

July 31, 2004

**Contributions of VA Psychology to American Psychology:**

**History and Reflections<sup>1</sup>**

Rodney R. Baker

Mental Health Service Line Director and Chief of Psychology (Retired)

South Texas Veterans Health Care System

San Antonio, Texas

My comments today will focus on some of the contributions of VA psychology to American psychology since WWII. The material I will be presenting is based on research by APA Historian Wade Pickren and myself in preparing a manuscript on this topic to be published by APA Books. I would like to start by acknowledging Wade's assistance in helping me compile some of the information for this presentation. I am also developing a timeline of significant VA psychology events as an Appendix to the book, and the most recent draft of that timeline will be available to those interested at the end of my presentation.

Today I will highlight some of the VA psychology history in three areas: training and credentialing, research, and treatment programming. I will also take the opportunity in this presentation to add some personal reflections.

I would like to start with a personal note. In a rewarding career spanning 37 years in the VA as a psychology intern, staff psychologist, and chief of psychology, I have had the good fortune to be involved in some of the history that I will be sharing with you today. The VA has provided me with a variety of roles from clinical work to research, from

---

<sup>1</sup> Address for 2004 APA Award for Distinguished Contributions to Practice in the Public Sector presented at the annual meeting of the American Psychological Association in Honolulu, July 2004.

training and consultation to mentoring, and from program development to planning ways to help our nation's veterans receive the care they so richly deserve. If I had to do it over again, I would not change a single thing. That having been said, however, I exclude some dumb decisions and flawed judgments I have had to recover from, particularly in my administrative years.

Moving to an observation on the history of VA psychology and its contributions to American psychology, I would note that this history is not well known and is largely underreported.

One factor making it difficult to access and appreciate the VA psychology history is that much of this history is contained in publications by the VA itself that were not widely available to the non-VA community. Today these publications are available in only a very few reference sites. The VA Central Office Library in Washington is one of the few sites where most of these publications can be found. The newsletters of research of VA psychologists in that Library contain rich sources of information about what psychologists were doing. Even the VA Central Office Library, however, does not have copies of the psychology research newsletter publications before 1959, and they are feared lost.

One of my personal goals for the VA psychology history book is to add historical material to the VA psychology archive collection at the Archives of the History of American Psychology at the University of Akron so that this material will be available to other historians.

The VA psychology story also needs to be placed in the context of the development of the profession of psychology. After WWII the public was becoming more sensitized to the prevalence of mental illness in society. Psychoanalysis was popular, and psychotherapy

became part of the middle-class experience as citizens dealt with Cold War anxiety. Although psychology was emerging as a legitimate helping profession in the minds of the public, the applied practice of psychology was not always seen as a legitimate career goal by mainstream psychology who had some difficulty understanding what a psychologist would be doing working in a bureaucracy. The first generation of psychologists trained in the VA after WWII, however, had no difficulty understanding what they would be doing. The early students in the VA training program, many of whom were veterans themselves, were interested in clinical and counseling psychology primarily for its usefulness in reducing the suffering of their fellow veterans.

The VA in fact quickly became an employer of choice for many psychologists interested in the applied practice of psychology. A large number of the psychologists trained in the VA assumed jobs in the VA after their training and many became Chiefs of the new psychology sections in the field. Included in the first VA training classes were Cecil Peck and Charles Stenger who later assumed leadership roles in VA Central Office and helped shape VA psychology and its role in treatment and research.

The VA psychology story is also influenced by the comprehensive medical care programs of the VA. Unlike the significant contributions to mental health treatment provided by the Public Health Service in developing community mental health centers, the VA provided a “one-stop” resource for health care for veterans. The veteran in need of mental health care could not only receive that mental health care in VA hospitals and mental hygiene clinics but could also receive care for a vast array of medical problems, today including transplant surgery, burn-care, spinal cord injury care, and other state-of-the-art treatments.

Since VA psychologists practiced their profession embedded in this comprehensive health care system, the proximity of psychologists to their fellow health care colleagues facilitated an involvement in a wide range of treatment programs. For example, psychologists were early involved in the treatment of tuberculosis. Other examples were roles played by VA psychologists in biofeedback treatment for convulsions, treatment of psychological complications of renal dialysis, geriatric and spinal cord injury care, and assessment of traumatic brain injury.

Even the fact that, originally, psychology was organizationally included with both psychiatry and neurology in VA Central Office contributed to the collaboration among these professions in the field. For example, the planning of the Neurology Section for specialized care of epileptics and post-traumatic aphasics in 1947 included psychology roles in assessment and other aspects of treatment.

### The Training Story

I'd like to start my comments on the contributions of VA psychology by looking at the VA training story. I encourage those interested in more detail to review Dana Moore's excellent chapter on the background of the VA training program in *History of Psychotherapy*, an APA book edited by Donald Freedheim in 1992.

One beginning of VA psychology and its training story starts with the end of WWII when 16 million veterans were brought back into the mainstream of American society, many looking to re-direct their social and vocational lives. Many also needed treatment of medical and psychological problems resulting from their war experience. In 1946, Public Law 293 established a coordinated health care mission for the VA in creating the Department of Medicine and Surgery

Several problems faced the new department. The 1944 passage of the Servicemen's Readjustment Act, popularly known as the G.I. Bill of Rights, authorized occupational, educational, and health assistance for veterans, but the staff and other resources to deliver these benefits were not well established. Poor salaries and delays in recruitment under Civil Service made recruitment difficult. Many physicians and nurses had left the VA in order to join the military, and, late in the war, the VA had to ask the Army and Navy to detail enlisted personnel with limited time in the military to VA medical centers. At the end of the war, over three-quarters of the VA's 2,300 physicians were "on loan" from the military serving out their military obligation and would soon be leaving.

Almost sixty percent (60%) of hospitalized veterans were being treated for neuropsychiatric problems, and mental health treatment was primarily provided by psychiatrists and psychology technicians. Prior to 1946, virtually none of the psychologists in the VA were doctorally trained. The average length of stay for these patients was over one year. Contributing to this long length of stay was the fact that the VA did not provide outpatient care in its hospitals until after a 1947 pilot study established the importance of including outpatient treatment in the hospital setting. Prior to that time, outpatient care was primarily provided in Mental Hygiene Clinics that were located in VA Regional Offices.

1946 was a pivotal year in the history of the VA and VA psychology. The first event, already noted, was Congressional legislation that established the Department of Medicine and Surgery to coordinate medical care of veterans. That legislation also resulted in the establishment of the Clinical Psychology Section along with the Psychiatry and Neurology Sections in the new Neuropsychiatry Division in VA Central Office.

The second significant event occurred less than a month later. The publication of VA policy Memorandum Number 2 on January 30, 1946 created a system of affiliations of veterans' hospitals with medical schools, still in effect today. The outline of that memorandum assigned the VA responsibility for the care of patients and gave the medical school responsibility for graduate education and training. Both parties benefited—the VA acquired faculty members as patient care attending staff, and medical residents helped provide care and benefited from the clinical training and financial support received from the VA. The arrangement also helped insure community quality of care standards for VA hospitals and added to the prestige of working for the VA.

The third critical event in 1946 was the establishment of the VA psychology training program due to the efforts of James Grier Miller, the first Chief of the VA's new Clinical Psychology Section. It can parenthetically be noted that Henry A. Murray was initially offered the job. In a handwritten letter dated January 7, 1946 Murray described the job to a friend as “an opportunity to influence the course of psychological developments for a generation” but that it did not interest him at the time due to other commitments. Relevant portions of this letter are in the VA psychology archive collection in the Archives of the History of American Psychology at the University of Akron.

Miller's first task was to recruit approximately 500 clinical psychology positions that had been authorized for the VA. That number, however, came close to the total number of doctoral clinical psychologists in the entire country that were working in a professional setting at the time. Miller was also critical of the lack of almost any organized curriculum in the universities to train psychologists for clinical work, an observation made by others, and

so he quickly turned his attention to developing a training program that would produce the numbers and quality of psychology staff that he wanted working with veterans.

Although Memorandum Number 2 technically established affiliations only with medical schools for the training of medical residents, Miller decided that Public Law 293 allowed psychology students to be employed as part-time staff with a training assignment in delivering psychological services. Miller was able to convince General Omar Bradley, then Administrator of the VA, of this interpretation, and the basis for the VA psychology training program was established.

1946 also marked the year that the VA decided to adopt the Ph.D. as the credential for employment as a clinical psychologist in the Department of Medicine and Surgery. Earlier in the year, Miller had a group of university psychology consultants working with him in developing the VA psychology program. This included George A. Kelly who General Bradley had appointed the first VA psychology consultant in late 1945 to help develop the VA's new clinical psychology program. Also in Miller's planning group were C. M. Loutit from Ohio State and Lowell Kelly from the University of Michigan.

Miller and his consultants successfully argued that doctorally trained psychologists were able to provide valuable psychotherapy services to patients and noted that psychologists were beginning to seek licensure status in some states permitting independent psychological practice. Miller was also convinced that doctorally trained psychologists with their research skills could conduct important research that would benefit patients. These arguments clearly anticipated the basis for the scientist-practitioner model that came out of the 1949 Boulder Conference. The VA's decision to adopt the Ph.D. as the credential for

VA employment as a clinical psychologist helped establish doctoral training as the journeyman credential for psychological practice in the United States.

The last critical 1946 event involved the recruitment of the first psychology students for the VA training program. Miller had been able to create 225 funded training positions for psychology students for the fall of 1946. As noted earlier, however, Miller was critical of the lack of an appropriate graduate training model in clinical psychology among universities that fit both the clinical and academic training that he was promoting for VA psychologists, and he needed help in identifying universities who provided what he called “complete” training in clinical psychology. The VA had started working on this identification problem in late 1945 when it sent a request to APA for assistance in identifying universities that were training doctoral psychologists for clinical work.

Eventually, APA identified 22 universities they believed appropriate for student recruitment by the VA for the first 1946-47 training year, and some 200 students were selected for that first training class. Subsequent to this initial identification of universities, the VA and the Public Health Service asked APA to develop a process for identifying appropriate graduate schools of psychology from which to recruit students. It is generally acknowledged that this request led APA to develop its accreditation program.

The first VA psychology training positions were allocated among universities identified by APA according to their enrollment capacity. The schools selected candidates and, following almost routine approval, the student was then hired by the VA and detailed to the VA facility nearest to their university.

Students were expected to work part-time in the VA. They were initially hired at one of four levels of hourly rate employment based on their level of academic preparation.

The first and second year appointments were generally what we would regard as practicum training with 3<sup>rd</sup> and 4<sup>th</sup> year appointments devoted to full-time internship training.

In 1963, psychology training positions were converted from part-time employee status to positions supported by special training funds. In 1970 the internship year was officially structured as a 1900 hour training year. The final change in the training program, still in effect, gave the training dollars to VA hospitals rather than universities to select students for training.

In 1952, the VA began developing formal vocational counseling programs in its hospitals. The difficulty in finding appropriately trained counseling psychologists for these programs paralleled the experience that the VA had had of finding appropriately trained clinical psychologists, and a counseling psychology training program was begun in the VA in the fall of 1953 with 55 training positions. The doctoral degree was similarly established as the minimum credential for employment of counseling psychologists in the Department of Medicine and Surgery. By 1968, the VA was annually training 700 psychology students using 71 graduate schools and departments of psychology approved by APA in clinical psychology and 23 schools approved in counseling psychology.

In 1980 with pressures to decrease funding of psychology training programs, the VA began to de-emphasize funded practicum training and instead used most of its psychology training funds to support internship training. Priority for funding of internship programs was also given to those programs with APA accreditation, and this priority provided an important incentive for VA internship training programs to become accredited. Prior to that time there were no clear benefits to the accreditation of VA internship training programs. The internship training program at the Topeka VA had become accredited by

APA in 1974, the first VA to receive this accreditation, but in the fall of 1977, only 13 VA medical centers had independent APA approval of their internships. With the funding priority given to accredited internship programs, only eight years later the number of APA approved VA internship programs had grown from 13 to 84. In 1991, the VA was funding 348 APA approved predoctoral psychology internship positions and represented over one-third of all APA approved internship training programs in the country. 1991 also represented the first year the VA started funding post-doctoral internship training.

The VA in Palo Alto had actually received NIMH post-doctoral training funds for geriatrics in 1983, and the following year a similar NIMH post-doctoral training grant in geriatrics was awarded to the VA in Knoxville, Iowa. VA post-doctoral training programs in substance abuse were first funded at the VAs in Dallas and Seattle for the training year beginning in the fall of 1991. An additional six VA medical centers received VA post-doctoral training funds in geriatrics for the following training year.

The funding of post-doctoral training in 1991 created a problem, however. The VA Office of Academic Affairs required that funding for training in the VA would be restricted to programs that had a national accreditation status, and no such accreditation had been established for post-doctoral training in psychology. This requirement was the focus of conversations with APA starting in the 80s when the VA first started to consider the need for and importance of post-doctoral training. The VA again pushed APA to establish a post-doctoral training accreditation program. The first funded VA post-doctoral training programs were given a waiver by the VA for the national accreditation status requirement with the promise that APA would soon have an accreditation program for post-doctoral training. The VA in San Antonio became the first “legally” funded post-doctoral

psychology training program in the VA in 1999 when it received APA accreditation, the first VA program to be so accredited and the third such accredited post-doctoral training program in the country.

The post-doctoral training program in the VA continued to grow. By 2001, the VA required accreditation of post-doctoral training, or evidence of preparing for accreditation, as a condition for funding. Since 1991, the VA has funded over 300 post-doctoral psychology fellows. For the coming training year, the VA will be funding 359 pre-doctoral internship positions and 73 post-doctoral training positions.

An important legacy of the VA psychology training program can be noted in the fact that in its 60-year history of training, the VA funded approximately 36,000 psychology training appointments. Since the early VA training program permitted multiple year appointments for individuals, myself included, it is estimated that the VA training program helped prepare 25,000 individual clinical and counseling psychologists for clinical, research, and leadership roles in academic, public service, and private practice settings.

### The Research Story

Next I'd like to turn briefly to the VA psychology research story. Less than 10 years after the beginning of the VA psychology program, VA psychologists had distinguished themselves as researchers in looking at psychological support issues in the treatment of tuberculosis and were acknowledged for their general research contributions. In what was then an annual report to the APA convention by the VA, the Deputy Chief Medical Director's 1956 report to convention attendees noted that psychologists were conducting one-third of all research in the VA in both mental health and non mental health research

topics. The VA's annual report to Congress that year indicated that VA psychologists were involved in two-thirds of over 600 mental health research projects.

One of the most important contributions of the VA research program was the development of the cooperative study model in which investigators from a number of different VA hospitals collaborated in studying a research topic. This research strategy reduced regional data differences as well as increased sample size. I'll mention two such early studies involving psychologists.

The first is the Psychiatric Evaluation Program or PEP as it was usually called. Phase I of PEP involved 13 VAs and studied characteristics of hospitals that contributed to successful treatment of psychiatric patients with particular attention paid to the impact of treatment units of small size. Data collection began in 1956 with Richard Jenkins, a VA Central Office psychiatrist, serving as project director. Psychologist Lee Gurel became the executive officer of PEP a year later and, in 1961, assumed the role of Director of PEP. Dewey Jacobs, another psychologist, then assumed the executive officer role.

Phase II of PEP began in 1960 to study factors affecting employment. This latter phase was officially titled "Restoration of the Mentally Ill to the World of Work." This phase was commissioned by VA Chief Medical Director in response to a request from the President's Committee on Employment of the Physically Handicapped.

The second cooperative study I'll mention is that of the Psychopharmacology Cooperative Study which started data collection in 1958 to look at the new medications being used in treatment of schizophrenia. Even though the first of these studies focused on the use of the new phenothiazines in treatment with psychiatrists as subject matter experts, psychologists held leadership roles using their research design and statistical analysis skills

and directed the studies. Psychologist Jack Lasky served as the first director of the VA cooperative drug studies followed by psychologist Jim Klett.

It can also be noted that the VA's cooperative research model later influenced some of the large scale research funded by NIMH.

The early VA psychology research programs also gave psychology students a rich source of dissertation topics and likely added VA treatment and research information to the university classroom. Jack Lasky observed that academic psychologists were not always well trained or familiar with treatment issues of what we now call the seriously mentally ill patient. By visiting the VA's where their students were being trained, university consultants learned from their visits what their students were doing in treatment and research, most likely adding information and benefiting students in the consultant's classroom lectures.

The university affiliation became an important vehicle for the interaction between universities and the VA in both research and treatment programming and forged an important link between the academic community and the VA practice community. While at Northwestern University, for example, Janet Taylor Spence served as a research consultant to the early psychology cooperative studies in tuberculosis.

As Wade and I develop the book chapters on VA psychology research, the scope and nature of VA research contributions presents us the challenge of deciding what to include and in what depth. Among our choices are Maurice Lorr's research in developing treatment assessment scales, Kelly's work in developing criteria for selection of candidates for training in psychology, the development of neuropsychological assessment by the east and west coast VA neuropsychological research laboratories, the pioneering work of VA psychologists researching and developing geriatric treatment programs as well as treatment

programs in PTSD and substance abuse, and the specialty field work of VA psychologists in such areas as EEG and cortical functioning activity. This is just a sampling of the scope of VA psychology research programs that over the years contributed basic and applied research knowledge that others then built upon.

### The Treatment Story

Moving to the VA psychology story in building treatment programs, I am struck with similar problems in deciding on what to focus. In the middle 40s to early 50s, the treatment story is characterized by a great urgency to hire enough psychologists and other providers to develop treatment programs to meet the health care needs of large numbers of veterans. In this urgency environment, psychologists helped develop and were key staff in the many mental hygiene clinics used to provide outpatient mental health services to veterans that were credited for reducing the need for hospitalization. Day and night hospitals, work rehabilitation programs, token economy and attitude therapy programs, and other treatment programs grew out of this urgency.

I will use my platform today to describe what I believe was one of the more unique treatment programs for psychiatric patients developed by psychologists in the VA that was based on the use of the skills and information from a perhaps surprising, non-traditional professional practice community—that of organizational development and I/O psychology.

In the early 60s, organizational consultants were beginning to use experiential learning as planned interventions for organizational change. Based at the University of Texas, Robert Blake additionally began pulling trainers out of organizational learning groups and substituted instrumented data for participants to do their own processing. Blake and his colleague Jane Mouton started arguing for the use of these training techniques with

other populations. Following a management training visit to the Houston VA by Blake and Mouton, Robert Morton, Chief of Psychology at Houston, was able to convince Lee Cady, then Director of the Houston VA, of the potential usefulness of these techniques as a treatment approach for psychiatric patients. Cady turned over a 30 bed treatment unit to psychology to be used to develop this treatment approach. Initially directed by Morton and Dale Johnson, a Houston VA staff psychologist at the time, the program was started with VA Central Office funding in 1961.

The program was turned over to psychologist Phil Hanson in 1964 who, in addition to further developing the program, helped transport the program to other VAs and non-VAs. Called the Human Interaction Training Laboratory, the treatment unit used Blake's strategy of using leaderless treatment groups of patients who were given responsibility for their own treatment using psychosocial and interpersonal instrument data to focus their group treatment activities. Staff served primarily as consultants to the treatment groups. Giving patients a major responsibility for their treatment, and its success, rather than being passive recipients of treatment provided by staff, was an important aspect of the Human Interaction Training Laboratory, pre-dating the philosophy of many of the psychosocial treatment programs being developed in the VA today. The data produced by patients in the program were used to both monitor and direct program changes and, equally important, provided outcome data for research studies. The program was acknowledged by the National Training Lab and Institute of Applied Behavioral Science for its innovations in use of the training methodology as a patient treatment approach, and the first two publications on the treatment program appeared in the Journal of Applied Behavioral Science.

My inclusion in the VA psychology history of the Human Interaction Training Laboratory and its successes in experiential learning methodology is also based on its subsequent attention by VA Central Office as a way for dealing with some system concerns. In the late 60s the VA was receiving large numbers of complaints from patients who described clerks and first-contact employees as rude. Cecil Peck, then Chief Psychologist for the VA, began discussions with Phil Hanson and Sid Cleveland, Chief of Psychology at the Houston VA, about the possibility of developing a training program for VA employees using experiential training techniques to change the behavior of VA employees towards patients. Peck asked Hanson to attend a meeting in Washington that was also attended by Ralph Fingar and Roy Brener, two prominent VA chiefs of psychology at the time, and a pilot training program was developed for 13 VA hospitals. The success of the pilot convinced the VA to implement this program in all of its hospitals.

Hanson put together a team to design and implement this national employee training program. With three other Houston VA staff psychologists, including myself, and two non-VA training experts, a training schedule was developed along with a training manual. A training-of-trainers program was begun that eventually trained over 200 psychologists and other staff to conduct the training program. The program was initially called Training in Individual and Group Effectiveness, or TIGE. A footnote to this story was Sid Cleveland's half-serious suggestion that we add an "r" word to the program title so we could call the program TIGER. We added "resourcefulness" and the program was henceforth affectionately known as the TIGER program.

In what was arguably the largest OD effort to date to change the culture in a system, over 40,000 VA employees were eventually trained by the TIGER program. Built into the

program was Central Office funding and staffing to evaluate the program that demonstrated its successes. In later years, Cecil Peck wrote me that many influential hospital directors in the VA reported to him that the TIGER program was the most successful and influential training program improving the care climate for VA patients ever undertaken.

The urgency to develop treatment programs in the VA and recruit psychologists for this task eventually led the VA to become the largest employer of psychologists in the world, a distinction it still holds today. Only 10 years after the start of the VA psychology program, the VA employed 20% of all doctoral clinical or counseling psychologists in the nation who met the VA's qualification standards, i.e., had both the doctorate and internship. Today, over 1400 doctoral psychologists work for the VA.

#### Summary

Over the last hour I have tried to share with you a brief glimpse into the contributions of VA psychologists to the development of American psychology since WWII. The training, research, and treatment stories of VA psychology's contributions is a set of stories I am enjoying putting together for the book.

#### Closing.....

In closing, I wish to thank APA and the practice community for this award. It is a unique affirmation that my work in the VA for almost 40 years had value to the profession as well as provided an important service to our nation's veterans. I also want to thank some people for their guidance and support during my career that allowed me to even be considered for this award. There were many, and I will protect myself from embarrassing omissions by sticking with a short list.

After moving to the University of Arizona for my doctoral education in clinical psychology, I met George Hohmann who was Chief of Psychology at the VA in Tucson where I did the my first practicum in 1964. George, a WWII spinal cord injured veteran himself, used the G. I. Bill to get his doctorate, became a nationally known consultant in spinal cord injury treatment programs, and gave me my appreciation of the rewards of working with veterans.

Sid Cleveland, Chief of Psychology at the Houston VA and one of the grand statesmen of VA psychology in the 60s and 70s, gave me my first clinical job after completing my doctorate and internship. I learned many lessons from Sid that I was able to use later as a chief, and he gave me my opportunity to get involved in the TIGER program that gave me national exposure in the VA.

While at Houston I met and worked with Phil Hanson and, with Phil as a mentor, I developed skills in instrumented and interactive workshop training and workshop design...skills on which I drew heavily in my career.

My involvement in TIGER and other national VA psychology projects also resulted in meeting Cecil Peck, Charlie Stenger, and Jack Davis who were key psychology leaders in VA Central Office in the 70s. They oversaw the maturation years of VA psychology and gave me an appreciation of the big picture in the VA, as well as national psychology issues, that eventually led to my interest and role in APA governance over the years. The learning environment for those lessons from Cecil, Charlie, and Jack ranged from infamous cocktail lunches at the Bull and Bear restaurant a block away from VA Central Office to late night discussion sessions at APA or national VA meetings.

Throughout my years as a VA Chief of Psychology I worked with many dedicated, creative, hard-working, and talented chiefs of psychology working to help veterans. My fondest memories are those of Phil Laughlin at Knoxville, Orv Lips at North Chicago, Ken Klauk at Milwaukee, and Ed Nightingale at Minneapolis as we worked together in developing the annual psychology chiefs training program started in 1983. We worked hard in a labor of love and learned with our students how to make things happen in the VA (notwithstanding references to us as the mid-west Mafia.)

Next to last on my short list of those who made me look good over the years is the staff that have worked for me, including Patsy Gomez, my secretary of many years. It was my staff with Steve Holliday as Training Director that developed the first accredited post-doctoral psychology training program in the VA and the third accredited post-doctoral program in the nation. It was my staff who took good care of patients, developed treatment and research programs, gave psychology a good name in the medical center, and allowed me to spend some time on the projects for which I am receiving recognition.

The fact that I can literally credit my staff for this award is that with the covert leadership of Steve Getsinger on my staff, it was my staff that nominated me for this award. It might have been the only secret they were able to keep from me for 9 months. (Of course, now I wonder what else they were able to keep from me!)

I've saved the most important person contributing to my career's success to last. I know you have heard the expression that behind every successful man is a woman. Now I'm not going to stress the successful man portion of that expression, but I am going to give credit to Karen, my wife of 41 years, as a contributor to my success. Sometimes behind me, sometimes in front of me, but always alongside of me, she has listened to my griefs and

tribulations as well as successes over the years. She has served as a sounding board, a confidant, an advisor, a cheerleader, and, as our daughters and sons-in-law can tell you, someone who makes sure we don't get too big a head for our successes. Would you please stand, Karen, for the recognition you deserve in helping me receive this award.

Thank you.