

Guest Editorial

James J. Peters: Vision accomplished!

This SCI issue of the *Journal of Rehabilitation Research and Development* honors the memory of Mr. James J. Peters. He was an administrator, an organizer, and a businessman of enormous energy and accomplishment. In 1971, he was appointed Executive Director of the Eastern Paralyzed Veterans Association (EPVA). Jim remained the voice and leader of this organization until his untimely death in September 2002. He was a major force behind the American Disabilities Act and numerous other mass advocacy initiatives for the disabled veteran, especially those with spinal cord injury (SCI). The annual conferences of the American Paraplegia Society (APS), American Association of Spinal Cord Injury Nurses, and American Association of Spinal Cord Injury Psychologists and Social Workers did not exist before Jim, and these societies are largely underwritten by EPVA in an effort to disseminate knowledge to healthcare providers. To further these efforts, Jim encouraged the publication of the *Journal of Spinal Cord Medicine* (JSCM) as the premier publication of the APS, with Dr. Joel A. DeLisa, President and Chief Executive Officer, Kessler Medical Rehabilitation Research and Education Corporation, as its present Editor in Chief. As of 2002, the JSCM was also provided below cost to members of the American Spinal Injury Association (ASIA) to ensure that VA and non-VA SCI physicians would increase and implement their knowledge to provide the highest level of care for all persons with SCI. Jim founded, built, and was Chairman of the Board of the New Hampshire-based greeting card company, PVA-EPVA, Inc., which permitted him to fund his ideas. Since the mid-1980s, under his stewardship, EPVA has contributed over \$55 million for education and research.

This issue of the journal is a collection of articles that address aspects of the medical care of persons with SCI. As a veteran with a war-related SCI, Jim certainly recognized the potential of “cure” research, and he generously supported Dr. Steven G. Waxman, Director, Paralyzed Veterans Association (PVA)/EPVA Neuroscience and Regeneration Research Center, VA Medical Center, West Haven,



William A. Bauman, MD

Director, Spinal Cord Damage Research Center, Mount Sinai School of Medicine;
Director, Veteran Affairs Rehabilitation Research and Development Center of Excellence

CT. That being said, he was also wise enough to appreciate the day-to-day needs, and understood the practicality and immediacy of “care” research required for those with SCI. Although the vast majority of persons with SCI benefit from advances in understanding the medical consequences, increasing longevity and reducing costs inherent in caring for the secondary “disabilities” of SCI did not (and still do not) receive the “play” in the media or excite the imagination of granting agencies comparable to that for more basic nerve regeneration research. Jim had an intuitive insight to initiate a collective EPVA-VA-Mount Sinai School of Medicine (MSSM) research endeavor that would directly and profoundly influence the care of persons with SCI.

While at the helm of EPVA, Jim supported numerous clinical care initiatives, training programs, and research projects. I am going to focus on one with which I was intimately involved: The Spinal Cord Damage Research Center. In 1989, a meeting was arranged by Jim with Dr. John W. Rowe, President, MSSM, Dr. Rosalyn S. Yalow, Senior VA

Investigator and Nobel Laureate in Medicine and Physiology, Kristjan T. Ragnarsson, Chairman, Physical Medicine and Rehabilitation, MSSM, and Dr. Vivian Beyda, Associate Executive Director for Research and Education, EPVA. Because I had just been awarded a VA Merit Review grant from the Medical R&D Service to study carbohydrate and lipid metabolism in persons with SCI, Jim and Dr. Rowe requested that I “make them a research center” dedicated to the medical consequences of SCI.

The Spinal Cord Damage Research Center was and continues to be an EPVA-funded MSSM unit located at the VA Medical Center, Bronx, NY. As an internist and endocrinologist (not the usual SCI clinician, e.g., physiatrist, neurologist, or urologist), and with incredible moral support and adequate resources, I established a functional research entity. Initially, having little more than my salary, my charge was to assemble a group of investigators who would answer some of the fundamental medical questions facing veterans with SCI. Jim was always accessible when his assistance was required. As our fiscal needs grew, the support of EPVA matched or exceeded our investigative requirements. It became evident early in our research activities that a person with the abilities and dedication of Dr. Ann M. Spungen, Associate Director, was vital to the development of our Research Center, and Jim understood and supported her without reservation. He also supported several other members of my fledgling unit. Dr. David R. Grimm, 1992 to 2000, was as a pre- and postdoctoral candidate interested in pulmonary medicine and the autonomic nervous system. Dr. Jill M. Wecht, partially supported from 1998 to 2000, is presently a VA Associate Investigator studying bone loss in patients with acute SCI and autonomic regulation of the cardiovascular system. Dr. Wecht is currently a candidate for the VA's Rehabilitation Research and Development (RR&D) Career Development Program. Dr. Nighat N. Kahn was fully EPVA-funded from 1992 to 2003, and she has investigated hemostasis with its effect on the cardiovascular system in able-bodied individuals and those with SCI. In October 2003, Dr. Kahn received approval for funding of an RR&D Merit Review proposal to further her studies. From the Bronx VA Medi-

cal Center, the unit has drawn on the strength of clinician-investigators in every discipline in medicine, physiatry, surgery, and psychiatry. These were highly skilled, medical center physicians who were “available” gratis to our unit. Some of the articles that appear in this issue from “our group” are from Drs. Marvin Lesser, Gregory J. Schilero, and Roberta Lenner, pulmonologists, Drs. Mark A. Korsten and Alan S. Rossman, gastroenterologists, and me, an endocrinologist, all of whom are full-time VA staff physicians.

The Spinal Cord Damage Research Center has attained the stature of an internationally recognized unit in the study of the secondary medical disabilities of SCI. In 2001, the scope of this research initiative was expanded with support provided by the VA RR&D Service when it funded a Center of Excellence for the Medical Consequences of SCI.

Jim's efforts made possible a far greater appreciation of the adverse metabolic [1–13], body compositional [14–17], gastrointestinal [18–20], pulmonary medicine [21–29], hematological [30–32], wound care [33–35], and cardiovascular-autonomic [36–40] consequences of injury. Some of these accomplishments are presented in the articles in this bimonthly *JRRD* SCI issue. Because of our increased awareness of the secondary medical complications of SCI, the care of veterans with SCI has improved greatly and will continue to improve. Jim had the vision and force of character to succeed where others lacked resolve or imagination. Everything was possible because of his mission and his force of will. Jim's optimism was truly infectious. Needless to say, without his early, formative support, our group of dedicated investigators would not have focused on the secondary disabilities facing individuals with SCI.

Mr. James J. Peters began incredibly productive relationships nationwide among a veteran's organization and clinicians and investigators. For that, the patients with SCI and other disabilities, the medical community, and the nation owe him our deepest and heartfelt thanks.

This is Jim's legacy.

William A. Bauman, MD

REFERENCES

1. Bauman WA, Zhong YG, Petry C, Gordon SK. Depressed serum high density lipoprotein cholesterol levels in veterans with spinal cord injury. *Paraplegia* 1992;30:697–703.
2. Bauman WA, Spungen AM. Disorders of carbohydrate and lipid metabolism in veterans with paraplegia or quadriplegia: a model of premature aging. *Metabolism* 1994;43:749–56.
3. Bauman WA, Spungen AM, Flanagan S, Zhong YG, Alexander LR, Tsitouras PD. Blunted growth hormone response to intravenous arginine in subjects with a spinal cord injury. *Horm Metab Res* 1994;26:149–53.
4. Bauman WA, Spungen AM, Zhong YG, Tsitouras PD. Chronic baclofen therapy improves the blunted growth hormone response to intravenous arginine in subjects with spinal cord injury. *J Clin Endo Metab* 1994;78:1135–38.
5. Tsitouras PD, Zhong YG, Spungen AM, Bauman WA. Serum testosterone and insulin-like growth factor-I/growth hormone in adults with spinal cord injury. *Horm Metab Res* 1995;27:287–92.
6. Zhong YG, Levy E, Bauman WA. The relationships among serum uric acid, plasma insulin and serum lipoprotein levels in subjects with spinal cord injury. *Horm Metab Res* 1995;27:283–86.
7. Bauman WA, Zhong YG, Schwartz E. Vitamin D deficiency in veterans with chronic spinal cord injury. *Metabolism* 1995;44:1612–16.
8. Bauman WA, Spungen AM, Zhong YG, Mobbs CV. Plasma leptin is directly related to body adiposity in subjects with spinal cord injury. *Horm Metab Res* 1997;28:732–36.
9. Bauman WA, Adkins RH, Spungen AM, Waters RL. The effect of residual neurological deficit on serum lipoprotein profiles in persons with chronic spinal cord injury. *Spinal Cord* 1998;36:13–17.
10. Bauman WA, Adkins RH, Spungen AM, Waters RL. The effect of residual neurological deficit on oral glucose tolerance in persons with chronic spinal cord injury. *Spinal Cord* 1999;37:765–71.
11. Bauman WA, Adkins RH, Spungen AM, Waters RL, Kemp BJ, Herbert V. Levels of plasma homocysteine in a population of persons with spinal cord injury. *J Spinal Cord Med* 2001;24:81–86.
12. Bauman WA, Adkins RH, Spungen AM, Herbert R, Schechter C, Smith D, et al. Is immobilization associated with an abnormal lipoprotein profile? Observations from a diverse cohort. *Spinal Cord* 1999;37:485–93.
13. Bauman WA, Spungen AM, Schwartz E, Wang J, Pierson RN Jr. Continuous loss of bone in chronic immobilization: a monozygotic twin study. *Osteopor Internat* 1999;10:123–27.
14. Spungen AM, Bauman WA, Schwartz E, Wang J, Pierson RN Jr. Measurement of percent body fat in individuals with quadriplegia: a comparison of clinical methods. *Paraplegia* 1995;33:402–8.
15. Spungen AM, Bauman WA, Schwartz E, Wang J, Pierson RN Jr. The relationship between total body potassium and resting energy expenditure in individuals with paraplegia. *Arch Phys Med Rehabil* 1993;73:965–68.
16. Spungen AM, Wang J, Pierson RN Jr, Bauman WA. Soft tissue body composition differences in monozygotic twins discordant for spinal cord injury. *J Appl Physiol* 2000;88:1310–15.
17. Spungen AM, Adkins RH, Stewart CA, Wang J, Pierson RN, Waters RL, Kemp BJ, Bauman WA. Factors influencing body composition in persons with spinal cord injury: a cross-sectional study. *J Appl Physiol* 2003 Dec;95(6):2398–407. Epub 2003 Aug 08. PMID: 12909613. In process.
18. Rajendran SK, Reiser JR, Bauman WA, Zhang RL, Korsten MA. Gastrointestinal transit after spinal cord injury: effect of cisapride. *Am J Gastroenterol* 1992;87:1614–17.
19. Geders JM, Gaing A, Bauman WA, Korsten MA. The effect of cisapride on segmental colonic transit time in spinal cord injury. *Am J Gastroenterol* 1995;90:285–89.
20. Fajardo NR, Pasillao R, Creasey G, Bauman WA, Korsten MA. Decreased colonic motility in persons with chronic spinal cord injury. *Am J Gastroenterol* 2003;98:128–34.
21. Spungen AM, Dicipinigaitis PV, Almenoff PL, Bauman WA. Pulmonary obstruction in individuals with cervical spinal cord lesions unmasked by bronchodilators. *Paraplegia* 1993;31:404–7.
22. Dicipinigaitis PV, Almenoff PL, Spungen AM, Bauman WA. Bronchial hyperresponsiveness after cervical spinal cord injury. *Chest* 1994;105:1073–76.
23. Almenoff PL, Alexander L, Spungen AM, Lesser M, Bauman WA. Bronchodilatory effects of ipratropium bromide in subjects with quadriplegia. *Paraplegia* 1995;33:274–77.
24. Spungen AM, Grimm DR, Lesser M, Bauman WA, Almenoff PL. Self-reported prevalence of pulmonary symptoms in subjects with spinal cord injury: correlation with level and completeness of injury and smoking history. *J Spinal Cord Med* 1998;35:652–57.
25. Rutchik A, Weissman AR, Almenoff PL, Spungen AM, Bauman WA, Grimm DR. The effects of resistive muscle training in subjects with chronic spinal cord injury. *Arch Phys Med Rehabil* 1998;79:293–97.
26. DeLuca RV, Grimm DR, Lesser M, Bauman WA, Almenoff PL. Effects of a β_2 -agonist on airway hyperreactivity in subjects with cervical spinal cord injury. *Chest* 1998;114:1533–38.
27. Fein ED, Grimm DR, DeLuca RV, Lesser M, Bauman WA, Almenoff PL. The effects of ipatropium bromide on

- histamine-induced bronchoconstriction in subjects with cervical spinal cord injury. *J Asthma* 1998;35:49–55.
28. Spungen AM, Grimm DR, Strakhan M, Pizzolato PM, Bauman WA. Treatment with an anabolic agent improves respiratory function in persons with tetraplegia: a pilot study. *Mount Sinai J Med* 1999;66:201–5.
 29. Linn WS, Spungen AM, Gong H Jr, Adkins RH, Bauman WA, Waters RL. Forced vital capacity in two large outpatient populations with chronic spinal cord injury. *Spinal Cord* 2001;39:263–68.
 30. Kahn NN, Bauman WA, Sinha AK. Loss of high affinity prostacyclin receptors in platelets and the lack of prostaglandin-induced inhibition of platelet-stimulated thrombin generation in subjects with spinal cord injury. *Proc Nat Acad Sci* 1996;93:245–49.
 31. Kahn NN, Bauman WA, Sinha AK. Demonstration of a novel circulating anti-prostacyclin receptor antibody. *Proc Nat Acad Sci* 1997;94:8779–82.
 32. Kahn NN, Sinha AK, Bauman WA. Impaired platelet prostacyclin receptor activity: a twin study. *Clin Physiol* 2001;21:60–66.
 33. Alexander LR, Spungen AM, Liu MH, Bauman WA. Resting metabolic rate in subjects with paraplegia: the effect of pressure sores. *J Spinal Cord Med* 1995;76:818–82.
 34. Liu MH, Spungen AM, Fink L, Losada M, Bauman WA. Increased energy needs in patients with quadriplegia and pressure ulcers. *Adv Wound Care* 1996;9:41–45.
 35. Spungen AM, Koehler KM, Modeste-Duncan R, Rasul M, Cytryn AS, Bauman WA. 9 clinical cases of nonhealing pressure ulcers in patients with spinal cord injury treated with an anabolic agent: a therapeutic trial. *Adv Skin Wound Care* 2001;14:139–44.
 36. Grimm DR, DeMeersman RE, Garafano RP, Spungen AM, Bauman WA. The effect of provocative maneuvers on heart rate variability in subjects with quadriplegia. *Amer J Physiol* 1995;268:H2239–45.
 37. Grimm DR, DeMeersman RE, Almenoff PL, Spungen AM, Bauman WA. Sympatovagal balance of autonomic control of the heart in subjects with spinal cord injury. *Amer J Physiol* 1997;272(Hear Cir. Physiol 41):H835–42.
 38. Grimm DR, Almenoff PL, Bauman WA, DeMeersman RE. Baroreceptor sensitivity response to phase IV of the valsalva maneuver in spinal cord injury. *Clin Auton Res* 1998;8:111–18.
 39. Wecht JM, DeMeersman RE, Weir JP, Spungen AM, Bauman WA, Grimm DR. The effects of immobility, inactivity and autonomic disruption on venous vascular function. *Am J Physiol* 2000;278:H515–20.
 40. Wecht JM, DeMeersman RE, Weir JP, Spungen AM, Bauman WA, Grimm DR. The effects of autonomic dysfunction and endurance training on cardiovascular control. *Clin Auton Res* 2001;11:29–34.