

TWENTY YEARS OF PROGRESS

... an editorial

Robert E. Stewart, D.D.S.

Director, Prosthetic and Sensory Aids Service,
Department of Medicine and Surgery,
Veterans Administration Central Office,
Washington, D.C.

At the end of World War II the Veterans Administration faced a chaotic situation in prosthetic and sensory aids. The problems of the amputees were particularly acute. Thousands of servicemen were being discharged rapidly, fitted and trained in military and naval amputation centers with serviceable but supposedly "temporary" artificial limbs. The amputees were referred for "permanent" limbs to the Veterans Administration outpatient clinics, which already were understaffed, crowded, and short of physical facilities.

The commercial artificial limb-makers of the country, only a few hundred in number, were hand-craftsmen, each proud of his skills and in many cases, of his individual invention of a specific knee, ankle, or other mechanical feature. Typically, the shop was a small one in a low-rent neighborhood. Its able-bodied men had gone off to service, and the older—and often physically handicapped—owner had been swamped during the war years with demands for new limbs from civilian amputees. For the first time, perhaps, since the Depression, these handicapped civilians were welcomed by employers as draft-free 4F's, so at last these amputees could afford badly needed repairs and replacements of their prostheses. Thus the new veteran with a purchase order for "one leg, artificial" arrived at a limb shop which was already seemingly hopelessly overloaded and having very slow delivery of a hand-made custom product.

To add to the confusion, the Veterans Administration for years had purchased artificial limbs—as it and other government agencies conventionally and successfully purchased numerous other items—from a single low bidder in a given district who seemed to meet the specifications. The difficulties in specifying the intangible qualities of fitting, comfort, and interpersonal relationships were overlooked. As in other routine procurement contracts, the Government was willing to change sources each fiscal year as the lowest bidder happened to change. No single physician or

supply officer or administrative official had overall responsibility or even a coordinating role in an essentially fragmented program. All concerned with prosthetics, even when dedicated to this unique field, were also concerned, usually *far* more crucially, with numerous other responsibilities.

Thus it is understandable, particularly in calmer retrospect, that VA officials issued "prescriptions" which were in essence purchase orders, that limb shops had long waiting lists and exceedingly slow delivery times, but that individual amputee veterans, conditioned by assurances of the service amputation centers, somehow expected prompt replacement of their "temporary" prosthesis with even better "permanent" devices. The importance of such factors as prescription to meet individual needs or of precise fitting and biomechanical alignment was only vaguely perceived by a minority; most emphasis was placed on special devices which commanded higher prices in the civilian market but tended to prevent VA's acceptance under the then-routine low-bid procedure. The newly discharged amputee, only recently assured that he was a hero and perhaps used as a speaker at War Bond rallies, was understandably furious when told *he* could not have a special, often highly touted, feature available to civilians because it was not the cheapest available device. The objective value of the feature, if any, was lost in the emotion engendered.

The situation was crystallized in a cartoon of Autumn, 1945, in which a wounded veteran in casts and traction frame is visited by old buddies, sporting the then-familiar "Ruptured Duck" discharge pin. He poignantly asks them, "Tell me, fellows, what's it like outside? Am I still a wounded hero or just a drain on the taxpayer?" In November 1945, the answer was still overwhelmingly in favor of the hero concept.

Thus, when veteran amputees demonstrated in the gallery at the Capitol, waving allegedly inadequate limbs at Congressmen, and newspapers published denunciatory editorials and critical Sunday Supplement features, the plight of the amputee became spectacular.

Congress became concerned. An investigation of the limb industry and the whole prosthetics program was launched under the House Subcommittee on Labor and Public Welfare. Representative Edith Nourse Rogers became particularly concerned with the problems of amputee veterans. Top officials of the Veterans Administration, disturbed about the problem, were willing to make administrative changes as far as feasible and to adopt sweeping changes when made possible by unusual laws.

On November 1, 1945, the Veterans Administration created a new Prosthetic Appliances Service intended to bring together previously scattered elements, provide the best available prosthetic and sensory devices, and foster research and development to improve these important aids. The Service originally was headed by Walter Bura, an engineer who had lost a leg above the knee. By energy and initiative, he, his colleagues, and legis-

lative associates, rapidly—and sometimes abruptly—initiated a number of new features which have proven effective over many years.

Among the early changes were negotiated contracts for buying devices and services from multiple vendors, free choice among those limb facilities under VA contract in a tri-city area nearest an individual veteran, a wider choice among limbs and accessories, a unique corps of prosthetics specialists, and a pioneering credit card for repair services. To take only a single example of the outstanding success of these unconventional practices, the last item, the prosthetic services card, aroused dire fears of abuses from thousands of veterans, each carrying “a blank check against the United States.” Fortunately, the integrity and sincerity of individual disabled veterans and of the limb facilities, plus the devotion and vigilance of civil servants, have avoided the scandals once so gloomily predicted.

On July 1, 1948, prosthetics activities were reorganized as the Prosthetic and Sensory Aids Service, with Dr. Augustus Thorndike as acting Director. In 1955 the writer became Director. The scope of the Service, depicted by the schematic design on the inside front cover of this Bulletin, includes a wide range of devices to aid the disabled.

During these twenty years, both devices and services have changed dramatically. PSAS has played a major role in the research and development which has led to new artificial limbs for every major level of amputation. Hardware alone, though, is not enough. In addition to the administrative improvements sketched above, the clinic team concept has brought together all those intimately concerned with amputee rehabilitation to make wiser decisions and to conduct systematic procedures from prescription to final checkout. The prosthetics education program, likewise spearheaded by PSAS and now greatly expanded, has contributed to the knowledge of thousands of physicians, therapists, prosthetists, orthotists, and prosthetics specialists. Prosthetic education, exhibit activities, and publications help to make the results of VA prosthetics research available so all disabled may benefit. VA policies in prosthetics also have been followed by numerous other agencies.

Progress in all aspects of service to amputees is perhaps most dramatic because of the chaotic situation in 1945. Though for years major attention has been given to problems arising from amputation, other research and related programs have been underway on devices for numerous other disabilities, as partially indicated by the reports in this Bulletin.

In cooperation with numerous other public and private agencies, the Prosthetic and Sensory Aids Service of the Veterans Administration is conducting a steady program to improve devices and services, yet introduce true economies. Past progress, gratifying as it is, merely provides a foundation for further aid to all disabled.