

JRRD's mission is "to responsibly evaluate and disseminate scientific research findings impacting the rehabilitative healthcare community."

Birth of a mission

"... let us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle, and for his widow and his orphan; to do all which may achieve and cherish a just and lasting peace, among ourselves, and with all nations."

—President Abraham Lincoln, Second Inaugural Address, Saturday, March 4, 1865

The *Journal of Rehabilitation Research and Development's* (JRRD's) contemporary mission has evolved since the end of World War II (WWII) through laws passed by the U.S. Congress. Our core mission is to publish a peer-reviewed medical journal that focuses on the medical needs of U.S. veterans and on global rehabilitative medicine.

Today's Department of Veterans Affairs (VA) has three main subdivisions, known as Administrations, and JRRD is within the Veterans Health Administration (VHA), which is responsible for providing healthcare in all its forms to veterans, conducting medical research, and disseminating research results. The VHA implements the VA medical assistance program through VA outpatient clinics, hospitals, medical centers, and long-term healthcare facilities.

The origin of the VHA dates back to the first Federal hospital (the Hand Hospital) for veterans, which opened in Pittsburgh, Pennsylvania, in 1778. This was the first military hospital built in America, and for 64 years, it was the only medical institution west of the Alleghenies [1].

Until the 1980s, the VHA was known as the VA's Department of Medicine and Surgery. Through its academic affiliations, the VHA has helped train many thousands of physicians throughout the second half of the 20th century and into the 21st century.

BRIEF CHRONOLOGY OF OUR CONTEMPORARY MISSION

1946 (January)

Congressional legislation (Public Law 293) established the Department of Medicine and Surgery within the Veterans Administration (as the VA was then named), giving this Department responsibility for providing medical care to veterans and officially creating an organization of professional services within the Veterans Administration [2]. This Department was succeeded in 1989 by the Veterans Health Services and Research Administration, which was renamed VHA in 1991.

1946 (February)

General Omar Bradley, appointed administrator the previous year, reported that the Veterans Administration was operating 97 hospitals with a total bed capacity of more than 82,000 patients. But because of mass demobilization, the total number of veterans jumped to more than 15 million within a few months. The Navy and Army made beds available until more hospitals could be opened. When Bradley left his role as administrator in 1947, 29 new hospitals had been opened to treat returning veterans.

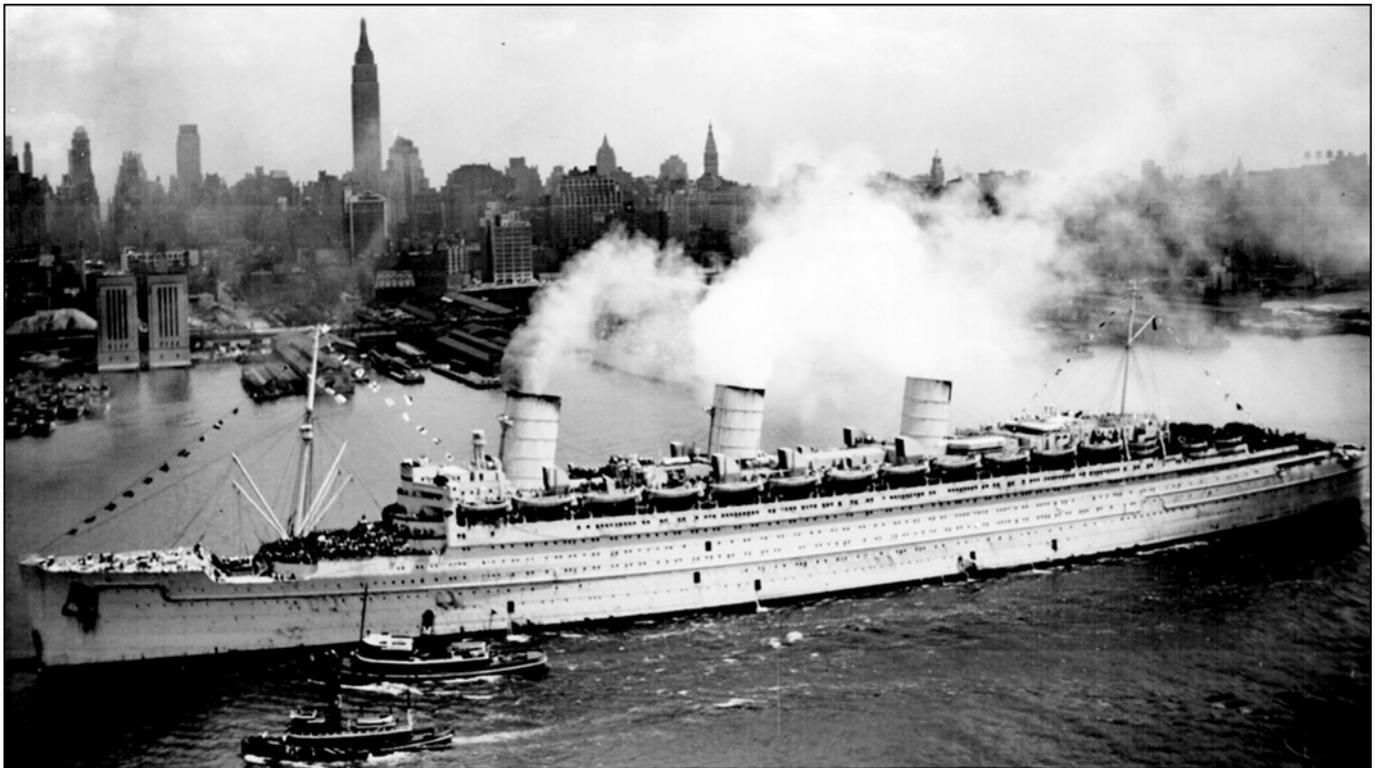
1948

Public Law 729 formally authorized a program of Veterans Administration research in the fields of prosthetics and sensory devices, with an annual budget of \$1 million. The law included a mandate to the Veterans Administration “to make available the results of such research so as to benefit all disabled people” [3]. This was the primary congressional mandate for the Veterans Administration to publish the results of

research, first in publications of Government entities such as the National Research Council and its various committees and professional organizations.

Even before this law formally authorized the Veterans Administration’s program, research was already ongoing. But after the 1948 legislation, an actual line item existed in the Veterans Administration’s budget to support it. Prosthetics research therefore became a prioritized and legal Veterans Administration enterprise 10 years before the medical research program was written into law in 1958.

More than 70,000 veterans with amputation returned home from WWII, and at first, many of these veterans had difficulty obtaining artificial limbs. But Congress quickly authorized the Veterans Administration to fill this need after the 1948 legislation. The Veterans Administration’s experience in assisting thousands of veterans with amputation made it a world leader in the development of prosthetic devices.



Queen Mary, the famous British liner, steams into New York Harbor, June 20, 1945, with thousands of U.S. troops from European battles. Source: National Archives and Records Administration (<http://www.archives.gov/research/ww2/photos/#rest>).



LT (Lieutenant) Sarah Josephine Griffin, U.S. Navy (Retired), helps injured Korean war veteran learn to use his two artificial legs at Rehabilitation Center, Naval Hospital, Oakland, California, 1951. LT Griffin, who lost her lower left leg as a result of an accident, was recalled to active duty during the Korean war to work with other amputees. *Source:* Official U.S. Navy photograph, from the Navy Nurse Corps Collections at the Naval Historical Center (<http://www.history.navy.mil/photos/events/kowar/homefrt/hmfrt.htm>).

1950

Following the outbreak of the Korean war in June, Congress passed the Vocational Rehabilitation Act of 1950, which reactivated vocational rehabilitation for veterans of the new war and extended the program to peacetime veterans.

1953

The Veterans Administration was reorganized into three departments in response to the growing workload from WWII and the Korean war. These three departments were the Department of Medicine and Surgery, the Department of Veterans Benefits, and the Department of Insurance.

Chief Medical Director William Middleton expanded the Veterans Administration's research programs in the late 1950s to address the chronic-care problems of most of its patients, including aging patients. Congress, agreeing on the importance of research, began earmarking research funds within the Veterans Administration budget.

1964

The *Bulletin of Prosthetics Research (BPR)*, the first in-house Veterans Administration medical journal, published its premier issue and continued for the next 18 years.

1970s

The 1970s brought forth a transformed Veterans Administration rehabilitation research and development (RR&D) program. Congress passed the Vocational Rehabilitation Act of 1973 (Public Law 93-112), which identified rehabilitation engineering as a priority in the RR&D programs of the Rehabilitation Services Administration of the Department of Health, Education, and Welfare. This Act was the stamp of approval for the rehabilitation engineering centers.



Diana Bullard, civilian nurse at Walter Reed Army Medical Center (WRAMC) in Washington, DC, cares for PFC (Private First Class) Kyle M. McGovern. PFC McGovern, soldier with 10th Mountain Division, Fort Drum, New York, was injured during Operation Anaconda in Afghanistan. His hometown is Merrimack, New Hampshire. *Source:* Photograph by John Chew, WRAMC.



Veteran World War II amputees wait in line to buy movie tickets at the Arcadia Theater in Temple, Texas. They were being treated at the McCloskey General Hospital, which was built in 1942 and established as a surgical and rehabilitation hospital, treating primarily veteran amputees. It would eventually become The Olin E. Teague Veterans Center. Lined up to see the movie are (from left): SGT (Sergeant) Joe Bone of Gadsden, Alabama; PFC (Private First Class) Marvin Shaw of Van Buren, Arkansas; PFC William Warwick of Knoxville, Tennessee; PFC Ernest Petty of Dubuque, Iowa; and PFC Carl H. Fry of Wichita, Kansas. *Source:* Collection of Weldon Cannon and Patricia Benoit.

1983

BPR was expanded into *JRRD*, which has been published continuously since 1983. From the first issue, *JRRD*'s scope of coverage was more inclusive than *BPR*'s, including assistive technology (wheelchairs, hearing and reading devices, computers as speech aids), spinal cord injury (SCI), prosthetics and orthotics, postsurgical amputation management, and gait restoration.

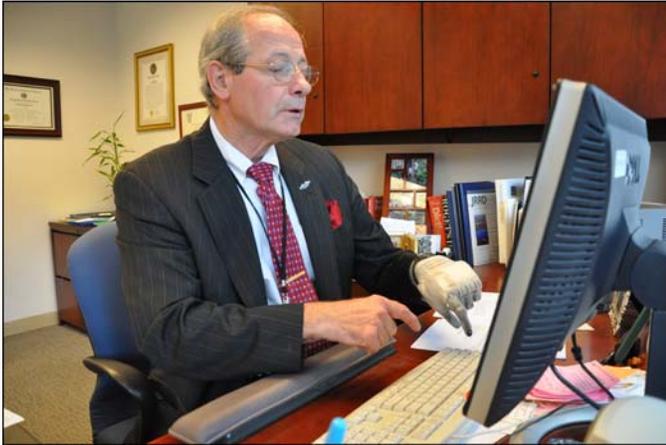
1988

President Ronald Reagan signed legislation to elevate the Veterans Administration to Cabinet status, and on March 15, 1989, the Veterans Adminis-

tration became the VA. As reorganized, the VA included three main elements: the Veterans Health Services and Research Administration, which was renamed the VHA; the Veterans Benefits Administration; and the National Cemetery System.

JRRD IN THE 21ST CENTURY

In late 2002, *JRRD* began an active campaign to strengthen its clinical and scientific content. This undertaking was multifaceted, including changes to the membership of the Editorial Board to reflect the diversity of submissions in 30 topic areas, increases



Frederick Downs Jr, Director of VA's Prosthetic and Sensory Aids Service, was "brought to tears" in the summer of 2008 when he was fitted with and first used the advanced prosthetic arm developed by DEKA Research and Development Corporation and funded by Defense Advanced Research Projects Agency. Mr. Downs, who lost his left arm in Vietnam, used the DEKA arm to bring a water bottle to his mouth and drink—without crushing the thin plastic bottle. The DEKA arm represents a huge leap forward in function, because it has six preprogrammed grasps for the hand segments. *Source:* Photograph by John Borlik/VA Research and Development Communications.

in the reviewer pool from a few hundred to more than 3,000, increases in the number of reviews for each article, true utilization of the expertise of the *JRRD* Editorial Board and, finally and dramatically, reduction in the overall time from submission to publication.

In addition, electronic dissemination of *JRRD* increased dramatically, especially through the improved Web site debuted in early 2003. Three years later, in 2006, a record 3.3 million downloads were documented—up 101 percent from the previous year.

Another record was set in 2007, with a total of 3.7 million downloads on six continents. In keeping with VHA-wide security changes issued during 2008, the *JRRD* Web site was redesigned, improved, expanded, and moved to a new location at the beginning of 2009.

During the 2000s, *JRRD* placed a renewed impetus and priority on producing more single-topic issues for the specialized research and rehabilitation communities. Single-topic issues for 2006 included multiple sclerosis, poststroke rehabilitation, robot-

ics, and vision rehabilitation. With its publication in 2007 of a breakthrough single-topic issue on traumatic brain injury and polytrauma, *JRRD* became the first rehabilitation journal in the world to focus on a topic unique and important to veterans of Operation Iraqi Freedom and Operation Enduring Freedom. In 2008, single-topic issues were published on exercise after stroke and SCI, posttraumatic stress disorder, cochlear implants, and fall prevention.

To increase full dissemination of and open access to the journal, *JRRD* has added additional abstract indexing agencies, including PubMed, CrossRef, Google Scholar, and DOAJ (Directory of Open Access Journals) to the indexing roster during the last 3 years.

Several new *JRRD* outreach efforts have also been initiated in the 2000s. These efforts include active participation in the annual National Veterans Creative Arts Festival, with winning artists providing their artwork for the color front covers of *JRRD* issues. The "*JRRD* at a Glance" front matter section was completely revamped and now offers the general reader easy-to-read summaries, with some visuals, of all scientific articles. New value-added products such as the Pocket *JRRD* and mini-CDs are custom-produced for specific research topics and distributed at various national and international conferences. Researchers and professional groups have been extremely pleased with these tailor-made publications and have praised *JRRD*'s efforts in making this customer service available to stakeholders.

In a proactive measure, *JRRD* took the lead among rehabilitation publications by adopting a clinical trial registration policy based on recommendations from the International Committee of Medical Journal Editors (ICMJE) and other leading top-tier medical journals. (Clinical trial registration information is available from ICMJE at http://www.icmje.org/publishing_10register.html and from *JRRD*'s Web site in the "Author Resources" section.) These cutting-edge policies ensure that the highest-possible quality standards for *JRRD* will be rigorously and constantly applied.

The *JRRD* Editorial Board implemented a financial disclosure policy in 2007; a rigorous, expanded, and formal conflict-of-interest policy was also developed and approved in 2009. This more complete

policy is based on the “Model Conflict of Interest Disclosure Guidelines for Scientific and Medical Journals” issued by the Center for Science in the Public Interest (available from www.cspinet.org/integrity/guidelines.html.)

In addition to the current requirement of funding source itemization, all authors are now required to disclose full financial ties for the 3 years before submission. Authors are further required to summarize their specific contributions to a scientific article for fuller disclosure and transparency to the *JRRD* readership.

All these new-century improvements have resulted in a steady annual increase in the impact citations and quality of *JRRD* content. The journal celebrates its 45th anniversary this year—and heads toward its 50th anniversary in 2014 as a leading rehabilitation medical journal with the highest content standards in its history and additional value-added features for its evermore sophisticated and specialized readership.

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