stimulates improvements in care for veterans. In the near term, scheduling and other access constraints will have to be addressed, perhaps through deployment of rapid-response teams that call on external technical expertise as needed. Then, capacity limitations will have to be overcome, potentially by taking a portion of the $9 billion proposed for primary care doctors in President Obama's 2015 budget and tying it to staffing of VA facilities. Attracting additional clinicians to high-demand areas and forging collaborative agreements between the VA and specialists at academic medical centers also merit consideration. In addition, core performance measures could be revisited, with an eye to rigorous benchmarking of access, population health, and cost metrics against other leading integrated delivery systems, as well as dissemination of results and best practices.

Finally, new leadership would do well to take a deliberate approach to transforming the VA's culture, particularly in terms of communication between local facilities and administrative headquarters. If Dr. Jeffrey Murawsky, the President's nominee for Under Secretary for Health, is confirmed by the Senate, he and Acting Secretary Sloan Gibson will have to maintain morale while initiating warranted turnover in management and staffing.

Congress is already deliberating over some key changes. The VA Management Accountability Act of 2014, which was introduced by Republicans and recently passed the House by a vote of 390 to 33, would give the VA secretary greater latitude to dismiss top executives. A more comprehensive bill introduced by Senator Bernie Sanders (I-VT) would include this provision while also facilitating veterans' access to community and other federal health care providers, authorizing the VA to enter into 27 medical-facility leases, and providing emergency funding for the VA to hire more doctors and other health professionals.

The VA is a historic institution with a long tradition of providing care to former military service members. In recent years, the agency has made progress in addressing a backlog of disability claims and in sharply reducing veterans' homelessness. In the 1990s, VA health care, facing a similar crisis of confidence and bipartisan calls for privatization, was transformed into a more technologically advanced, decentralized, and quality-oriented system. Now it needs to protect the best elements of its infrastructure, built around longitudinal, holistic care of each veteran, while embarking on another round of reforms.

Dr. Chokshi reports serving as a White House Fellow at the Department of Veterans Affairs during 2012–2013.

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From the Departments of Population Health and Medicine, New York University Langone Medical Center, New York.

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My Hidden VA List

Dena E. Rifkin, M.D.

I knew the call was coming, and I knew when I saw the number what the voice at the other end would tell me. My oldest patient had died quietly at home that day, a week after his birthday and exactly that long after deciding that he was done, forever, with hemodialysis. It had provided him with many good years, but as he entered his mid-90s, life had become increasingly difficult. He knew, and I knew, it was time to say good-bye.

A few days later, I attended

the funeral of this man — undoubtedly among the last few veterans of World War II that I will see as a physician. I have been working at Veterans Affairs (VA) hospitals since my student days. At that time, the wards were crowded with survivors of the Pacific theater, the battles of Normandy and North Africa, the places and times I had previously known only from history lessons.

The first patient I was assigned as a third-year clerk on the medical ward at the West Haven, Connecticut, VA Hospital was one of those men. Bluish and breathing with difficulty owing to chronic lung disease, he was silent as my third attempt at an arterial blood draw failed. I withdrew my needle, apologizing profusely, and backed out of the room in shame.

"Doc, just where do you think you're going?" he called after me. It was no use explaining that I had barely been on the wards before — "doc" it was. I told him, in barely a whisper, that I'd just go find someone else to draw a blood sample.

"No chance of that, doc. Not while I have another arm," he said, rolling up his sleeve. A survivor of the D-Day landings, he had seen horrors much worse than a 25-year-old medical student carrying a blood-gas kit. I hit the artery, and he shook my hand with great satisfaction.

Now, these men of the "greatest generation" are a dwindling presence, their stories growing more precious as their numbers shrink.

My patient's memorial service was joyful, full of friends, laughter, and reflections on a lifetime of adventures. I saw the arc of a full life, my patient's trajectory from a strikingly handsome young pilot to a rugged horseback rider to the man I had known — a man whose life, despite diminishing physical health, was a powerful force to the end.

My hidden list reminds me of patients whose lives were lived to the fullest — and were made better by VA care. Patients for whom death was not painful or frightening or unexpected, but simply the inevitable end of a story well told.

I drove home alone, along the desert roads of San Diego's East County. And I began to think about the other patients I had lost.

In the Computerized Patient Record System at the VA hospital in San Diego — the same system I used as a medical student in Connecticut and the same one VA doctors use in Phoenix and everywhere else in the country — any clinician can keep a "personal list" of patients: one list for the clinic, one for the inpatient unit, and so forth. On my list, I keep the names of all my patients in the dialysis unit, alive or dead. I add new names when someone new arrives, but I can't make myself remove the other names from the list.

The patients who are no longer with me are my hidden VA list, the reckoning sheet by which I evaluate my work.

My hidden list reminds me of some of my most difficult days as a doctor. It reminds me that shortness of breath can be a sign of acute myocardial infarction, that renal-cell cancer can recur years after the initial diagnosis, that men can get invasive breast cancer. Sometimes, I feel, I may sink under the weight of these names. As time passes, though, the weight of the list balances me. It prevents me from being too sure of anything, yet it also keeps me from hesitating to trust my instincts.

My hidden list reminds me of some of the best we can offer, of patients whose lives were lived to the fullest — and were made better by VA care. Patients for whom death was not painful or frightening or unexpected, but simply the inevitable end of a story well told. Many of these patients, I am convinced, would not have lived as long or as well without the safety net of VA care.

My hidden list is full of stories, and it's a treasure trove of history. For me and for many of my colleagues, work at the VA takes on greater significance with each passing year. In my professional lifetime, we will mark the passing of the last World War II veteran. The stories of frigid nights in North Korea will become fewer, until they, too, are silenced. The tumult and chaos of Vietnam will grow still. Scars visible and invisible may all heal with the passage of time, but they will remain in memory on my hidden list.

I have little doubt that my first VA patient is dead now, along with many others I met as a

trainee. I wish I could tell him how much he gave me when he held out that second arm.

Nowhere else than at the VA have I felt as much that I was a part of something greater than myself. We "care for him who shall have borne the battle" in a system that, for all its woes, remains a singular presence in the confused patchwork of medical care that is American medicine. Enter the VA medical system and you know that your critical medical data are available to every provider at every VA hospital in the country in ways unimaginable in the private sector; you know that care delivered in the VA system often meets or exceeds the quality standards of the private sector.[1] You know, moreover, that you and the person sitting next to you in the waiting room will get the same level of care, because there is no mysterious and fickle insurer to reckon with at the end of the appointment.

I don't know what happened in Phoenix or elsewhere, what those hidden lists hold, what grief lies there. I wish those reporting on this scandal would do more to separate issues of access to care from problems with the quality of care. I do know that, all around the country, physicians who trained at the VA or who have chosen to live out their medical career with the VA have their own hidden lists, their indelible memories of men and women who entrusted their care to us. Let us continue to work for them.

The opinions expressed in this article are those of the author and do not necessarily represent those of the VA.

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From the Veterans Affairs Healthcare System, San Diego, and the University of California, San Diego — both in San Diego.

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