

OPENING STATEMENT

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Committee on Science, Space, and Technology

Joint Subcommittee Hearing
“Technology for Patient Safety at Veterans Hospitals”

June 26, 2014

Thank you, Mr. Chairman.

As the Chairman is aware, yesterday I formally requested that the VA not send their witness to testify without having written testimony in advance. I want to emphasize that I do not believe this is the fault of the VA or the witness. They were given little time to prepare his testimony and informed the Majority days ago that written testimony would not be available before the hearing. But regrettably the Majority made no efforts to reschedule the hearing to allow for written testimony. Having a witness testify before this Committee without a written statement is highly unusual and sets a bad precedent. It also puts the witness in a difficult position, testifying under oath without his testimony being cleared by his Agency or OMB. I wish the Majority had chosen a different path.

This morning we are discussing how technology can be used to increase patient safety at Veterans Hospitals.

I worked in a VA Hospital in Dallas where I eventually became Chief Psychiatric Nurse for 15 years. I loved my work and the people I was privileged to serve. I know personally how the VA system can provide our nation’s men and women in uniform with health care that they more than earned by protecting our freedom. I also saw the hard-working and loyal culture that exists at VA Hospitals.

Unfortunately, there is some work to be done to ensure that all of our nation’s heroes have access—and timely access—to medical care. I have heard from many veterans in my district who have had to wait long periods of time to get an appointment at a VA hospital, including some who never end up seeing a doctor. This is inexcusable and must be fixed.

But this hearing is not about fixing the VA. The Committees on Veterans’ Affairs in both the House and Senate have worked on bills that were passed out of their respective bodies and the House voted to convene a conference committee to work out the differences between those two bills just last week.

As the Science, Space, and Technology Committee, we should be focusing on research and technology that can increase patient safety at *all* hospitals, public and private.

One big issue of patient safety at all healthcare facilities is healthcare-associated infections. An estimated 75,000 patients die each year from healthcare-associated infections. It is clear that these infections add significantly to the cost of healthcare and as a result burden our economy.

Healthcare-associated infections are largely preventable and we must work to eliminate them as much as possible. As a former nurse, I know that stopping the spread of any infection begins with proper hand hygiene. Since healthcare workers are the most common vehicle for transmitting healthcare-associated pathogens, hand hygiene is a leading measure for preventing and reducing the transmission of healthcare-associated infections.

I am also excited at the promise technology offers to reduce or eliminate healthcare-associated infections, but do want to mention that this is an area that still needs more fundamental research. In order to work on eliminating healthcare-associated infections, we need to understand things like the biology of healthcare-associated infections, specific mechanisms responsible for transmission, and the variation in implementation of policies and processes across hospitals. Any conversation about ways to reduce healthcare-associated infections must include the need for research into these questions and funding to support that research.

It is exciting to think that if we just had the right gadget, then we could eliminate healthcare-associated infections completely. However, as our witnesses can discuss, technology is not guaranteed to reduce or prevent healthcare-associated infections. In fact, some technologies may actually increase healthcare-associated infections. It is vital that we conduct proper testing and evaluation of potential new technologies before adopting them into a healthcare environment.

Finally, I look forward to hearing from the witnesses about the role the federal government can play in funding research into healthcare-associated infections as well as providing funding to properly test and evaluate new technologies that could dramatically reduce or eliminate these infections.

I want to thank all the witnesses for being here today. I yield back the balance of my time.