

## Tribute to Marsha Goodwin-Beck, RN-C, MA, MSN

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Throughout her professional career, Marsha Goodwin-Beck worked tirelessly to improve the healthcare of older people, particularly the nation's older veterans. Her death, at age 58, on December 18, 2003, after several months' battle with cancer, left a singular void at the U.S. Department of Veterans Affairs (VA) and in the field of geriatrics. A native of Clinton, Massachusetts (MA), Ms. Goodwin-Beck graduated from St. Elizabeth's Hospital School of Nursing in Brighton, MA. She received a Bachelor of Science degree with a major in Psychology from Boston College, a Master of Arts in Guidance and Counseling from Framingham State College, and a Master of Science in Nursing with minor in Psychology from The Catholic University of America. From 1981 to 1982, the Robert Wood Johnson Foundation funded her as a Primary Care Nurse Practitioner Fellow at the University of Maryland at Baltimore, where she received a certificate as Adult Primary Care Nurse Practitioner. From 1968 to 1976, she taught nursing at St. Elizabeth's Hospital School of Nursing. From 1978 to 1983, she was an Assistant Professor at The Catholic

University of America School of Nursing in Washington, DC. In 1983, Ms. Goodwin-Beck joined VA Central Office in Washington, DC, as an Education Specialist in the Office of Academic Affairs. Within a year, she moved to VA's Office of Geriatrics and Extended Care (now known as the Geriatrics and Extended Care Strategic Healthcare Group), where she held various positions until her assignment as Director of Geriatrics, a position she held from 1989 until her death. In addition, she served as Acting Chief Consultant for Geriatrics and Extended Care from June 1995 to August 1996 and again from August 2001 until January 2003. An active adult nurse practitioner, Ms. Goodwin-Beck maintained for many years, on a volunteer basis, a monthly health clinic at a senior citizens housing complex in Washington, DC. She was previously a consultant to the American Health Care Association, coauthoring an instructional manual on how to be a nursing aide in a nursing home and conducting workshops on quality assurance for staff in nursing homes throughout the United States. Ms. Goodwin-Beck published a number of articles on geriatrics and long-term care issues. Topics ranged widely, with examples including wheelchair use by ambulatory nursing home residents,<sup>1</sup> infection,<sup>2</sup> criteria for geriatric evaluation and management research,<sup>3</sup> the VA's overall system of care for aging veterans,<sup>4</sup> VA dementia care initiatives,<sup>5</sup> and the impact of VA's Geriatric Research, Education and Clinical Centers (GRECCs).<sup>6</sup> Her service to national and local nursing organizations included leadership roles (e.g., President of the DC League for Nursing) and active participation at many levels (e.g., long-standing membership in the National League for Nursing). Ms. Goodwin-Beck's contributions to geriatric organizations were also notable—for the Gerontological Society of America, she served on the Education Committee, and she was recently elected to the Board of Directors of the American Geriatrics Society (one of the few nurses ever to serve on its Board).

Many high-level committees and work groups within VA and in other government agencies and national professional organizations benefited from her expertise and dedication. She was VA's representative to the National Alliance for Caregiving, where she was a founding member and recent Chair of the Board of Directors and for many years she was VA's representative to the Armed Forces Retirement Home Board. She also served on the White House Health Care Reform Task Force's Long-Term Care Workgroup in 1993. Since November 1999, when the Veterans Millennium Health Care and Benefits Act became

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law (Public Law 106–117), she assisted in coordinating the effort to implement the long-term care provisions of the law nationally.

As Director of Geriatrics in VA's Geriatrics and Extended Care Strategic Healthcare Group, Ms. Goodwin-Beck had primary responsibility for a number of clinical geriatric programs, including inpatient and outpatient geriatric evaluation and management programs, geriatric primary care, and the development of new geriatric care models. A major responsibility was the overall administration and management of the VA GRECC program. During her tenure at VA, the number of GRECCs nationwide increased from 10 to the current 21, and through her efforts, the GRECC model was used in the formation of multiple other VA centers of excellence, such as Mental Illness Research, Education and Clinical Centers (MIRECCs) and Parkinson's Disease Research, Education and Clinical Centers (PADRECCs).

In recognition of her many contributions to VA and the nation's older veterans, Ms. Goodwin-Beck received numerous outstanding performance and special achievement awards. In 2003, she received the VA Under Secretary for Health Commendation in appreciation not only of her outstanding performance as Acting Chief Consultant for Geriatrics and Extended Care but also of sustained commitment, leadership, and dedication to excellence in her distinguished service on behalf of our nation's veterans.

No mere recitation of Ms. Goodwin-Beck's numerous responsibilities, accomplishments, and awards can capture the vitality with which she approached her work and her life. Her energy, her enthusiasm, and her dedication were instantly apparent. She believed passionately that older people, particularly older veterans, deserved the best care that our country could provide. She lived that vision and dedicated herself tirelessly to that aim.

Virtually everyone in the geriatrics and gerontology community nationwide knew of Marsha Goodwin-Beck. She was a key "go-to" person at VA; she knew everyone and how to get anything done. Fueled by a catalog-like memory for facts and dates, her breadth and depth of knowledge about the workings of her office, VA, and the federal government in general were exceptional. She often joked that she knew so much because she had served in almost every position in the VA Geriatrics and Extended Care office!

As a thoughtful, creative leader, Ms. Goodwin-Beck was a vital participant in policy-making decisions related to VA's geriatrics and extended care programs, as well as in the day-to-day management decisions. With her vast knowledge and experience, she was an outstanding representative of VA's programs and expertise to professional and academic organizations, other federal agencies, veterans' service organizations, and other stakeholders. She viewed these outreach activities as prime opportunities to strengthen VA's role as a leader and a partner of all these

communities. Her leadership helped shape and direct the expansion of VA's geriatrics and extended care programs, which have grown in number and influence, particularly in the past 10 years. Much as the late Dr. Paul Haber, the VA's first Assistant Chief Medical Director for Geriatrics and Extended Care, may be considered the "father" of VA geriatrics for his seminal role in the 1970s, Ms. Goodwin-Beck may be considered the "mother" of VA geriatrics for her sustained and far-reaching role in the development and support of VA's healthcare initiatives for older veterans.

As everyone knows, Ms. Goodwin-Beck worked long, tiring hours at a job to which she was passionately devoted, but few people knew about her personal life. She was devoted to her family, including her sister Jane, brother Raymond, and niece Tina. She made many long drives to Massachusetts for family holidays and to help care for her aging parents. She married somewhat late in life and took great pride and joy in a loving partnership with her husband Jeffrey, with much love also for her stepchildren Jennifer and Brian. Although work-related reading consumed many hours, she also treasured her long-standing book club participation, and she was a loyal and constant friend to many of us.

In recognition of Ms. Goodwin-Beck's exceptional talents and commitment throughout an outstanding career in VA spanning more than 20 years, the Veterans Health Administration will establish an award in her name to recognize innovations and excellence in interdisciplinary geriatric care. In this way, her work will transcend her own life and continue to influence the lives of VA's future clinical leaders and researchers.

Marsha was one of those rare individuals who would rather light a candle than curse the darkness. She was unfailingly positive and upbeat about work and life, even through her brief but difficult illness. Her glow truly warmed our world. We have lost more than a beloved friend. We have lost an inspiration.

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