I am pleased to introduce myself and relate how I became involved with the Amputee Coalition of America. I became a left above elbow amputee on January 11, 1968, after stepping on a "Bouncing Betty Land Mine" in Vietnam. In 1970, I received my Bachelor of Science Degree from the University of Denver and, in 1971, my Masters in Business Administration. I joined the Veterans Administration in 1974, and in 1980, was named to my present position as national director of Prosthetic and Sensory Aids Service (PSAS).

Last year, the Prosthetic and Sensory Aids Service (PSAS) spent $258 million to care for 1.4 million disabled veterans. PSAS provides every assistive device, prosthetic, orthotic, and sensory aid used by America’s disabled veterans through a network of 172 hospitals and approximately 292 outpatient clinics nationwide. Serving these veterans enables us to see the human factor in the panorama of America’s wars of the Twentieth Century. We provide assistive aids to veterans from World War I up to the present. Although we must deal in large numbers at the national headquarters in Washington, D.C., each of the 1.4 million veterans we serve is treated as an individual, not a number.

There are five disabled veterans on my staff of nine here in Washington. Four of us are amputees. We like to say, "We not only talk prosthetics, we are prosthetics!" Seventy-five percent of our prosthetic representatives in the field are disabled and our staff strives to find and recruit disabled individuals into the service, both veterans and non-veterans. The non-disabled who work in our service are just as sensitive to the needs of the disabled as are the disabled employees.

Our membership and participation in the disabled community helps keep us sensitive to the issues. And we are driven to do better.

It is important that we stay on top of issues, new technology and techniques in the profession. Here is an idea of the number of amputees affected by what we do. As of 1994:

- PSAS has approximately 29,000 amputees on its active roles. This includes 25,413 lower extremity amputees and 3,704 upper extremity amputees. In fiscal year 1994, PSAS spent $4.4 million dollars to repair 17,360 prosthetic legs and $419,000 to repair 1,662 prosthetic arms. In that same time, PSAS spent $24.9 million dollars to purchase 8,122 new prosthetic legs and $982,000 to purchase 340 upper extremity prostheses.

Our mission is to provide high quality care at a fair price and in a uniform manner across the nation to every disabled veteran eligible for VA care. PSAS is a model of how to provide that service.

Our goal is to provide in each prescription any technology available in the marketplace. We have achieved that goal by such means as education of the Amputee Clinic Team, securing a national artificial limb contract, and by having on the team a prosthetics chief responsible for ensuring followup care of amputee patients.

I believe almost all amputee veterans know which prosthetic service to contact for help concerning their appliances. PSAS prides itself on knowing the veterans it serves. Disabled veterans feel secure knowing that "their" prosthetic service is always there for their lifetime. VA Prosthetic and Sensory Aids Service takes care of providing assistive devices until a veteran dies—sometimes 50, 60, 70 or more years after the amputation.

An excellent measure of the success of the Amputee Clinic Team is the excellent reputation the VA has earned in providing artificial limbs.
The Department of Veterans Affairs (VA) Amputee Clinic Teams are typically composed of a physician/chairman, the chief of the Prosthetic and Sensory Aids Service, a therapist, and a prosthetist. The team functions as an integrated, interdisciplinary unit assessing the needs of the amputee and prescribing major, state-of-the-art prosthetic devices and rehabilitative care. The team’s effectiveness is often reflected in how well amputees function and how independent and fulfilling their lives are.

Today, there are 127 DVA Amputee Clinic Teams nationwide. Each team examines VA beneficiaries requesting prostheses. Then members prescribe devices and/or other treatment including prescription medications and consultations with other medical services. They determine when a device should be replaced and inspect and evaluate each new prosthesis before authorizing payment to the prosthetist.

Clinic teams also conduct controlled clinical evaluations on new devices and follow-up examinations and treatment of veterans who have received prostheses. The team also trains medical residents interested in prosthetics.

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