States, Government Accountability Office. *VA Health IT Modernization: Historical Perspective on Prior Contracts and Update on Plans for New Initiative*. GAO-18-208, 18 Jan. 2018, www.gao.gov/products/gao-18-208.
[5] House Committee on Appropriations, "Timeline."
[6] Lawrence, Paul R. *Statement of the Deputy Secretary of Veterans Affairs before the House Committee on Veterans' Affairs on "Beyond Go-Live: VA Electronic Health Record Modernization Status Update."* 2 Sept. 2026, www.docs.house.gov/meetings/VR/VR00/20260902/119517/HHRG-119-VR00-Wstate-LawrenceP-20260902.pdf.
[7] United States, Department of Veterans Affairs. "VA Achieves Critical Milestone in Its Electronic Health Record Modernization Program." News release, 29 July 2019, www.va.gov/opa/pressrel/PressArtInternet.cfm?id=5286.
[8] United States, Government Accountability Office. *VA Electronic Health Record Modernization: Actions Needed to Sustain Accelerated System Deployments*. GAO-26-109393, 2 Sept. 2026, www.gao.gov/products/gao-26-109393.
[9] Lawrence, Paul R. *Statement of the Deputy Secretary of Veterans Affairs before the House Committee on Veterans' Affairs on "Beyond Go-Live: VA Electronic Health Record Modernization Status Update."* 2 Sept. 2026, www.docs.house.gov/meetings/VR/VR00/20260902/119517/HHRG-119-VR00-Wstate-LawrenceP-20260902.pdf.
[10] United States, Department of Veterans Affairs, VA Battle Creek Health Care. "Electronic Health Record Modernization." Updated 24 Apr. 2026, www.va.gov/battle-creek-health-care/programs/electronic-health-record-modernization/electronic-health-record-modernization-program.

to 13 hospitals and reports that more than 780,000 veterans now use the system, with 26 more hospitals planned in 2027 and all facilities by 2031.[11] GAO testified that recent deployments produced no critical or high-severity test findings,[12] and VA reports that its southern Ohio sites migrated more than 773,000 veterans' prescriptions with a success rate above 99 percent.[13] The American Legion asks VA to validate these figures independently, as recommended by GAO.

The American Legion observed progress directly. The Veterans Affairs and Rehabilitation (VA&R) team visited the Captain James A. Lovell Federal Health Care Center in North Chicago for a Systems Worth Saving trip in August 2025. VA staff reported no critical incidents from the conversion and appeared better prepared than staff at earlier launch sites.[14] Supply chain staff reported that the system connects their work to a single database, so scanning an item adds it to the patient's record.[15] The American Legion reported these findings to this Committee in December 2025 and concluded that the Lovell result is repeatable with adequate staffing, training, and on-site support.[16]

Effect on Veterans, Families, and Communities

VA is replacing its legacy health record with the Federal EHR one medical center at a time, and each conversion changes daily life for the veterans and families that facility serves. American Legion members experience this program at the facility level. At go-live, veterans at a converting site temporarily lose some online functions, including appointment scheduling and prescription refills, and clinic availability declines while staff train.[17] For a veteran in a rural community with one VA clinic within reach, a month of reduced access is a significant cost to the veteran and the family.

The next phase of deployment will reach communities that can least afford a disruption in care, including rural areas and facilities already short of staff. The record is in use at 19 medical centers in eight states, and VA plans 26 more in 2027 across the upper Midwest, the Plains, and the Pacific

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[11] United States, Department of Veterans Affairs. "VA Deploys Electronic Health Record System to Hospitals in Cleveland, Anchorage." News release, 26 Oct. 2026. Republished by The American Legion, www.legion.org/information-center/news/veterans-healthcare/2026/october/va-deploys-electronic-health-record-system-to-hospitals-in-cleveland-anchorage.

[12] Government Accountability Office, *Actions Needed to Sustain Accelerated System Deployments*.

[13] Lawrence, Paul R. *Statement of the Deputy Secretary of Veterans Affairs before the House Committee on Veterans' Affairs on "Beyond Go-Live: VA Electronic Health Record Modernization Status Update."* 2 Sept. 2026, www.docs.house.gov/meetings/VR/VR00/20260902/119517/HHRG-119-VR00-Wstate-LawrenceP-20260902.pdf.

[14] The American Legion. *System Worth Saving Report: Captain James A. Lovell Federal Health Care Center, North Chicago, Illinois*. 2025, https://www.legion.org/getmedia/a39c4752-13e5-4615-ac23-9ec2a5e2842f/system-worth-saving-2025-chicago-lovell.pdf

[15] The American Legion, *Lovell Federal Health Care Center*, p. 7.

[16] Cardenas, Matthew. *Statement for the Record of The American Legion to the House Committee on Veterans' Affairs, Subcommittee on Technology Modernization Oversight, on "Ready, Set, Go-Live: Assessing VA's EHR Modernization Deployment Readiness."* 15 Dec. 2025, www.legion.org/getmedia/0143af9a-af9a-4cab-afad-6bc41ed55d95/Final-12-15-25-HVAC-SFR.pdf.

[17] Brooks, Steven B. "An FYI on EHR." *The American Legion*, 2 Sept. 2026, www.legion.org/information-center/news/veterans-benefits/2026/september/an-fyi-on-ehr.

Northwest.[18] Portland and Seattle, which The American Legion visited this year, are scheduled for September 2027.[19] The American Legion found Portland's mental health staffing below VA's minimum and Seattle veterans waiting 12 to 16 weeks for psychotherapy, in a network where 39 percent of enrolled veterans live in rural or highly rural areas.[20] Those facilities will convert while managing those shortages.

It is critical that VA manage these conversions carefully, with clear implementation roadmaps, additional staff during the transition, and prompt correction of problems.

Veterans Who Stand to Benefit

A shared record will not close every gap in veterans' care, but it can remove a challenge common to many of them: a clinician without complete information. The benefits below depend on the system performing as designed, and The American Legion asks VA to report the data that would confirm such performance.

Transitioning Servicemembers:
Approximately 200,000 servicemembers leave the military each year, each with a medical history spanning every duty station, deployment, and exposure.[21] For most of the past two decades, their history did not transfer with them; The American Legion's Resolution No. 83 cites VA treatment teams relying on the veteran's own account of injuries and symptoms.[22] The gap matters most in the first year after separation, when risk is elevated. Among veterans who separated in 2021, the suicide rate over the following twelve months was 46.2 veterans for every 100,000.[23] A VA clinician who can see military diagnoses, medications, imaging, and exposure history can use that first appointment for treatment and spare the veteran and family repeated tests and examinations.

A complete record also supports VA Disability claims, because the service treatment record is often the evidence that establishes service connection. During its 2026 Regional Office Action Review in Seattle, The American Legion found rating decisions in which missing service treatment records could have changed the outcome in the veteran's favor.[24] Resolution No. 83 asked the departments to flag injuries and illnesses in the record when they occur,[25] and Resolution No. 14

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[18] United States, Department of Veterans Affairs. "EHR Deployment Schedule." *EHR Modernization*, www.digital.va.gov/ehr-modernization/ehr-deployment-schedule.
[19] Department of Veterans Affairs, "EHR Deployment Schedule."
[20] The American Legion. *SWS, ROAR, BASE: Unified Field Reports, 2025-2026*. Aug. 2026, www.legion.org/getmedia/18f2523a-70a2-4885-9189-09c85135f6c1/75var0826-sws-roar-base-unified-field-reports-the-beast.pdf, pp. 4, 10, 16.
[21] United States, Government Accountability Office. *Military and Veteran Support: Programs to Help Servicemembers and New Veterans Transition to Civilian Life Could Be Enhanced*. GAO-24-107083, 18 Oct. 2023, www.gao.gov/products/gao-24-107083.
[22] The American Legion. "Resolution No. 83: Virtual Lifetime Electronic Record." Aug. 2016. *American Legion Digital Archive*, www.archive.legion.org/node/329.
[23] United States, Department of Veterans Affairs, Office of Suicide Prevention. *2024 National Veteran Suicide Prevention Annual Report, Part 1 of 2: In-Depth Reviews*. Dec. 2024, p. 20, www.mentalhealth.va.gov/docs/data-sheets/2024/2024-Annual-Report-Part-1-of-2_508.pdf.
[24] The American Legion, *Unified Field Reports*.
[25] The American Legion, "Resolution No. 83."

urges a record that transfers seamlessly among the military, VA, other federal health entities, and community providers.[26] The American Legion evaluates VA's health records by that standard.

Rural Veterans:
VA's Office of Rural Health reports that 2.7 million rural veterans are enrolled in VA health care and that more than half are 65 or older.[27] Many of the facilities scheduled to convert in 2027 serve rural areas, including Iron Mountain, Tomah, Fort Meade, Hot Springs, Grand Island, and Poplar Bluff.[28] Rural veterans divide their care among a distant medical center, a local clinic, and community providers. In Portland, The American Legion found veterans waiting three to nine months for community referrals in urology, gynecology, and oncology—with faxed files and prescreening requirements adding delay.[29] A record that exchanges information with community providers could shorten that process and spare veterans long travel to repeat tests.

Women Veterans:
Women veterans often receive part of their care outside VA facilities. In Portland, VA refers women to a neighboring hospital for mammography.[30] Care related to pregnancy, the postnatal period, and menopause extends across military, VA, and community providers over many years. A record that holds that history in one place would allow each provider to see prior care and would reduce how often a woman must repeat her history.

Aging Veterans:
Older veterans manage more conditions, more medications, and more providers, as they receive care through hospitals, in-home caregivers, and long-term facilities. Chronic pain, depression, and loneliness are common conditions that can go unrecognized when each provider sees only part of the veteran's history. A VA-funded study found that among five forms of social connectedness, loneliness was most strongly tied to depression and suicidal thoughts among veterans.[31] A shared record lets the primary care physician, the pain specialist, and the mental health provider see the same medication list, the same screenings, and the same warning signs, and act on them together.

Mental Health Access:
In Seattle, the chief of staff told The American Legion that veterans wait 12 to 16 weeks for psychotherapy.[32] When appointments are that limited, each must be productive. A clinician who

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[26] The American Legion. "Resolution No. 14: Electronic Health Record." May 2023. *American Legion Digital Archive*, archive.legion.org/node/15018.
[27] United States, Department of Veterans Affairs, Office of Rural Health. *Office of Rural Health Overview*. Fact sheet, rev. Apr. 2024, www.ruralhealth.va.gov/docs/issue-briefs/ORH_Overview_508c.pdf.
[28] Department of Veterans Affairs, "EHR Deployment Schedule."
[29] The American Legion, *Unified Field Reports*, p. 8.
[30] The American Legion, *Unified Field Reports*, p. 12.
[31] United States, Department of Veterans Affairs, Office of Research and Development. "The Loneliness Factor in Depression." *VA Research Currents*, Feb. 2018, www.research.va.gov/currents/0218-The-loneliness-factor-in-depression.cfm.
[32] The American Legion, *Unified Field Reports*, p. 16.

can see prior treatment, medications, and missed appointments from any facility can devote the appointment to care.

Consistency Across Facilities:
Veterans relocate, travel, and seek emergency care away from home. A standard record would give every facility the same workflows and give veterans the same experience at each one. VA states that when veterans transfer care to another VA or community provider, the new care team can quickly access their records, referrals, and orders.[33]

Be the One and Suicide Prevention

Through Be the One, The American Legion trains members, families, and community partners to recognize a veteran at risk of suicide and connect that veteran to care, and that care is strongest when the VA clinician can see the veteran's traumatic brain injury, exposure, and screening history at the first appointment.[34,35]

The American Legion's site visits identified barriers. At Lovell, Staff systems do not integrate well with the broader VA architecture. The suicide prevention team, for example, cannot easily verify a veteran's benefits status with VBA.[36] In Portland, the suicide prevention team responded to 3,078 cases in fiscal year 2024 and handled nearly all of them within one business day, while mental health staffing remained below the minimum that VA policy establishes.[37] A record does not replace clinicians—It can help the clinicians VA has to use their time well.

Military sexual trauma requires particular care. VA's universal screening program finds that about one in three women and one in fifty men tell a VA provider that they experienced it.[38] Recovery depends on trust and on consistent care, and a survivor who relocates, transfers, or sees a new clinician should not have to disclose again to continue treatment. The record should carry that history to treating clinicians at every facility and protect it from everyone else. The American Legion's Resolution No. 14 calls for protection of personally identifiable information in the record.[39]

When The American Legion asks a veteran to seek help, it relies on VA to be ready and a dependable record is part of that readiness.

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[33] Pegouske, Brian. "History Is Made as Michigan Sites Go-Live with EHR." *VA Battle Creek Health Care*, U.S. Department of Veterans Affairs, 17 Apr. 2026, www.va.gov/battle-creek-health-care/stories/history-is-made-as-michigan-sites-go-live-with-ehr/.
[34] The American Legion. "Be the One Mental Wellness Committee to Meet during National Convention." 4 Aug. 2026, www.legion.org/information-center/news/be-the-one/2026/august/be-the-one-mental-wellness-committee-to-meet-during-national-convention.
[35] The American Legion. "Sign Up for Be the One Training in October." 30 Sept. 2026, www.legion.org/information-center/news/be-the-one/2026/september/sign-up-for-be-the-one-training-in-october.
[36] The American Legion, *Lovell Federal Health Care Center*, p. 10.
[37] The American Legion, *Unified Field Reports*, pp. 7, 10.
[38] United States, Department of Veterans Affairs. "Military Sexual Trauma." *Make the Connection*, www.maketheconnection.net/conditions/military-sexual-trauma.
[39] The American Legion, "Resolution No. 14."

What GAO's Findings Mean for Veterans

GAO has examined this program since 2020. Fourteen of its 18 recommendations to VA remain open, including all 12 that GAO designates as priority.[40] GAO's work addresses how VA manages the program. The American Legion reads the same findings from the veteran's side of the appointment. Four of them matter most to veterans and their families.

1. **Independent confirmation that the system is safe in use:** GAO recommends that VA reinstitute an independent operational assessment. Until VA does, it has not validated that the system meets users' needs in operation. For a veteran, this is the assurance that someone other than the program's own managers has tested the record a clinician relies on.
2. **Clinician confidence:** GAO recommends that VA set user satisfaction targets and show improvement before further deployments. For a veteran, a clinician who trusts the record can focus on the person in the room, and the veteran leaves knowing someone listened.
3. **A complete and accurate history:** GAO found that clinicians at the first sites had difficulty with the accessibility, accuracy, and appropriateness of migrated data, and that a VA report identified patient safety risks tied to incomplete migration. GAO recommends that VA set performance measures and goals for migrated data quality.[41] For a veteran, migrated data is the medication list, the allergy, the prior diagnosis, and the evidence for a claim. VA's testimony on prescription migration at the 2026 sites is encouraging, and measures for all migrated data would confirm it.
4. **Problems corrected promptly after go-live:** GAO recommends that VA resolve trouble tickets within its timeliness goals. For a veteran, an unresolved ticket can mean a delayed refill, referral, or appointment.

The American Legion asks VA to prioritize and complete these four actions and asks the Committee to track each of them by name.

Cost and Accountability

The American Legion regards cost as a veterans' issue. Funds spent on this program are not available elsewhere in veterans' care, and members of this Committee from both parties have raised reasonable questions about the increase. The American Legion approaches the question from the outcome. A program that has grown in scope and schedule may cost more for legitimate reasons. A higher ceiling is justified only if VA demonstrates what it purchases: safer medication management, faster access, fewer repeated tests, and a record that is available when the veteran arrives. GAO recommends an updated, independent life cycle cost estimate and a complete master schedule.[42] A reliable schedule tells a community when to prepare, a reliable estimate protects the other care that the same budget supports, and an accounting of where funds have gone would let

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[40] Government Accountability Office, *Actions Needed to Sustain Accelerated System Deployments*.
[41] United States, Government Accountability Office. *Electronic Health Records: VA Needs to Address Data Management Challenges for New System*. GAO-22-103718, Feb. 2022, www.gao.gov/products/gao-22-103718.
[42] United States, Government Accountability Office. *Electronic Health Records: VA Making Incremental Improvements in New System but Needs Updated Cost Estimate and Schedule*. GAO-25-106874, 12 Mar. 2025, www.gao.gov/products/gao-25-106874.

veterans service organizations see VA's priorities clearly. Congress cannot accurately weigh cost against outcome while VA lacks an independent estimate and publishes few outcome measures. Providing both would serve veterans, taxpayers, and VA, because sustained funding depends on demonstrated results.

The American Legion does not ask Congress to stop the program. Veterans at most VA medical centers still depend on a legacy record that cannot share their information, and the VA Office of Inspector General has found that operating two systems in parallel carries its own medication-safety risk.[43] The American Legion asks Congress to make continued deployment conditional on evidence.

Recommendations

The American Legion recommends that Congress:

1. Direct VA to deliver an updated, independent life cycle cost estimate, including an accounting of funds spent to date, and an integrated master schedule, as GAO has recommended since March 2025, and set a date for delivery.[44]
2. Require VA to publish outcomes for each site every quarter, including its return-to-normal measures, patient safety events, and user satisfaction, consistent with the reporting required by the VA Electronic Health Record Transparency Act of 2021.[45]
3. Tie the 2027 schedule to readiness. Each facility director, chief of staff, and network director should certify readiness before go-live, and each deployment should receive staffing at the level Lovell received.
4. Direct VA to commission the independent operational assessment that GAO recommends and to conduct it concurrently with deployment, so that it informs the schedule without halting it.
5. Protect the transition mission by prioritizing the functions that serve separating service members, including the ability to flag injuries, illnesses, and exposures for later claims.
6. Hold regular oversight hearings on the program, and include veterans service organizations as stakeholders.

Conclusion

Chairman Bost, Ranking Member Takano, and members of the Committee, The American Legion thanks you for your leadership on behalf of veterans and their families. The American Legion supports this program and wants it to succeed because the VA is, in fact, a system worth saving. Legionnaires asked for a single lifetime record more than a decade ago, and the 2026 deployments

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[43] United States, Department of Veterans Affairs, Office of Inspector General. *Statement of Acting Inspector General David Case before the Subcommittee on Technology Modernization, Committee on Veterans' Affairs, U.S. House of Representatives, Hearing on "From Reset to Rollout: Can the VA EHRM Program Finally Deliver?"* 24 Feb. 2025, www.vaoig.gov/sites/default/files/document/2025-02/2025-02-24_hvac_tm_ehrm_reset_va_oig_testimony_from_david_case.pdf.

[44] Government Accountability Office, *VA Making Incremental Improvements*.

[45] The American Legion. *Future of VA Healthcare*. www.legion.org/getmedia/40c6ba54-ed74-4a6f-9c9d-6f35a0912135/Future-of-VA-Healthcare.pdf.

indicate that VA can field the system on schedule. The experience of the first sites shows the consequences when schedule outpaces readiness. Congress can account for both by funding what works, measuring what it funds, and requiring VA to show veterans and families the result.

Please direct questions concerning this statement to Mr. Cole Lyle, Legislative Director, at clyle@legion.org.