

# When The Giants and Those Who Stand on Their Shoulders Are Gone: The Loss of VA Institutional Memory

*If I have seen further, it is by standing on the shoulders of giants.*

Sir Isaac Newton (1642-1727)<sup>1</sup>



**Cynthia M.A. Geppert**  
is Editor-in-Chief.

**Correspondence:**

Cynthia Geppert  
(fedprac@mdedge.com)

*Fed Pract.* 2025;42(9).

Published online

September 12.

doi:10.12788/fp.0625

**E**arly in residency, I decided I only wanted to work at the US Department of Veterans Affairs (VA). It was a way to follow the example of service that my parents, an Army doctor and nurse, had set. I spent much of my residency, including all of my last year of training, at a VA medical center, hoping a vacancy would open in the psychiatry service. In those days, VA jobs were hard to come by; doctors spent their entire careers in the system, only retiring after decades of commitment to its unique mission. Finally, close to graduation, one of my favorite attending physicians left his post. After mountains of paperwork and running the human resources obstacle course with the usual stumbles, I arrived at my dream job as a VA psychiatrist.

So, it is with immense sadness and even shock that I read a recent ProPublica article reporting that from January to March 2025 almost 40% of the physicians who received employment offers from the Veterans Health Administration (VHA) declined the positions.<sup>2</sup> Medical media rapidly picked up the story, likely further discouraging potential applicants.<sup>3</sup>

There have always been health care professionals (HCPs) who had zero interest in working for the VA. Medical students and residents often have a love/hate relationship with the VA, with some trainees not having the patience for the behemoth pace of the bureaucracy or finding the old-style physical environment and more relaxed pace antiquated and inefficient.

The reasons doctors are saying no to VA employment at 4 times the previous rate are different and more disturbing. According to ProPublica, VA officials in Texas reported in a June internal presentation that about 90 people had turned down job offers due to the “uncertainty of reorganization.”<sup>2</sup> They reported that low morale was causing existing employees to recommend against working at the VA. My own anecdotal experience is similar: contrary to

prior years, few residents, if any, are interested in working at the VA because of concerns about the stability of employment and the direction of its organizational culture.

It is fair to question the objectivity of the ProPublica report. However, the latest VA Office of the Inspector General (OIG) analysis of staffing had similar findings. “Despite the ability to make noncompetitive appointments for such occupations, VHA continues to experience severe occupational staffing shortages for these occupations that are fundamental to the delivery of health care.” The 4434 severe occupational shortage figures in fiscal year (FY) 2025 were 50% higher than in FY 2024.<sup>4</sup> OIG reported that 57% of facilities noted severe occupational staffing shortages for psychology, making it the most frequently reported clinical shortage.

At this critical juncture, when new health care professional energy is not flowing into the VHA, there is an unprecedented drain of the lifeblood of any system—the departure of the bearers of institutional memory. Early and scheduled retirements, the deferred resignation program, and severance have decimated the ranks of senior HCPs, experienced leaders, and career clinicians. ProPublica noted the loss of 600 doctors and 1900 nurses at the VHA so far in 2025.<sup>2</sup> Internal VA data from exit interviews suggest similar motivations. Many cited lack of trust and confidence in senior leaders and job stress/pressure.<sup>5</sup>

It should be noted the VA has an alternative and plausible explanation for the expected departure of 30,000 employees. They argue that the VHA was overstaffed and the increased workforce decreased the efficiency of service. Voluntary separation from employment, VA contends, has avoided the need for a far more disruptive reduction in force. VA leaders avow that downsizing has not adversely impacted its ability to deliver high-quality health care and

benefits and they assert that a reduction in red tape will enable VA to provide easier access to care. VA Secretary Doug Collins has concluded that because of these difficult but necessary changes, “VA is headed in the right direction.”<sup>6</sup>

What is institutional memory, and why is it important? “The core of institutional memory is collective awareness and understanding of a collective set of facts, concepts, experiences, and know-how,” Bhugra and Ventriglio explain. “These are all held collectively at various levels in any given institution. Thus, collective memory or history can be utilized to build on what has gone before and how we take things forward.”<sup>7</sup>

The authors of this quote offer a modern twist on what Sir Isaac Newton described in more metaphorical language in the epigraph: to survive, and even more to thrive, an enterprise must have those who have accumulated technical knowledge and professional wisdom as well as those who assume responsibility for appropriating and adding to this storehouse of operational skill, expertise, unique cultural values, and ethical commitments. The VHA is losing its instructors and students of institutional memory which deals a serious blow to the stability and vitality of any learning health system.<sup>6</sup> As Bhugra and Ventriglio put it, institutional memory identifies “what has worked in delivering the aims in the past and what has not, thereby ensuring the lessons learnt are remembered and passed on to the next generation.”<sup>7</sup>

Nearly every week, at all levels of the agency, I have encountered this exodus of builders and bearers of institutional memory. Those who have left did so for many of the same reasons cited by those who declined to come, leaving incalculable gaps at both ends of the career spectrum. Both the old and new are essential for organizational resilience: fresh ideas enable an institution to be agile in responding to challenges, while operational savvy ensures responses are ecologically aligned with the organizational mission.<sup>8</sup>

The dire shortage of HCPs—especially in mental health and primary care—has opened up unprecedented opportunities.<sup>9</sup> Colleagues have noted that with only a little searching they found multiple lucrative positions. Once, HCPs picked the VA because they valued the commitment to public service and being part

of a community of education and research more than fame or fortune. Having the best benefits packages in the industry only reinforced its value.

Even so, surpassing a genius such as Sir Isaac Newton, writing to a scientific competitor, Robert Hooke, recognized that progress and discovery in science and medicine are nigh well impossible without the collective achievements housed in institutional memory.<sup>1</sup> It was inspiring teachers and attending physicians—Newton’s giants—who attracted the best and brightest in medicine and nursing, other HCPs, and research, to the VA, where they could participate in a transactive organizational learning process from their seniors, and then grow that fund of knowledge to improve patient care, educate their learners, and innovate. What will happen when there are no longer shoulders of giants or anyone to stand on them?

### Disclaimer

The opinions expressed herein are those of the author and do not necessarily reflect those of *Federal Practitioner*, Frontline Medical Communications Inc., the US Government, or any of its agencies.

### References

1. Chen C. *Mapping Scientific Frontiers: The Quest for Knowledge Visualization*. Springer; 2013:135.
2. Armstrong D, Umansky E, Coleman V. Veterans’ care at risk under Trump as hundreds of doctors and nurses reject working at VA hospitals. ProPublica. August 8, 2025. Accessed August 25, 2025. <https://www.propublica.org/article/veterans-affairs-hospital-shortages-trump>
3. Kuchno K. VA physician job offers rejections up fourfold in 2025: report. Becker’s Hospital Review. August 12, 2025. Accessed August 26, 2025. <https://www.beckershospitalreview.com/workforce/va-physician-job-offer-rejections-up-fourfold-in-2025-report/>
4. US Department of Veterans Affairs, Office of Inspector General. OIG determination of Veterans Health Administration’s severe occupational staffing shortages fiscal year 2025. August 12, 2025. Accessed August 25, 2025. <https://www.vaog.gov/reports/national-healthcare-review/oig-determination-veterans-health-administrations-severe-1>
5. US Department of Veterans Affairs. VA workforce dashboard. July 25, 2025. Accessed August 25, 2025. <https://www.va.gov/EMPLOYEE/docs/workforce/VA-Workforce-Dashboard-Issue-27.pdf>
6. VA to reduce staff by nearly 30K by end of FY2025. News release. Veterans Affairs News. July 7, 2025. Accessed August 25, 2025. <https://news.va.gov/press-room/va-to-reduce-staff-by-nearly-30k-by-end-of-fy2025/>
7. Bhugra D, Ventriglio A. Institutions, institutional memory, healthcare and research. *Int J Soc Psychiatry*. 2023;69(8):1843-1844. doi:10.1177/00207640231213905
8. Jain A. Is organizational memory a useful capability? An analysis of its effects on productivity, absorptive capacity adaptation. In Argote L, Levine JM. *The Oxford Handbook of Group and Organizational Learning*. Oxford; 2020.
9. Broder J. Ready to pick a specialty? These may have the brightest futures. *Medscape*. April 21, 2025. Accessed August 25, 2025. <https://www.medscape.com/viewarticle/ready-pick-specialty-these-may-have-brightest-futures-2025a10009if>