

VA HISTORY & SOCIAL WORK
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1593 - England, parliament passed a resolution, taking up a collection among its members, for indigent veterans. It also passed a law, "An Acte for Relief of Souldiers", which also included mariners. This act deemed "...agreeable with Christian Charity, Policy and Honor of our Nation..." was made retroactive to 1588, the year of the Spanish Armada. It provided financial assistance for indigent veterans. (This predates the Elizabethan Poor Laws of 1601.)

1636 - Following the precedent set in England, the pilgrims of Plymouth Colony enacted a colonial law while at war with the Pequot Indians, which specified that "...if any man shalbee sent forth as a souldier and shall return maimed, hee shalbee maintained competently by the collonie during his life."

1644 - Virginia passed a similar law, followed by Maryland in 1661 & 1678, New York in 1691, and Rhode Island in 1718.

1681 - England had a standing army. King Charles III announced plans for a home with hospital care for disabled soldiers. Due to financial problems, the institution, Chelsea Hospital, was not opened until 1692.

1776 - The Continental Congress enacted a pension law to encourage enlistment which was similar to the previous colonial laws. Pensions were paid to disabled men and to their survivors until 1911.

1789 - The first US Congress passed the first Federal Pension Law. It was administered by Congress. By 1808 the administrative burden became so great that Congress transferred the power to administer the law to the Secretary of War. The program was administered by the Bureau of Pensions, which was renamed the Office of Pensions in 1833.

1812 – Congress passed a pension law to include the veterans of the War of 1812

1816 – Congress expanded the 1812 benefits to provide half pay to widows and children of servicemen who died during the 1812 war, and granted \$20.00/month to officers and \$8.00/month to enlisted men who were veterans of the War of 1812. These were lifetime pension benefits. Prior to this, pensions were only awarded to disabled veterans.

1811 - The first domiciliary and medical facility was authorized by Congress. It was the US Naval Home in Philadelphia.

1833 - The Bureau of Pensions was renamed Office of Pensions, and was the first federal office dedicated solely to veterans. The U.S. Naval Home was opened as "...a permanent asylum for disabled and decrepit Navy Officers, Seamen, and Marines."

1849 - The Office of Pensions was moved from the War Department to the newly created Department of Interior, where it was renamed the Bureau of Pensions. This office administered veteran's pensions as well as other Federal pension programs.

1851 - The US Soldiers home was authorized by Congress for "...disabled and invalid soldiers."

1853 – the US Soldiers Home was opened in Washington DC.

1855 - First psychiatric care was offered when Congress authorized an institution in the District of Columbia for the mentally ill of the Army, Navy, and civilian population of the District. This facility, now known as St. Elizabeth's Hospital, was never under the jurisdiction of the VA.

1861 - When the Civil War began, Congress authorized pension benefits for Federal volunteers on the same basis as those provided for the regular army personnel.

1861 - The Sanitary Commission was formed by the Secretary of War to study hospital and medical conditions of the Union Armies. It found that "special relief" was needed for sick and needy soldiers being discharged from military service because of wounds and disabilities. Army regulations and services did not provide necessary care.

The Sanitary Commission provided temporary hospital and domiciliary care until the soldiers were able to return to their own homes.

1862 - Congress passed the "General Law" pension system (General Pension Act of 1862) for those disabled in the line of duty, and for widows and dependents of those who died while on active duty. Pensions were based on person's rank, and degree of disability. The National Cemetery System was also established by Congress for veterans of the Civil War.

1863 – The first known case management program was implemented. The Massachusetts Board of Charities established a social welfare case management program for multiproblem individuals and families who were involved with several agencies such as welfare (public assistance), public health, public schools, hospitals, police, courts, jails, etc. The stated purpose of the case management program was to "...coordinate public services and conserve public funds".

1865 - In his second inaugural address, March 1865, President Lincoln called on Congress and the American people "...to care for him who shall have borne the battle and for his widow, and his orphan." This has become the VA motto. It is inscribed in stone on the front of the VA building in Washington, DC

1866 - Congress established the National Asylum for Disabled Volunteer Soldiers. The term "home" was later substituted for "asylum". Several were established and built in various states. In addition to the homes established and built by the Federal Government, many states established state homes after the Civil War.

1888, August 27 – the US Congress passed a bill to provide federal funding to states that had established "...State homes for disabled soldiers and sailors of the United States who served in the war of the rebellion, or in any previous war, who are disabled by age, disease, or otherwise, and by reason of such disability are incapable of earning a living, provided such disability was not incurred in service against the United States,..." The amount of funding was set at \$100 per year per veteran admitted.

1898 – the first social work class was offered in the summer at Columbia University, NY.

1905 – The first medical social work department in the world was established by Dr. Richard Cabot at the Massachusetts General Hospital, Boston, MA. Ida Cannon was appointed the first Chief, Department of Social Services and served until 1945. At the time of her appointment she was a volunteer at the hospital and student at the Boston School of Social Work. A national award for social work excellence in health care has been established in her name.

1914 - Congress created the Bureau of War Risk within the jurisdiction of the Treasury Dept. This agency originally insured ships and cargoes against the risks created by mines, submarines, and surface warships. It was amended in 1917 to include loss of life, personal injury, and capture by the enemy.

1917 - The US entered WWI in Europe and Congress provided new benefits, including disability compensation, insurance, family allotments for servicemen, and vocational rehabilitation for the disabled. The Bureau of War Risk Insurance administered all but the vocational rehabilitation programs.

1920 - The National Homes, Bureau of Veterans Medicine, hired the first social workers in medical programs. Some came from the ranks of the Red Cross. The Red Cross had provided social services to veterans in The National Homes, and continued to do so along with the VA social workers. The first VA social workers provided much the same services as the Red Cross, maintaining the link between the veterans and their families.

1921 - Congress established the US Veteran's Bureau, which took over the functions of the Bureau of War Risk Insurance, and added the responsibility for the vocational rehabilitation.

1922 - The first VA Social Work Director, Irene Grant, was appointed in VA Central Office. Public Health Service hospitals serving veterans were transferred to the Veteran's Bureau. These actions left three agencies administering veterans' benefits and programs, the US Veterans' Bureau, the Bureau of Pensions (Department of Interior), and the National Homes for Disabled Volunteer Soldiers.

1926 - On June 16, 1926, Brigadier General Frank T. Hines, Director, US Veterans Bureau issued General Order

No. 351 establishing a social work department (section) in Central Office, with a Chief to "...supervise the activities of all social workers at regional offices, suboffices, and hospitals of the U.S. Veterans Bureau". 36 new positions were authorized for VA social workers. The Red Cross resisted having their services replaced by VA social workers.

1930 - The Veterans Administration was established. The U.S. Congress authorized President Herbert Hoover to "consolidate and coordinate government activities affecting war veterans." President Hoover signed Executive Order 5398 on 7-21-30 creating the Veterans Administration. The three agencies administering benefits to veterans became the VA. There were 54 VA hospitals operated by the new Veterans Administration. Frank T. Hines became the first Veterans Administration Administrator.

1931 - The World War Adjusted Compensation Act was passed, providing increased pensions for Spanish American War veterans, disability allowances for WWI veterans, and a loan program which made 3 million loans to war time veterans. There were 54 VA hospitals and 4.7 million veterans at this time.

1933 - The Board of Veterans Appeals was established to hear disputes over veterans' claims. Attorney's fees were set by law at \$10.00, and have not been changed.

1943 - Vocational rehabilitation was authorized for veterans with service connected disabilities who had been in active service since 12-1-41. Eligibility requirements have been since liberalized.

1944 - On June 22, President Franklin Roosevelt signed the Serviceman's Readjustment Act of 1944. This law became known as the World War II GI Bill, or GI Bill. It is estimated that this law has had more impact on the American way of life than any law since the Homestead Act of 1862. Under this Bill 7.8 million WWII veterans participated in education and training, 5.9 million home loans were made totaling more than \$51 billion, and various other benefits were added or expanded. As of 2001, 20.7 million veterans, service members, and family members have received \$73 billion in GI Bill benefits for education and training.

1945 - Frank T. Hines retired. General of the Army, Omar Bradley is appointed Administrator, Veterans Administration. He initiated many changes in the VA, including the use of active duty medical personnel in VA hospitals, the training agreements with medical schools, etc.

1946 - The Department of Medicine & Surgery was established as a distinct unit within the Veterans Administration. The office of Chief Medical Director (CMD) was created. The CMD reported directly to the Administrator of Veterans Affairs.

1948 - Carl R. Gray is appointed Administrator, Veterans Administration, by President Truman

1951 - First community care program started by VA social workers in the late 1940s, originally called the Foster Care Program, was formally implemented by Technical Bulletin 10A-279. The VA had limited authority to treat outpatients. However, mentally ill veterans were eligible for Trial Visit from VA psychiatric hospitals. Following six months to one year of Trial Visit (living in the community), the veteran was eligible for discharge. Veterans without family or friends often had no community residence to use for Trial Visit. The Foster Care program was started by VA social workers to serve these veterans. The program was later formalized by Executive Order from the Administrator, Veterans Administration and by Federal Law in 1983. It has evolved from Foster Care to Family Care to Board & Care to Residential Care

1952 - The Korean Conflict GI Bill was signed July 16th. It extended to Korean Veterans the same benefits accorded WWII veterans, also expanding or adding some benefits as well. 2.4 million veterans received training under this Bill. 1.7 million home loans, totaling about \$26 billion, were also provided as part of this legislation.

1953 - Harvey V. Higley is appointed Administrator by President Eisenhower. The Department of Veterans Benefits (DVB) was created within the VA to administer the GI Bill and the compensation and pension program. The office of Chief Benefits Director (CBD) was established. The CBD reported directly to the Administrator for Veterans Affairs. (The VA insurance program was made a separate department, but became part of DVB in 1963.) The VA then had the organizational elements of the Department of Medicine & Surgery (DM&S), the DVB, and the Board of Veterans Appeals.

1955 - NASW was formed, combining seven predecessor organizations into one national social work

organization. The VA has a long association with NASW, working with NASW lobbyists to advocate for the mentally ill, the disabled, nursing home standards, etc.

1957 - Sumner G. Whittier is appointed Administrator by President Eisenhower.

1958 - One remaining Confederate veteran and hundreds of Confederate widows and children were added to the pension rolls. Pension payments continued into the 1980's.

1961 - John S. Gleason is appointed Administrator by President Kennedy.

1964 - PL 88-450 established the VA Contract Nursing Home Program. It was later added to the Social Work Service Program Guide in 1967. Social Work Service at VA facilities implemented and operated the contract nursing home program.

1965 - William J. Driver is appointed Administrator by President Lyndon Johnson. Mr. Driver is the first career VA employee to be appointed to the VA top position.

1966 - Veterans Readjustment Benefits Act was passed, extending to Viet Nam veterans the benefits of the two previous GI Bills, plus some modifications and expansions. 8.2 million Post-Korean, Viet Nam Era, and active duty personnel have received training from this legislation.

1969 - Donald E. Johnson is appointed Administrator by President Nixon

1973 - The National Cemetery System, except for Arlington National Cemetery, was transferred to the VA from the Department of the Army.

1974 - Richard L. Roudebush is appointed Administrator by President Gerald Ford. Mr. Roudebush is also a career VA employee.

1977 - Max Cleland (now ex-Senator Cleland, D. GA) is appointed Administrator by President Jimmy Carter. Mr. Cleland initiates many reforms and restructuring in the VA to better serve Viet Nam era veterans. Mr. Cleland is a Viet Nam veteran who lost both legs and one arm in combat. However, he refused a chauffeur and drove his own car to work. His courage, resolve, and refusal to assimilate into the Washington DC way of doing things was publicized frequently by the media, both TV and newspapers.

1979 - VA National Readjustment Counseling Service (Vet Centers) program was established with the motto, "Help Without Hassles". This program was established as a VA program, but parallel to the Dept. of Medicine & Surgery. It was designed to reach the estimated 20% of Viet Nam veterans who were not yet fully integrated into mainstream society.

1980 - The Association of VA Social Work Chiefs was founded by a steering committee of Southern California VA Social Work Chiefs.

1981 - Admiral Robert P. Nimmo is appointed Administrator by President Ronald Regan. He was immediately controversial and resigned within a year.

1982 - Harry N. Walters is appointed Administrator. President Regan signed an executive order mandating a VA-DOD contingency plan. This mandated and activated joint planning between the Veterans Administration and the Department of Defense to care for military casualties in the event of a war. It was the first such mandate and resulted in subsequent merging of VA and DOD resources (Anchorage, Las Vegas, Albuquerque, Hawaii, and Davis/Sacramento).

1983 - Public Law 98-160 was enacted. This law provided authority and a mandate for the VA to operate the Community Residential Care (CRC) program. Program requirements were specified in detail. Subsequent additions to the Code of Federal Regulations, and VA policies, implemented the provisions of PL 98-160. Social Work Service was given the responsibility for operating the VA CRC program.

1986 - General Thomas K. Turnage is appointed Administrator. Public Law 99-272 - Veterans Health Care Amendments Act, 1986, was passed. It specified changes in the eligibility for health care to include income. A

"means test" was established wherein veterans who had no service-connected disabilities were given high priority for care if their income was below a certain amount (double the VA Non-Service Connected Pension amount). Adjustments were included for veterans with dependents. Low income veterans were the target of this legislation.

1987 - PL 99-272 took effect. All NSC veterans applying for health care, or already enrolled, were required to complete income questionnaires to establish their eligibility. Social workers played a key role in counseling patients/families, updating VA records, etc.

- PL 100-6, Treatment and Rehabilitation of Chronically Mentally Ill Veterans passed 2/12/87. It authorized pilot programs for treatment of homeless veterans with mental illness, including chemical dependence. This program was named the Homeless Chronically Mentally Ill (HCMI) program.

- PL 100-77, Stewart B. McKinney Homeless Assistance Act, passed 7/22/87. It defined and shaped Federal Policy on the definitions of homelessness and programs for homeless persons.

1988 - A landmark bill was passed by Congress, and signed into law on 11-1-88 by President Ronald Regan. It changed the VA to a cabinet level position, with the following organizational changes, effective March 15, 1989: The Veterans Administration became the Department of Veterans Affairs; the Administrator of the Veterans Administration became the Secretary of Veterans Affairs; the Department of Medicine & Surgery became the Veterans Health Services and Research Administration (VHS&RA); the Department of Veterans Benefits became the Veterans Benefits Administration (VBA); and the National Cemetery System became the Department of Memorial Affairs. The Chief Medical Director, Chief Benefits Director, General Counsel, Inspector General, etc., retain their titles, although all are now to be appointed by the President with Senate confirmation. The legislation established search commissions for the selection of the Chief Medical Director and the Chief Benefits Director.

1989 - The above changes are implemented. On 3-15-89 (actually July 1989) the VA became the 14th Department in the President's Cabinet. Edward Derwinski, recently appointed Administrator, Veterans Administration, is appointed Secretary of Veterans Affairs. Anthony Principi became the Deputy Secretary of Veterans Affairs. There are 16 undersecretaries for functions such as lobbying (congressional liaison) and public affairs. The Chief Medical Director, James W. Holsinger, Jr., is appointed under the new process. (In 1992 the Chief Medical Director was re-titled the Undersecretary for Health and the Chief Benefits Director became the Undersecretary for Benefits. That became official in 1993.) The Office of the General Counsel is given an expanded role, to write legislation for introduction to Congress, and to review any legislation proposed by others that may impact on the VA, and to render an opinion on such legislation.

1990 - The military officially enters the Persian Gulf 8-2-90 to force Iraqi forces out of Kuwait. The deployment, known as Desert Shield, became a brief war called Desert Storm in December 1990. The war removed the Iraqi army from Kuwait and southern Iraq.

1991 - The Veterans Health Services & Research Administration was renamed the Veterans Health Administration (VHA), effective 1-1-91. There were some other adjustments to the central office organizational chart. The name "VA" is retained to avoid confusion, although it now means Veterans Affairs instead of Veterans Administration.

1991 - The Veterans Benefits Programs Improvement Act of 1991, Public Law 102-86, dated 8-14-91, amended Title 38 (38 U.S.C. 7402), directly involved social work. VA social workers appointed after 8-14-91 must be licensed in the state in which they are employed. If appointed without a license, a waiver of three years is granted. By the end of 3 years the social worker must be licensed or is terminated.

1992 -

- The Secretary, Edward Derwinski, resigned September 1992. Anthony Principi, Deputy Secretary, became Acting Secretary. This was the first national election in which the VA was a cabinet level agency. The election results could eliminate the VA's top officials who are all political appointees.
- William Clinton was elected President, Nov. 1992. He publicly announced a concern for improved veterans health care and programs for homeless veterans. He selected Jesse Brown, Executive Director, Disabled American Veterans, to be the next Secretary of Veterans Affairs.
- The VA is funded for several initiatives. One is Desert Storm veterans and families, another is victims of sexual abuse, which is primarily oriented to women veterans.
- The Veterans Health Care Act of 1992 expands eligibility for both women veterans and Desert Storm veterans, giving authority to provide services previously not authorized, including family therapy, gynecological services, etc., without regard for income limitations.

- Other initiatives include Hospice Care, alcoholism screening for medical patients, expansion of substance abuse treatment, additional funding for homeless chronically mentally ill veterans programs, and changes in the law to permit the VA to collect rent from veterans in residential rehabilitation programs.
- PL 102-590, The Homeless Veterans Comprehensive Service Programs Act of 1992, passed 11/10/92. It expanded the homeless veterans programs (HCMI) from a pilot program to a VA wide homeless program. The pilot programs had demonstrated good results in moving homeless veterans into stable housing, which prompted Congress to provide additional support for homeless veterans. The HCMI program was renamed the Health Care for Homeless Veterans (HCHV) program. This law established the VA Grant Per Diem programs for homeless veterans.
- PL 102-405, Veterans Medical Program Amendments of 1992 (Cranston S.2324), signed 10/9/92. It renamed the positions of Chief Medical Director and Chief Benefits Director to Undersecretary For Health and Undersecretary For Benefits. The law also mandated VA national surveys of the needs of homeless and homeless veterans, and amended the McKinney Act accordingly. This new program was named Community Homeless Assessment, Local Education, & Networking Groups (CHALENG). It also mandated the VA's participation in local homeless coalitions, planning boards, and interaction with local government and non-profit agencies involved in programs for the homeless.

1993 - Jesse Brown is confirmed as the Secretary of Veterans Affairs, succeeding Edward Derwinski and the Acting Secretary, Anthony Principi. Hershel Gober, former Arkansas director of veterans affairs, is appointed Deputy Secretary. The national debt, reforms in the Federal Government, and reforms in health care are primary goals of President William "Bill" Clinton.

- Persian Gulf veterans (Operation Desert Storm) are given priority and a waiver of eligibility for family mental health services by a VA directive dated 4-9-93. A new disease, or syndrome, emerges, termed the Persian Gulf Syndrome. The VA and National Institutes of Health acknowledge it (unlike Agent Orange). Special exams for ODS veterans were established and research was started to attempt a differential diagnosis and etiology.
- The Chief Medical Director title was officially changed to Under Secretary for Health.
- Hillary Clinton, the president's wife, chaired a large commission to develop health care reform legislation. The legislation, U.S. Health Security Act (HR 3600, S.1757), was introduced to a joint session of Congress on September 22, 1993. The role of the VA was not clear. Commitments to veterans are in the health plan, but there is no stated commitment or intent to preserve the Veterans Health Administration. The VA is specifically mentioned, with changes in eligibility, ability to retain payments for care, etc. However, the VA is expected to compete with local plans for veteran clients. The VA office of Health Reform is established in October 1993. Several task forces convene in December 1993, to review the entire VHA and propose changes.
- The Association of VA Social Work Chiefs changed to the Association of VA Social Work Managers as the term "Chief" was becoming obsolete, or undesirable, within the VA.

1994 - Reorganization plans abound. The most far reaching is the Farsetta Report. It proposes significant changes in the VA structure, including integrating all outpatient clinics with medical centers (no more free standing outpatient clinics), combining VA medical centers into "networks", or health organizations, and eliminating some functions altogether.

- "Reinventing government" is a priority, led by Vice President Albert Gore with a "National Performance Review" (NPR) program.
- 1/17/94 - Northridge Earthquake -changes Sepulveda forever, and subsequently West LA, LAOPC, etc. Sepulveda becomes a clinic and nursing home (formerly a medical center).
- The Office of the VA Regional Counsel, San Francisco, in an opinion dated 3-23-94, by Lelia K. Tokuyama, Staff Attorney, determined that a strict interpretation of the social work licensure requirements of Public Law 102-86 (Veterans Benefits Programs Improvement Act - 1991) was inconsistent with the intent of the legislature (U.S. Congress). The legislative intent was to promote licensure of VA social workers, not their termination. Due to delays by the California State Board of Behavioral Science Examiners, it was not possible for social workers to obtain their license within three years of VA employment. The time for California VA social workers was extended to 5 years.
- Dr. Kenneth Kizer, formerly director of the California State Health Department, is named VA Undersecretary for Health in September 1994.
- 6/1/94 - the Final Rule (38 CFR Part 17.700) was published in the Federal Register to implement the VA Grant Per Diem program (PL 102-590, 11/10/92). This program has been renewed several times.

1995 - In response to political pressures, downsizing, re-engineering, consolidating, etc., began in the VA.

- The VA experiments with "product lines" rather than services as the care delivery model. The VA's version of product lines did not match the original concepts.

- A conflict between the President and Congress resulted in the lack of a federal budget, with shutdowns, furloughs, etc., the result. The VA was impacted directly. Delivery of payroll is disrupted for those who were working, as well as those furloughed or on leave.
- President Clinton issues an executive order to compensate veterans with Persian Gulf Syndrome, in spite of controversy over the extent and etiology of PGS.

1996 - Many health care agencies that decentralized into product lines were now recentralizing. The product lines, as implemented, did not cut costs and improve outcomes as hoped. The VA is still moving toward product lines.

1996 - The U.S. Supreme Court ruled on June 13, 1996 (Jaffe vs. Redmond, Case No. 95-266) that confidences shared between licensed social workers and their clients are protected under the Federal Rules of Evidence. Client to psychotherapist communications are privileged, and that privilege was extended to licensed social workers. The impact on the VA is not known.

1997 - Many VA facilities are consolidated, or are being consolidated with other VA facilities. The US Congress initiated an investigation by the General Accounting Office (GAO) to determine the impact of the consolidations.

- A new funding model was introduced April 1, 1997, the Veterans Equitable Resource Allocation (VERA) model. It is a capitation model, modeled after HMOs. It will impact certain categories of veterans and programs more than others. Long term care programs, the seriously mentally ill, etc., will likely be negatively impacted.
- Product lines have not always proven effective. Service lines are becoming the new term. There is little or no difference between a product line and a service line. Community Based Outpatient Clinics (CBOC) are becoming popular as a method of bringing services closer to the communities where veterans live.
- Re-engineering is equated with downsizing. Nothing was “upsized” during re-engineering.
- To preserve VA funding levels, a goal for the year 2002 is agreed to by the Under Secretary for Health and Congress to increase enrolled veterans by 30% while decreasing costs per veteran by 20%.

1997 - Jesse Brown, Secretary of Veterans Affairs, resigns. Herschel Gober is appointed Acting.

- July 1, 1997 - Sepulveda, Los Angeles OPC, Bakersfield, & Santa Barbara are merged into one organization, the Southern California System of Clinics (SCSC). Social Work (with all other departments) is abolished. The new organizational structure is not clear. A social work discipline chair is appointed to oversee and evaluate social work practice in SCSC.

1998 - Togo West, former Secretary of the Army, is appointed Acting Secretary, pending confirmation by Senate (2/24/98 hearings). He is confirmed without controversy.

- The term “product line” falls into disfavor. New terms (Service Line) are invented to explain the VA reorganization.
- VHA Directive 98-013, SOCIAL WORK PROFESSIONAL STANDARDS: ACCREDITATION AND REIMBURSEMENT FROM THIRD PARTY PAYERS, is issued 2/23/98. Among other provisions, it defines licensed social workers as independent practitioners in the Veterans Health Administration.
- 10-1-98 - SCSC and West LA are merged, to become the VA Greater Los Angeles Healthcare System. A community care service is formed, which is staffed primarily by social workers. A social work discipline chair is appointed. The discipline chair with no line authority is supposed to oversee and evaluate the quality of social work practice in the new organization.

1999 – Dr. Kizer resigns. He was having difficulty with re-appointment. Congress expressed alarm about complaints they were getting regarding reductions in VA services. Thomas Garthwaite, MD, is appointed acting Undersecretary for Health.

2000

- Thomas Garthwaite, MD, is nominated and confirmed as Undersecretary for Health 8/13/00. Dr. Garthwaite is a long time VA employee, an insider not an outsider.
- Secretary Togo West resigns. Herschel Gober, Undersecretary since Clinton’s election, becomes Acting Secretary.
- 10/12/00 - PL 106-419 (SB 1402 from HR 1509) Omnibus Veterans Bill, Section 205, Qualifications For Social Workers, changed the licensure requirement, primarily to accommodate California VA social workers. Implementing regulations and manual changes were begun in November. PL 105-419 allows a VA social worker to be licensed in any state, not just the state in which they are practicing. It also leaves the time limit for licensure up to the Secretary.

- George Bush is elected President, November 2000 (in a very controversial election).

2001 - George Bush becomes President 1/20/01. He nominates Anthony Principi to be Secretary of Veterans Affairs. Mr. Principi was Undersecretary when Derwinski was Secretary during President Regan's term. Mr. Principi is confirmed without controversy on 1/23/01. Dr. Garthwaite (Health Undersecretary), announces his plan to resign in July, 2001, to allow a new Undersecretary to be selected.

9/11/01 - attack on World Trade Center and Pentagon. Both WTC towers collapse and the Pentagon is damaged. The VA is thrust into role of civil defense. Terrorist attacks are added to list of disasters and disaster responses.

2002 - Robert Roswell, MD, is confirmed at Undersecretary for Health 3/22/02. He has had a long VA career, serving as Chief of Staff at Oklahoma City and Birmingham, and VISN Director in Florida (VISN 8). He is reputed to be very supportive of social work programs and services for veterans.

- September 2002 - The Association of VA Social Work Managers voted to change its Constitution/Bylaws and changed its name to the Association of VA Social Workers (AVASW), opening membership to all VA social workers.
- The Health Care for Homeless Veterans Program (HCHV), established in 1987 as a pilot and expanded nationwide in 1992, is terminated. The Grant Per Diem Program, established in 1992, is renamed the HCHV/Per Diem program. Studies of veterans in both programs revealed little or no population differences. The per diem program was more cost effective. It was and longer term, up to 24 months. The HCHV program had a maximum of up to 6 months.

2003 -

- 3-11 & 3-12-03 - the Association of VA Social Workers sent their President, Judith Talbert, and Congressional Liaison, Jerry Satterwhite, to Washington DC to discuss a variety of issues with members of Congress, including difficulties with the Title 5 personnel system, and the desire to move social work to Title 38, a more flexible, person oriented, personnel management system. The day after they left, staff from Senate committees called VACO for information about conversion from Title 5 to Title 38.
- 5-23-03 - Senator Alen Specter (R-Penn) Chair, Senate Committee on Veterans Affairs, introduced Senate Bill 1156, which proposed to move social work (and other professions) from the Title 5 personnel system to Hybrid Title 38. The details were to be implemented at the discretion of the Secretary. The bill passed the Senate and House, and was signed into law by President Bush on 12-6-03, becoming Public Law 108-170, Veterans Health Care, Capital Asset and Business Improvement Act of 2003. A task force was immediately assembled in VACO to begin implementing the law. In the final form 18 occupations or professions were included. SB 1156 was initiated and supported by the Association of VA Social Workers. This will change significantly, and positively, the personnel management system for social work in the VA

2004 - Robert Roswell, MD, Undersecretary for Health, resigns abruptly on 4-5-04. Part of the reason given was apparently problems with a pilot software program at Bay Pines VA which had been initiated by Dr. Roswell when he was VISN Director and located at Bay Pines. Jonathan Perlin, MD, Deputy Undersecretary is named Acting Undersecretary. Dr. Roswell was always a supporter of social work and psychosocial programs for veterans. His specialty was endocrinology/diabetology.

2005 - Jonathan Perlin, MD, PhD, is sworn in as Undersecretary for Health on 5-5-05. Congress approves 50 Social Work FTEE for transition staff to be assigned to military discharge centers for Enduring Freedom and Iraqi Freedom vets. Social work has been a leader in programs to help military personnel to transition to civilian settings, including transition to VA treatment programs, education of about VA benefits.

2006 - John Perlin resigns as Undersecretary, August 2006. Michael Kussman, MD, retired Brigadier General, is named acting (formerly Deputy Undersecretary).

2007 -

- Dr. Michael Kussman is nominated and his appointment is confirmed as Undersecretary for Health 5-30-07. Doug Mitchell, MSW, President, Association of VA Social Workers, is invited to testify at Dr. Kussman's confirmation hearings, a first for VA social work and the Association.
- James Peake, MD, Army General is sworn in as the sixth Secretary of Veterans Affairs on 12-20-07.
- Jill Manske, Director, Social Work Service, retired after 32 years of federal service. Kristin Day, Deputy Director, is appointed Acting Director until a Director can be hired. Kristin Day is ultimately selected as Chief Consultant for a new Healthcare Group, Office of Care Coordination & Social Work.

2008 – Paul Burton retired 5-30-08 leaving this document without an editor.

Miscellaneous:

As of August 1995, The VHA operated 171 Medical Centers, 365 outpatient clinics, 128 nursing home care units, and 37 domiciliaries. Consolidations in 1996 reduced the number of medical centers to 160, combining some medical centers with others, some medical centers and outpatient clinics, etc. Consolidations in 1997 reduced the number to 149 health care systems.

As of 12/31/00 the VA operated 163 medical centers, 378 outpatient clinics (not counting CBOCs), 128 nursing home care units, and 27 Domiciliaries. The VA started counting facilities again, even though several facilities (a medical center, outpatient clinics, a domiciliary, etc.) could all be part of a healthcare system. Example: VA Greater Los Angeles Healthcare System.

As of 5/1/01 the VA operated 163 hospitals, 800 ambulatory care and community based outpatient clinics, 135 nursing home care units, 43 domiciliaries, and 73 comprehensive home care programs (HBPC).

For the past several years, the VA budget is divided approximately as follows: 53.4% Benefit Programs; 40.2% Medical Programs; 2.9% Operating Expenses; 3.5% Construction Programs. The distribution of Personnel (Staff) is 90% Veterans Health Administration; 6.5% Veterans Benefits Administration; 3% Central Office Staff; 0.5% Department of Memorial Affairs (National Cemetery System).

FY 95 - VA budget was \$37.4 billion, \$19 billion (50.8%) for benefits, \$16.5 billion (44.1%) for medical programs and 1.9 billion (5.1%) for all other operating expense, including construction.

FY 96 - \$38.8 billion was proposed, 44% medical care, 51.3% direct payments (benefits), 2% construction, 2.7% general operating expenses. VHA spent 16.6 billion for medical care, 257 million for research, and 374 million for construction.

FY 97 - \$17 billion medical care, \$262 million for research, \$426 million for construction

FY 98 - \$17 billion medical care, \$272 million for research, \$353 million for construction

FY 99 - same at start, 1.6 billion for medical care added in June, 1999

FY 00 - VHA - \$19 billion medical care, \$321 million for research, \$340 million for construction, \$58 million for administration (MAMOE). VBA - \$21 billion for benefits, \$706 million for VBA operating expense, \$206 million for general operating expense, \$97 million for national cemeteries, and \$43 million for IG - total \$44.3 billion.

FY 01 - Budget of \$48.8 billion, \$20.9 billion healthcare, \$27.9 billion for benefits. 51% direct payments, 46% healthcare, 2% general operating expenses, 1% for construction.

FY 03 - Budget \$59.8 billion

FY 04 - Budget of \$64 billion, an increase of \$4.2 billion from FY03 - 224,000 employees

\$28.4 billion for healthcare, up \$2.9 billion from FY03, includes \$176 million for homeless veterans programs, an increase of \$22 million over FY 03

\$32.8 billion for benefits, includes \$1 billion for claims processing

\$522 million for construction, including authority to transfer another \$400 million into the construction budget if necessary.

FY 05 - No increase at first, 1.6 billion added by Congress toward end of fiscal year.

FY 06 - Medical care budget is \$30.8 billion. Homeless budget \$224.8 million, GPD \$86.4 million

FY 07 - Medical care budget is \$34.3 billion, 11.3% increase from FY 06. Homeless budget \$244.3 million, GPD \$101.4 million.

As of 6-13-96 there were 4000+ social workers in the Department of Veterans Affairs. The VA is affiliated with 100 graduate schools of social work, training 750 to 800 graduate students per year.

As of 9-30-99 there are an estimated 3700+ social workers. Tracking social workers is progressively more difficult due to the disbanding of services and the re-labeling of occupations as part of "re-engineering".

As of 10/1/00 there are 3900+ VA social workers and 750 to 800 social work graduate students.

As of 12-31-03 there are 4200+ VA social workers

As of 12-31-07 there are 5600+ VA social workers

FY 2007 - 250,000 employees and total budget of \$82 billion

FY 2014 - over 11,000 VA social workers, most increases in homeless and mental health programs.