

VA Psychology in Central Office:**A View From the Top¹**

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I. Introduction

Perspective

First I want to add a little more background to Rod Baker's earlier remarks. At the close of World War II, 16 million veterans were returning to civilian life in a matter of months. The need to deal with the emotional trauma of war was anticipated but the lack of available psychiatrists was recognized.

This provided an excellent opportunity for the emerging discipline of clinical psychology. The 400 psychologists in military hospitals had already demonstrated that our discipline could be an important asset in many ways.

Many universities responded to the call from VA in 1946 to begin or expand graduate programs in clinical psychology and take part in a cooperative training programs in VA hospitals and clinics.

The expansion and importance of clinical psychologists in today's world is to a considerable degree, the direct consequence of these circumstances.

Organizational Structure of Psychology in the VA Health Care System

Psychology was made a part of Psychiatric Services in VACO where it had strong support of psychiatry program directors. The first Chief Psychologist, Jim Miller, understood the need to be sensitive to the introduction of a professional, but non-medical discipline, into a traditional health care system. He also recognized there was

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a real opportunity to show psychologists could contribute significantly to patient care.

In VACO I was preceded by four very capable psychologists. Best known are Hal Hildreth and Cecil Peck. Hal Hildreth infused VA psychology with a spirit of pride and enthusiasm for the potential real-world value of the field of psychology. He also engendered a sense of closeness and "family" among psychologists throughout the system.

Cecil Peck continued these same convictions and communication with chiefs and staff. He emphasized that VA psychologists have "challenges" not obstacles; that problem-solving is always the goal. The bottom-line focus should always be on assisting veterans who served and sacrificed for their country via the very best skills psychologists can provide. This included working effectively with other health care disciplines and avoiding inter-disciplinary rivalries. Collectively we have shown how psychologists can help the VA system deal with organizational problems and special demands as well as a wide-range of patient care needs. Obviously, this includes the leadership and creative skills of psychology chiefs and staff throughout VA as well in VACO.

II. Some Personal Background

One has a much better view from the "top" when you started at the bottom! I was a VA trainee in Cleveland, Ohio from 1947 to 1951. Then I became Chief, Psychology Service of the Coral Gables VA Hospital. In 1963 Cecil recruited me to be Area Chief in Trenton, New Jersey, a position that lasted all of 1 ½ years due to a VA reorganization eliminating those offices. I joined Cecil in VACO in 1964 and succeeded him in 1976 when he was promoted to Deputy Director, Mental Health and Behavioral Sciences Service.

III: My Functions as Chief Psychologist in VACO

Routine functions of the position included certifying psychologists for employment in VA; recommending staff psychologists for chief positions; resolving problems occurring in field stations; holding training meetings (usually with Psychiatry); and informing station chiefs of innovative programs and techniques occurring at other VA stations. Equally important, was being accessible to both station chiefs and staff psychologists at all times...and, of course, helping station chiefs face "challenges" not obstacles.

Psychology's mission was to maximize the knowledge and skills of psychology in enabling veterans to return to productive and effective lives in their homes and communities and do so cooperatively with all other health care disciplines. At every opportunity in VACO, we reinforced the message that the special skills of psychologists were making a significant contribution to the VA mission. In addition, we were sometimes asked by the VA Administrator or key program officials to take the leadership in dealing with special situations confronting the Agency. There are several I was directly responsible for handling.

IV. The Return of the Vietnam Veterans

The Vietnam Veterans posed a very unique and challenging problem to VA. They were the first Veterans returning with ambivalent attitudes about the war, and they returned to a society equally ambivalent. Unlike the welcome given to returning veterans of earlier wars, they faced frequent disapproval and even outright hostility. Also, they reflected the very different attitudes of their generation concerning established attitudes and values held by previous generations, particularly those working in VA.

Donald Johnson, then VA Administrator, recognized that VA employees had a responsibility to accept and respect these returning veterans whatever their opinions and attitudes - and provide them the services to which they were entitled.

I was selected by Donald Johnson to lead VA's efforts. My first step was to survey every VA facility with respect to attitudes and characteristics of these veterans. I developed a "profile of the Vietnam Veteran" based on the many responses from psychologists, social workers, and psychiatrists. These generally confirmed earlier impressions. - many Vietnam Veterans felt estranged from their communities and the VA.

Donald Johnson understood that it was not enough to simply communicate these findings. More was necessary. He felt we should hold intensive one-day meetings with the leadership of every VA facility. Five such seminars were held in a matter of 21 days in 1971 at different locations throughout the country. I had the responsibility of planning them and coordinating with the five host cities. I also served as moderator. The program included forceful speeches by not only Donald Johnson, but also by directors of both the medical and benefits services. This was followed by panels of wounded or disabled Vietnam Veterans giving first-hand accounts of their combat experiences, their negative experiences upon their return, and their adverse experiences with VA employees. Then a panel of VA employees, who were themselves Vietnam Veterans, confirmed those experiences. This was followed with small breakout groups composed of VA staff, Vietnam Veterans, and other members of the Vietnam Veterans generations. The day ended with an open wrap-up session. Those seminars served to "get the message out:"!

Here are some first-hand events as to how the seminars actually went and the aftermath!

- 1, Incursion in Washington, DC by Vietnam Veterans Against the War, April 19, 19971,
2. Incident with Vietnam Veterans and Senator Cranston,
3. Incident involving Vietnam Veterans taking the VA Administrator captive in his own office, and
4. Other miscellaneous events involving press, Vietnam Veterans, Agent Orange, PTSD, etc.

As a consequence, significant changes in attitude, etc. occurred throughout the VA, and local Vietnam Veterans Committees, Vietnam Veterans Centers and Congressional involvement, etc. followed.

V. The Returning Vietnam Veteran POWS

As the Vietnam War was coming to an end, the issue of returning Vietnam Veteran POWS became paramount. Many had been held for up to 8 1/2 years under extremely brutal circumstances. The Navy asked agencies, such as the VA, to coordinate immediate planning, etc. Max Cleland, then VA Administrator, asked me to head VA's efforts. The fact that I had been a POW in WWII, along with my previous leadership for returning Vietnam Veterans, probably led to my selection.

In preparation for this I first sought to review what had been done for POW for WWII and Korea. I learned almost NOTHING HAD BEEN DONE nor did the VA have any data as to numbers of POWS. I reviewed all military records for WWII and Korea and began an annual report of original numbers, numbers still alive, etc. that continues to the present. It is used by VA, Congress, the White House, and other concerned groups.

As a result, Congress directed the VA to conduct an in-depth review of POWS from all wars and what had or had not been done. Many concrete steps were then taken and are still being taken by VA and Congress. Most important was the establishment of presumptive medical conditions based on the long term health consequences of captive experiences. Based on this presumption, POWS could obtain service-connected disability benefits previously denied. Also based on our recommendations, Congress established a VA POW Advisory Council that still meets twice a year and makes recommendations for further actions.

VI. Summary

Since its inception in 1946 to the present, VA Psychology has demonstrated it plays a unique but valuable role in VA at both the station and VACO levels. There is an important need for the knowledge and skills that psychologists bring to this agency. This achievement has had a considerable, favorable impact concerning the contributions psychologists can make in their communities, whether working at VA or not. Hopefully completing graduate students will continue to see VA as a worthwhile and challenging place in which to work - and contribute to our society.