

It Takes an Act of Congress or Does It? Naming Practices of VA Facilities

ALICE CROSETTO AND THOMAS ATWOOD

University Libraries, The University of Toledo, Toledo, USA

The Veterans Health Administration, a division under the US Department of Veterans Affairs, oversees more than 1700 healthcare facilities that provide support for more than eight million veterans annually. These facilities, grouped under geographically organized networks, have 89 named after individuals. This research examines why these individuals have been honored. This study also examines the legislation involved in naming the facilities and the other means by which Veterans Affairs healthcare facilities have been named. Since veterans' healthcare is under scrutiny, an investigation into the naming practices, the relationship between the Veterans Health Administration and Congress, and those who strongly advocate naming facilities may provide insight into the manner in which veterans are honored.

KEYWORDS: veterans, medical facilities, Act of Congress, Veterans Health Administration, public laws.

Introduction

The Veterans Health Administration (VHA), a subdivision of the Department of Veterans Affairs (VA) under the jurisdiction of the US government, currently oversees more than 1700 medical facilities that provide essential healthcare to over eight million veterans annually (US Department of Veterans Affairs. “Veterans Health Administration”). These facilities, located in each of the 50 states as well as US territories and supervised within 18 Veterans Integrated Service Networks (VISN), comprise a wide range of medical facilities such as medical centers, outpatient clinics, and community-based outpatient clinics. The majority of the VISNs and the individual medical facilities are identified by geographic nomenclature; however, very few of the individual facilities have been named after individuals. An examination of the named medical facilities will reveal: who are these honored individuals, why have they been honored, and how did such honor occur? Evaluating how VA medical facilities have been named allows individual interpretation regarding what American society and its government value.

Literature review

While no formal academic literature on the naming of VA facilities exists, some documentation about this practice from the US Department of Veterans Affairs is available (Turtill n.d.) as well as the official facility naming rules (US Congress, House, Committee on Veterans' Affairs. "Rules of the Committee on Veterans' Affairs").

Oddly for such an honorable recognition, much of what one can find comes from occasional columns in newspapers (Brown 2013; Moran 2013; The Daily Gazette 2014; Walton 2014; Roeder 2014a, 2015b; Mestas 2016) and brief mentions in a variety of business (Brehmer 2015), health (Optometry Times 2012, 8), military (Air Force Times 2015, 24), and other trade publications (American Indian Report 2005, 9). Though limited, the existing literature illustrates the process of how facilities are named, needing "congressional legislation and the presidential signature" and documents the personal history and service of those for whom they are named (Panaritis 2015). However, it also exposes several nuances surrounding this naming practice. Peter Roper's (2013a) November article in *The Pueblo Chieftain* outlines the required criteria:

According to Congress, the clinic only can be named for someone who is deceased and also one of the following: A Medal of Honor recipient or someone who otherwise performed military service of an extraordinary or distinguished nature. A member of Congress associated with the facility to be named. A veteran who was instrumental in the construction or operation of the clinic. A top military or civilian official in the Defense Department or VA. An individual who performed outstanding service for veterans.

While these criteria are also reiterated in his December publication (2013b), Hank Rowland's (2010, author emphasis) column in *The New Brunswick* ends quoting a spokeswoman from a VA Hospital who comments that "usually medical centers are named after people, *but not so much the clinics*" making a distinction as to what types of facilities are eligible to be named. If "it is a congressional process to name a VA clinic or hospital", one would assume that this clearly prescribed naming practice would be followed as it is public law (Fakour 2011).

The literature also exposes other issues relating to timing (Essex 2007; Roeder 2014c), and bipartisanship naming delays. Joe Pinchot (2007), in his column in *The Herald* discussing a particular naming bill, writes: "one possible procedural stumbling block is a committee policy that says the committee will not consider renaming requests unless the person to be honored served for at least 25 years in the military or as a government employee, and received the Congressional Medal of Honor", which adds additional requirements to the aforementioned naming criteria. His article goes on to state that "clinics have been named for people who do not meet that criteria" and "those rules are totally B[ull]S[hit]".

Background

Healthcare is provided to veterans at VA healthcare facilities and at domestic and overseas facilities administered by the US military. Although some of these are named, e.g. Walter Reed National Military Center (Army) and the Mike O'Callaghan Federal Medical Center (Air Force), for this study, only VA facilities have been examined. Medical treatment for soldiers at the point of need has existed as early as Classical times; however,

establishing facilities that service the medical needs of veterans is a relatively modern concept. Little evidence exists for the government providing medical care for post-conflict soldiers (i.e. veterans) until the Plymouth Colony. Disabled veterans who served during the Revolutionary War were provided pensions per the Continental Congress of 1776. Throughout the nineteenth century, the federal government expanded healthcare benefits to veterans as well as to widows and dependents (US Department of Veteran Affairs. “History – VA History”). Due to the high number of Civil War veterans and casualties, Congress opened national cemeteries, established pensions, and constructed health-care facilities. Established in 1865, the National Home for Disabled Volunteer Soldiers became the first facility to provide convalescent care for veterans (US Department of Veteran Affairs. “VA History in Brief”). The twentieth century witnessed additional facilities constructed serving the needs of not only Civil War veterans, but also veterans from the Indian Wars and the Spanish-American War. By 1918, millions of World War I veterans joined their fellow veterans from America’s previous wars in being provided medical support and healthcare benefits. When the federal government responded by restructuring the existing agencies, increasing benefits, and establishing additional medical facilities, the practice of naming facilities for veterans commenced (Corzine 1951).

Methodology

An examination of VA medical facilities listed on the VA website (www.va.gov) was conducted in order to identify named VA medical facilities. Few websites provide information regarding the honored individual. Internet searches were conducted for obtaining background information about the individual as well as the reason for the naming. Knowing that VA medical facilities are administered by Congress, the authors turned to readily available online resources, e.g. the Congressional Record (CR), the Final House Calendar, etc. The CR, published by the Government Printing Office (GPO) since 1873, would identify which member of Congress sponsored the legislation, the legislative time frame, and the specific reasons for such honor (US Congress. “About the Congressional Record”). When no Congressional legislative documentation could be found for 10 of the facilities, the authors contacted the individual facilities. Finally, for the remaining few for which no official documentation or anecdotal evidence exists, the Veterans Health Administration in Washington, DC was contacted.

Findings

Early research revealed that it was necessary to divide the data and subsequent analyses into two foci: first, the individuals after whom the facilities were named; and second, the authorizing means by which the naming occurred. For background purposes, the hierarchical structure of the VA medical facilities themselves is provided.

VA structure

VA medical facilities are administered under 18 Veterans Integrated Service Networks (VISN). During the authors’ research, the 22 VISNs underwent significant restructuring that included the integration of neighboring networks and the shifting of specific

facilities from one network to another. For example, VISN 13 and VISN 14 were combined into VISN 23, and the facilities in VISN 18 were moved to neighboring networks. Most of the VISNs are named with appropriate geographic nomenclature such as VA New England Healthcare System, and Rocky Mountain Network. The restructuring has impacted previous geographic distinctions; for example, VISN 10, previously named VA Healthcare System of Ohio, is now VA Healthcare System since adding Michigan and Indiana. The authors have concluded that the renaming of the VISNs have had no bearing on the naming of the individual facilities.

VA medical facilities: the individuals

A total of 98 facilities have been named after individuals as follows: 62 of the 138 VA Medical Centers; 13 of the 178 Outpatient Clinics; 20 of the 756 Community Based Outpatient Clinics; and 1 of the 323 Vet Centers. One hospital and one telehealth clinic have also been named. Two facilities have double names: the Colmery-O'Neil VA Medical Center (Topeka) and the Mann-Grandstaff VA Medical Center (Spokane). For the purpose of the research regarding the facility, each facility has been counted only once; however, for the purpose of the research regarding the individuals, each individual has been counted separately. Two individuals, Jack C. Montgomery (Oklahoma) and James A. Haley (Florida), have two named facilities, each established as outgrowths of the original facility. Since these facilities have distinct locations, the facilities and individuals have been counted separately. Therefore, for this part of the study, 98 individuals have been examined. Appropriate qualifier categories were established in order to identify specific particulars about the individuals. Each individual was coded by the following five categories: 1) Veteran status; 2) Military branch; 3) Military service; 4) Gender; and 5) Reason for naming.

Veteran status

An examination of the 98 individuals reveals: 91 veterans; one president; one donor; and five members of the House of Representatives. Thirty of the 35 Representatives were veterans and four veterans served in both the House of Representatives and the Senate. One served in a state legislature.

Military branch

The 91 veterans served in the four branches of the US Armed Forces as follows: 60 in the Army; 17 in the Navy; 12 in the Marines; and two in the Air Force. Individuals who served in several branches were placed in the branch in which the major service occurred. For example, George E. Wahlen served in both the Navy and Army but is placed in the Navy count because he was awarded the Medal of Honor for heroism while serving in the Navy during World War II. Individuals who served in a Reserve component of an active-duty branch of the military were included in the corresponding active-duty branch. Hunter Holmes McGuire, MD, who served in the Confederate Army, is counted as Army.

Military service

Individuals who served in more than one military operation are placed in the first military action, such as Jonathan M. Wainwright IV who saw active duty in both World Wars is included in World War I. Military service for the 91 veterans is as follows: one in the Civil War; 17 in World War I; 43 in World War II; six in the Korean War; 17 in the Vietnam War; and one individual served during Operation Iraqi Freedom. Six individuals served in active-duty branches between officially designated conflicts.

Gender

Ninety-five males and three females have been honored.

Reasons for naming

Identifying the reason was easily ascertained for some, and for others, assumed by the authors based on the individual's association with the military and veterans. For most individuals, a detailed account of the individual's qualifications was recorded when the Member of Congress proposed the legislation. For some, the title of the public law contains a brief reference. The following 11 categories were discovered: 9/11 victims, citizen advocates, army career, congressional advocates in House, congressional advocates in both the House and Senate, distinguished military service designated as heroism, career in US government, military casualties, US president, and US Department of Veterans Affairs career. The final category consists of only one, Hunter Holmes McGuire, MD, as mentioned above, who distinguished himself as a field surgeon for the Confederate Army. Although some individuals qualified in several of the categories, each name was identified in only one of the categories. Based on the individual's particulars, the authors selected the category considered most appropriate. For example, although President Dwight D. Eisenhower had a distinguished military career during World War II, the authors determined that being the US president was the reason that a VAMC was named.

The breakdown of the 11 categories is:

- 9/11 victims 2
- Citizen advocates 14
- Army career 3
- Congressional (House) advocates 34
- Government career 2
- Distinguished military service designated as heroism 11
- Congressional (House and Senate) advocates 4
- Military casualties 18
- Field surgeon 1
- President 3
- US Department of Veterans Affairs career 6

VA medical facilities: legislation and public law

Since the prevailing understanding is that only Congress has the authority to name federal facilities, such as federal court houses and post offices, the naming process itself revealed clear patterns and a chronological portrait of the naming's impetus and process. Sixty-one public laws authorized the naming of the 90 current VA medical facilities with the House of Representatives initiating 43 bills compared to 17 initiated by Senators. Only one was named by a joint resolution, the Franklin Delano Roosevelt Campus (Hudson Valley). For 17 of the public laws, the naming proposal was one of numerous agenda items within bills providing specific support for veterans, such as the Department of Veterans Nurse Pay Act of 1990 and the Dignified Burial and Other Veterans Benefits Improvement Act of 2012. The remaining 44 public laws singularly named the facility as is reflected in the bill's name, e.g. A bill to designate the Department of Veterans Affairs Medical Center in Albany as the "Samuel S. Stratton Department of Veterans Affairs Medical Center". Legislators from the same state as the honoree represent 90% of these singular public laws and sponsored only three of the multiple agenda bills. Other means were discovered by which VA medical facilities acquired names: the Hunter Homes McGuire VAMC acquired its name in the mid-1940s when the facility was re-deeded; three facilities were so named by presidents; and six facilities were presumed to be named by the authority of the Department of VA since no federal legislative documentation could be located and correspondence with VA officials confirmed this conclusion.

Chronology

The timeframe of the public laws reveals that there is a 25-year gap between the first public law of a current VA medical facility and the second, or in congressional terms, a lapse of 12 sessions of Congress. Although not by a public law, the earliest naming of a current facility occurred during Congress Session 67 when President Harding authorized that the Chicago Public Health Hospital No. 76 be named in honor of Edward Hines, Jr, who had died during World War I and whose father stipulated such at the time of the land donation (US Department of Veteran Affairs. "Edward Hines, Jr. VA Hospital"). Before the end of World War II, on 29 June 1945, the 79th Congress designated the medical facility in Sioux Falls as the Royal C. Johnson Veterans Memorial Medical Center and shortly after the war's end, on 2 September 1945, the same Congress passed a bill "that the proposed Veterans' Administration hospital at Crugers-on-Hudson, near Peekskill shall be known and designated on the public records as the 'Franklin Delano Roosevelt Hospital'" (Carmel, "Public law 189"). During the 81st Congress, President Truman designated the Missouri John Cochran VAMC at the groundbreaking ceremony. No existing VA facility was named until twenty years later, when Congress designated the facility in Bonham, Texas as the Sam Rayburn Memorial Veterans Center. Beginning with the 91st Congress, every subsequent session has passed at least one public law naming a VA medical facility with the exception of the 103rd Congress. Identifying any factors or drawing any conclusions that prompted this anomaly would be considered a spurious correlation as would an attempt to explain why, for the 10 VA facilities named during the 101st Congress, only five were named by public law and the other five were named by the VA Administration. Another anomaly beyond the scope of this research is why the 110th Congress passed 11 public laws naming the same number of facilities.

Discussion

In analyzing both the honored individuals and the authorizing process, the authors expected to reveal societal tendencies in relation to the five assigned categories.

1) Veteran status

Almost 93% of the facilities are named in honor of veterans. Considering these facilities provide healthcare to veterans, this percentage is appropriate and expected. A veteran is honored and veterans themselves may be more willing to utilize a healthcare facility so named. Although not veterans, the remaining seven honored individuals contributed significantly, politically or financially, to the growth and support of the military as well as to veterans.

2) Military branch

The breakdown of military branches mirrors the current number of the veteran population for Army and Navy. While the Air Force does have a four percentage lead over the Marines, eight facilities have honored Marines, compared to only two for Air Force veterans. The authors believe that this number difference results not from the importance of the military branch, but from the reason for the naming honor. Three Marines served in the House and five Marines were killed in action compared to one Air Force veteran serving in the House and one designated a non-casualty hero.

3) Military service

No attempt has been made to qualify the importance of America's wars. Using statistics obtained from the VA, comparing the number of service members from wars beginning with World War I to the Vietnam War to the military service of those after whom the medical facilities are named reveals an expected correlation in only one area. World War II leads the list in both the number of total American service members and named facilities. World War I and the Vietnam War have equally named facilities although there were twice as many service members in the Vietnam War as there were in World War I. The Korean War ranked second to World War II in the number who served, but last in its service members having facilities named after them (US Department of Veteran Affairs. "America's Wars").

4) Gender

Since military conflicts have predominantly been the purview of the male population, understandably the named facilities reflect this. The three honored females include: one advocate who served in the House of Representatives; a private citizen who provided funding to establish a veterans village; and an Army nurse killed in action during World War II.

5) Reason for the naming honor

Identifying the reason for the naming honor was obtained for the majority. A review distinctly illustrated that members of Congress who are veterans are most likely honored. In a distant second are military casualties, followed closely by citizen advocates, many of whom are veterans, and individuals with distinguished military service. Although representing only 25%, the remaining reasons are noteworthy, particularly veterans who were 9/11 victims.

Although ethnicity and race were not identified, it is worth noting facilities that have honored African Americans veterans such as the Jesse Brown VAMC (Chicago), First Americans Ernest Childers of the Muscogee (Creek) Nation (Tulsa), and Jack C. Montgomery of the Cherokee Nation (Muskogee, Oklahoma).

The second focus of this study evolved while researching the honorees. In their 2009 Congressional Research Service (CRS) Report for Congress, Kosar and Hairston provided a brief history of the naming of post offices during the 106th through 110th Congresses. This publication provides insight into the naming of facilities regulated by Congress (United States Congressional Research Service. “Naming Post Office through Legislation”). Although no similar federal documentation was discovered regarding VA healthcare facilities, subsequent correspondence with the VHA indicates that congressional approval is required for naming medical centers only, while lesser medical facilities can be named or renamed by the authority of the VA Administration. However, exceptions occur such as the Eugene J. Towbin Healthcare Center, North Little Rock, Arkansas, identified as a VA medical center, for which no corresponding public law could be identified.

While researching the legislation, the authors noted that a detailed explanation was provided for honoring a particular individual. During the bill’s proposal, all pertinent information is provided, thus allowing members to agree or disagree. The proposal is then forwarded to the appropriate House of Representatives or Senate Committee on Veterans Affairs. Once voted upon by both Houses, the bill is then forwarded to the President for signing into public law. However, strict adherence to public law policies does not guarantee that the facility’s name or even the facility itself will be maintained ad perpetuum. For example, on 23 October 1992, PL 102-449 designated the VA medical center in Marlin, Texas, as the Thomas T. Connally Department of Veterans Affairs Medical Center. Years later the facility closed, used in the wake of the 2005 Hurricanes Katrina and Nita, then in 2007 transformed into a state prison hospital abandoning the name Thomas T. Connally. Proposed legislation does not always reach fruition and may be deferred to other agencies to assess and ascertain whether it proceeds any further. On 14 December 2009, Rep. Harry Teague introduced a bill that “Designates the Department of Veterans Affairs community-based outpatient clinic in Artesia, New Mexico, as the ‘Alejandro Renteria Ruiz Department of Veterans Affairs Clinic’”. This bill was passed by the House, received in the Senate and read twice, then referred to the Committee on Veterans’ Affairs on 12 July 12 2010 – no further action was ever recorded (US Congress. Congressional Record. “House Bill 4307”).

Another example of an unsuccessful proposal is of historical note. On 19 January 1948, during the 80th Congress, Rep. Edith Nourse Rogers, MA, introduced HR 3814 to designate a Veterans Negro hospital at the birthplace of Booker T. Washington, Hale’s Farm, Virginia. HR 3814 passed the House, but failed to move forward. When reintroduced in 1951 by Rep. John D. Rankin, MS, the bill was defeated due to the fact that they already had one hospital for “Negro” veterans built after World War I in Tuskegee, AL (*VA Negro Hospital. “CQ Almanac 1951”*). Rep. Rogers, known as the Angel of Walter Reed Hospital, was honored posthumously with a named hospital in Bedford, MA, due to her advocacy (History, Art & Archives, US House of Representatives. “Rogers, Edith Nourse”).

The following example illustrates the potential fluidity of names when existing medical facilities are acquired. The VA often retired the existing eponym, as in the case of the Crile Veterans Hospital in Cleveland, Ohio which was built by the distinguished Army surgeon and co-founder of the Cleveland Clinic. By 1964, the facility was not only relocated, but its function was also absorbed into the Louis Stokes VA Medical Center, retiring the Crile name (The Encyclopedia of Cleveland History. “Veterans Administration Medical Center”). Attempts were made to identify correlations between the following: the geographical location and the named facility; honorees and the facility type; the year established and the year named; the number of veterans serviced by a facility and a named facility; and the political affiliations of the members proposing legislation and the honorees. Some possible correlations could be identified with further research, provided objective and credible data verifying political motives of presidents, members of Congress, and VA administrators could be found.

Conclusion

The US Department of Veterans Affairs relies on Congress to initiate, through their authority, honoring individuals by having a federal facility bear the name of that individual. An Act of Congress generally names a VA medical facility; however almost 10% were named by some other means. As indicated earlier in the explanation of data, a legislative action does not guarantee that implementation has or will occur. In the process of researching the names of VA medical facilities, the information discovered eventually evolved into an examination of the naming process itself. It was discovered that no documentation exists regarding an overarching congressional naming policy except at committee level; VA facilities have been named without legislation; minimal data regarding honorees is provided on VA websites; and facilities are subjected to being renamed. By identifying the individuals after whom VA medical facilities are named, we are able to infer what qualifications society values for these facilities, and conversely, the value that members of Congress, VA administrators, as well as the President, deem to be of particular importance to their constituents, specifically veterans. The naming of a medical facility is an act of remembrance, an honor, a tribute to those who have and currently serve in the military. It is an acknowledgement of historical significance and appreciation.

Bibliography

- Air Force Times. 2015. Hospital renamed for WWII Hero Doris Miller. 75, no. 34: 24. MasterFILE Premier, EBSCOhost (accessed December 7, 2016).
- American Indian Report. 2005. Muskogee VA hospital to be renamed for American Indian Veteran. 21, no. 11: 9. Bibliography of Native North Americans, EBSCOhost (accessed December 21, 2016).
- Brehmer, Elwood. 2015. Treatment center named for ‘American Sniper’ dedicated. *Alaska Journal of Commerce* (Anchorage, AK), July 29. Regional Business News, EBSCOhost (accessed December 21, 2016).
- Brown, Wesley. 2013. Charlie Norwood’s wife remains supportive of Augusta VA. *The Augusta Chronicle*, (GA), December 27. Newspaper Source, EBSCOhost (accessed November 21, 2016).
- Carmel, Joe. Public law 189. legisworks.org. <https://legisworks.org/congress/79/publaw-189.pdf> (accessed December 9, 2016).
- Corzine, Esther. 1951. *Establishment of Veterans Administration Hospitals and Domiciliaries: A Historical Statement Covering the Development of the Hospital and Domiciliary Program, February 1811 through February 1950*. Washington, DC: United States Veterans Administration.

- Essex, Allen. 2007. Veterans clinic without a name. *Valley Morning Star* (Harlingen, TX), May 02. Newspaper Source, EBSCOhost (accessed December 21, 2016).
- Fakour, Shanessa. 2011. Vets want clinic named. *The Brunswick News*, (GA), April 21. Newspaper Source, EBSCOhost (accessed December 21, 2016).
- History, Art & Archives. U.S. House of Representatives. Rogers, Edith Nourse. history.house.gov. <https://history.house.gov/People/Detail/20569> (accessed January 16, 2017).
- Mestas, Anthony A. 2016. Effort underway to name VA clinic after Dunn. *The Pueblo Chieftain*, (CO), April 15. Newspaper Source, EBSCOhost (accessed December 21, 2016).
- Moran, Robert. 2013. Bills would rename Phila. VA hospital for Medal of Honor recipient. *The Philadelphia Inquirer*, (PA), February 05. Newspaper Source, EBSCOhost (accessed December 7, 2016).
- Optometry Times. 2012. Rehab center named for fallen Army OD. 4, no. 2: 8. Academic Search Complete, EBSCOhost (accessed October 9, 2016).
- Panaritis, Maria. 2015. VA Hospital to be renamed in honor of Vietnam War hero Michael Crescenz. *The Philadelphia Inquirer*, (PA), May 01. Newspaper Source, EBSCOhost (accessed December 21, 2016).
- Pinchot, Joe. 2007. Clinic naming stalled by 'idiocy': Veterans director fumes over delay. *The Herald*, (Sharon, PA), October 06. Newspaper Source, EBSCOhost (accessed December 7, 2016).
- Roeder, Tom. 2014a. New Colorado Springs VA clinic celebrates official opening. *The Gazette*, (Colorado Springs, CO), September 27. Newspaper Source, EBSCOhost (accessed November 2, 2016).
- Roeder, Tom. 2015b. New VA clinic pays tribute to World War II hero from Colorado Springs. *The Gazette*, (Colorado Springs, CO), February 21. Newspaper Source, EBSCOhost (accessed November 2, 2016).
- Roeder, Tom. 2014c. Final step made in naming of VA clinic after Colorado Springs war hero. *The Gazette*, (Colorado Springs, CO), December 05. Newspaper Source, EBSCOhost (accessed November 2, 2016).
- Roper, Peter. 2013a. Brief: New VA clinic needs name. *The Pueblo Chieftain*, (CO), November 08. Newspaper Source, EBSCOhost (accessed October 9, 2016).
- Roper, Peter. 2013b. VA panel wants help in naming new clinic. *The Pueblo Chieftain*, (CO), December 17. Newspaper Source, EBSCOhost (accessed November 2, 2016).
- Rowland, Hank. 2010. Move afoot to name veterans clinic for advocate. *The Brunswick News*, (GA), November 16. Newspaper Source, EBSCOhost (accessed December 7, 2016).
- The Daily Gazette*, (Sterling, IL). 2014. Law signed to name Evans VA Center. December 17. Newspaper Source, EBSCOhost (accessed December 7, 2016).
- The Encyclopedia of Cleveland History. Veterans administration medical center. ech.case.edu. <https://ech.case.edu/cgi/article.pl?id=VAMC> (accessed December 15, 2016).
- Turtill, Robert. N.d. Behind the names. U.S. Department of Veterans Affairs. https://www.va.gov/opa/publications/docs/behind_the_names.pdf (accessed November 2, 2016).
- US Congress. About the congressional record. congress.gov. <https://www.congress.gov/congressional-record/about> (accessed December 15, 2016).
- US Congress. Congressional Record. House bill 4307. congress.gov. <https://www.congress.gov/bill/111th-congress/house-bill/4307> (accessed January 2, 2017).
- US Congress, House, Committee on Veterans' Affairs. Rules of the committee on veterans' affairs, U.S. house of representatives, for the 114th congress. Rule 10: 10-11. congress.gov. <https://www.congress.gov/114/crpt/hrpt879/CRPT-114hrpt879.pdf> (accessed October 4, 2016).
- US Congressional Research Service. Naming post offices through legislation. In (RS21562; March 8, 2011), ed. Kevin R. Kosar and Pamela A. Hairston. Congressional Research Digital Collection. (accessed November 14, 2016).
- US Department of Veteran Affairs. America's wars. va.gov. https://www.va.gov/opa/publications/factsheets/fs_americas_wars.pdf (accessed December 1, 2016).
- US Department of Veteran Affairs. Edward Hines, Jr. VA Hospital. va.gov. https://www.hines.va.gov/about/about_hines.asp (accessed December 1, 2016).
- US Department of Veteran Affairs. History – VA history. va.gov. https://www.va.gov/about_va/vahistory.asp (accessed September 7, 2016).
- US Department of Veteran Affairs. Veterans health administration. va.gov. <https://www.va.gov/health> (accessed September 6, 2016).
- US Department of Veteran Affairs. VA history in brief. Va.gov. https://www.va.gov/opa/publications/archives/docs/history_in_brief.pdf (accessed September 12, 2016).
- "VA negro hospital." CQ Almanac. 1951. 7th ed., 07-296. Washington, DC: Congressional Quarterly, 1952.
- Walton, Lisa. 2014. Brief: Colorado Springs VA clinic to be named after Medal of Honor recipient. *The Gazette*, (Colorado Springs, CO), June 18. Newspaper Source, EBSCOhost (accessed November 2, 2016).

Notes on contributors

Alice Crosetto, Associate Professor, served as the Collection Development Coordinator for University Libraries, The University of Toledo. Her publications focus on collection development and children's literature. Since retirement, she continues her research as well as being involved in the Italian American War Veterans, Inc.

Thomas Atwood is an Associate Professor of Information Literacy for University Libraries, The University of Toledo. His work has appeared in the *Journal of Religious & Theological Information*, *Children's Literature*, and *College & Undergraduate Libraries*. His recent publication on outreach to student veterans appears in *The Journal of Academic Librarianship*.

Correspondence to: Alice Crosetto, 2801 West Bancroft, Toledo, Ohio 43606, MS# 509, USA. Email: alice.crosetto@utoledo.edu