

Congressman French Hill (AR-02)
House Committee on Veterans' Affairs
Subcommittee on O&I Hearing on Patient Harm at VA Medical Facilities
Statement for the Record
Date: Wednesday, October 16, 2019

Chairman Pappas, Ranking Member Bergman, and
Members of the Committee:

I appreciate the opportunity to submit this statement in support of this critical hearing today examining patient harm at U.S. Department of Veterans Affairs (VA) medical facilities.

As you may be aware, in my home state, Dr. Robert Morris Levy was chief pathologist at the VA Medical Center of the Ozarks in Fayetteville, Arkansas, and was recently indicted for allegedly botching diagnoses for an estimated 3,000 veterans between 2005 to 2017, and responsible for at least 15 deaths.

This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the VA's mission to the men and women who served our nation in uniform.

Congress has provided the VA with the necessary tools to remove bad actors, such as Dr. Levy. Failing to dismiss physicians and any other employees whose work is unsatisfactory does a disservice to our veterans.

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Dr. Levy's case is especially troubling, as his history of issues with substance abuse and run ins with the law were evident for years.

Nine years before VA even hired him in 2005, he was arrested and convicted of drunken driving. He hid his abuse at VA for a decade until an employee reported him to supervisors as intoxicated in 2015, but Dr. Levy denied the allegation and no further action was taken.

In 2016, Dr. Levy was found to be intoxicated when he was called to the radiology department to assist with a biopsy. His blood alcohol level was at 0.4, five times the legal limit in Arkansas of 0.08. He was suspended and entered a three-month inpatient treatment program, at taxpayer expense.

After completing treatment, Dr. Levy returned to his work at VA, as if nothing happened.

In 2017, Dr. Levy was sent home after appearing drowsy and "speaking nonsense phrases" when he arrived to chair an October 2017 meeting of the hospital's tumor board. The hospital was forced to cancel multiple surgeries and medical procedures that required a pathologist.

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His clinical privileges were suspended but he was allowed to return to nonclinical work. Again, allowing this reckless behavior to continue.

It would be almost an entire year before VA began a deeper dive of his work, finding a number of misdiagnoses.

In March 2018, Dr. Levy was arrested for driving under the influence after local police spotted him driving erratically in a post office parking lot. He was finally fired by VA the next month.

I was proud to support the VA Accountability and Whistleblower Protection Act of 2017, which was signed into law on June 23, 2017, and instituted necessary reforms at the VA by providing the Secretary with the authority to remove, demote, or suspend any VA employee, including Senior Executive Service (SES) employees, for performance or misconduct.

This would have proved vital to Dr. Levy's case, who had a staggering record of being impaired on the job and yet continued to evaluate patients even after numerous complaints against him.

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My district is home to many of our brave veterans and service members at Little Rock Air Force Base and Camp Robinson, and they deserve to know that VA is giving them the best possible care.

I share your commitment to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable.

Thank you again for holding this critical hearing and putting the care of our Nation's veterans above all else.