

69th Annual  
VA Voluntary Service  
National Advisory  
Committee  
Meeting and  
Conference

April 22-24, 2015  
Albuquerque, NM



*Celebrating 150 Years of Service to Veterans*



# TABLE OF CONTENTS

	Page
Message from the Secretary of Veterans Affairs	2
Message from Veterans Integrated Service Network (VISN) 18 Director	3
Message from New Mexico VA Health Care System (NMVAHCS) Director	4
Veterans Health Administration (VHA) History Feature - 150th Anniversary of VHA's Civil War Origins as the National Home for Disabled Volunteer Soldiers	5-20
2015 VA Voluntary Service (VAVS) National Advisory Committee (NAC) Chairs, Executive Committee (EC) Members , and VAVS EC Subcommittees	21
2015 Meeting and Conference Host and Planners	22
2015 VAVS National Representatives and Deputy National Representatives	23-27
Goals and Objectives 69th VAVS NAC Annual Meeting and Conference	28
2015 NAC Recommendations	29
Hotel Map	29
Registration and General Information	30
69th VAVS NAC Annual Meeting and Conference Daily Agenda	31
Tuesday	31
Wednesday	31
Thursday	32-33
Friday	34-35
Keynote Speaker - Chip Madera, MS, CSP	36
Workshop Descriptions	37
Award Recipients	38
James H. Parke Memorial Scholarship Award Recipients	39
VA Voluntary Service Award for Excellence	40
NAC Male Volunteer of the Year	41
NAC Female Volunteer of the Year	42
VA Voluntary Service American Spirit Awards	43-44

# MESSAGE FROM THE SECRETARY

150th Anniversary of President Abraham Lincoln's Second Inaugural Address

One hundred and fifty years ago on March 4th, 1865, the bloody Civil War was coming to a conclusion, and President Abraham Lincoln took his second oath of office.

The weather preceding President Lincoln's Second Inaugural Address was rainy, windy, and threatening. But as the President prepared to take his place on the steps of the Capitol, the clouds cleared, and the sun shone. One reporter called it "a well accepted omen of the better days just dawning on the country."

In his speech, President Abraham Lincoln gave a wounded Nation a vision for healing, and he charged us to care for those "who shall have borne the battle" and for their families. That clear, broad mission still guides the Department of Veterans Affairs (VA) today. It is the noblest mission supporting the greatest clients of any agency in the country.

We answer that mission every day by living our I CARE Values – by interacting with Veterans and fellow employees with unimpeachable Integrity; by renewing our Commitment to the best outcomes for Veterans; through rigorous Advocacy characterized by profound Respect for those we serve; and by doing all of that with unparalleled Excellence in delivering the world-class benefits and health care that Veterans have earned.

That's really why we've begun our transformation, MyVA. MyVA is a historic, Department-wide transformation making Veterans the center of everything we do. And it may well become the largest restructuring in the Department's history. MyVA is about improving Veterans' experiences, and it includes organizational reforms to unify our work for Veterans.

And it's about improving our employees' experiences – your experiences – and eliminating barriers to providing Veterans timely, quality care and services. We want to focus on our people so we can best serve Veterans. We're going to improve internal support services and enhance our strategic partnerships. And we're establishing a culture of continuous improvement so those of you at the front lines of service can correct problems you identify more immediately. Then, we can replicate your proven solutions across all facilities.

Reorienting us around the needs of Veterans, MyVA will revolutionize our culture and allow us to give every Veteran a seamless, integrated, and responsive customer service experience, every time. And we'll measure our success by the only metric that counts – Veterans' outcomes. MyVA is a product of your heartfelt dedication to the men and women who have served our Nation so selflessly and so honorably.

Our mission, established in President Lincoln's Second Inaugural Address, is carved in stone on the walls of the Lincoln Memorial – and many VA facilities. We should all see that as an enduring emblem of our individual and collective devotion to Veterans and their families.

Thank you for your work, and God bless you all.

Robert McDonald



**Department of Veterans Affairs  
Veterans Integrated Service Network # 18  
335 E. Germann Road, Suite 201  
Gilbert, AZ 85297-2919**

April 6, 2015

Dear Conference Participants:

On behalf of the VISN 18 team, welcome to New Mexico, the Land of Enchantment!

You will find Albuquerque to be an excellent location for sharing fresh ideas and best practices. VISN 18 takes tremendous pride in our volunteers and Veterans Service Organizations because you provide an invaluable service.

Voluntary Service is an integral part of the high-quality care that we provide for our Veterans. You, and the volunteers you represent, play a vital role in our health care program. For example, in FY 14, 5,990 VISN 18 volunteers unselfishly contributed 585,137 volunteer hours in support of our Veterans. I am certain that this dedicated service is happening across the VA system.

VISN 18 covers 352,000 square miles of highly diverse geography across the Southwestern United States. The network service area includes Arizona, New Mexico, the western portion of Texas, as well as bordering counties in Colorado and Oklahoma. Within its vast borders, VISN 18 provides a comprehensive continuum of health care to Veterans via 7 health care systems, 5 hospitals, 6 VA nursing home care units, 3 domiciliaries, and 46 outpatient clinics.

Our region is home to some of America's top military installations, including Fort Bliss, White Sands Missile Range, Kirtland Air Force Base, Cannon Air Force Base, Holloman Air Force Base, Fort Huachuca, Yuma Proving Ground, MCAS Yuma Marine Corps Base, Camp Navajo Army Base, Davis Monthan Air Force Base, Barry M. Goldwater Range Air Force Base, and Luke Air Force Base. Many service members choose to remain in this region following active duty, and it's our job to provide them with the "Best Care Anywhere" when they come through the doors of our VA healthcare facilities.

With our volunteer partners, we are committed to delivering the excellent service that has been earned by our Veterans. I hope this meeting is productive and that your stay in Albuquerque is pleasant and memorable.

Thank you for all that you do in support of Veterans. Welcome to VISN 18!

Sincerely,

A handwritten signature in blue ink that reads "Kathleen R. Fogarty".

Kathleen R. Fogarty  
Acting Network Director



**Department of Veterans Affairs**  
**New Mexico VA Healthcare System**  
1501 San Pedro Drive SE  
Albuquerque NM 87108-5154

April 1, 2015

In Reply Refer To: 501/135

Dear VAVS Volunteers and Staff:

*Bienvenidos!* That is how we say "welcome" here in New Mexico. It is an honor and a privilege to welcome you to the 69<sup>th</sup> Annual VAVS National Advisory Committee Meeting and Conference. The staff and volunteers of the New Mexico VA Health Care System (NMVAHCS) have worked hard to ensure your visit to the "Land of Enchantment" is a memorable one.

The last time we had the honor of hosting the national meeting was in October 1997. An amazing and fun time was had by all. I am certain that this will be your experience nearly 18 years later. I know that you will spend invaluable time over the next few days setting priorities, collaborating and developing future plans toward the VAVS mission. Our staff has worked tirelessly to ensure that you are accommodated so that you can focus on the work at hand and also have a little fun while you are here in beautiful New Mexico.

We greatly appreciate the hard work of the Committee and know that we could not provide the high quality care, service and support for our Veterans without the remarkable service of volunteers throughout the VA, but especially here within the NMVAHCS, and in particular, the Raymond G. Murphy VA Medical Center. Last year, about 1,286 volunteers accounted for more than 115,443 hours of service and \$246,163 in monetary and in-kind donations. This valuable support allows us to fulfill our mission of providing the highest quality care to our Veterans. For this, we are very appreciative of the support of our volunteers.

On behalf of the staff and volunteers of the NMVAHCS, I want to personally thank each of you for your outstanding dedication in service to our Veterans. It is our hope that Albuquerque will provide the perfect setting for you to have a wonderful and productive meeting.

Sincerely,

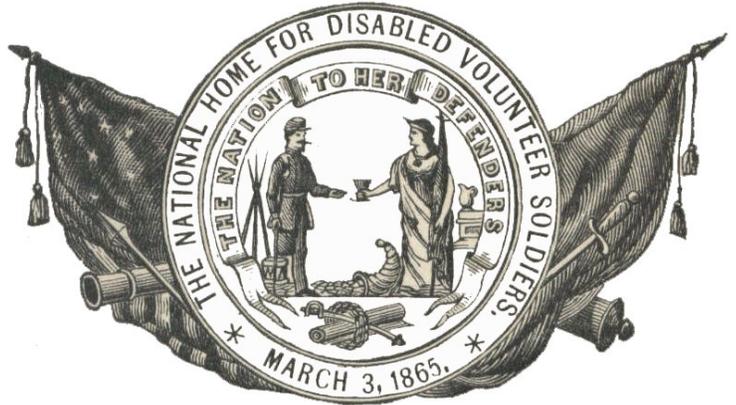
A handwritten signature in blue ink, appearing to read "Andrew Welch", is positioned above the typed name.

Andrew Welch, MHA, FACHE  
Director

# 150th Anniversary of VHA's Civil War Origins as the National Home for Disabled Volunteer Soldiers

## Introduction

America's federal system of Veterans' hospitals and domiciliaries, known today as the U.S. Department of Veterans Affairs, originated as a national soldiers and sailors asylum for Civil War Veterans of the Union military forces. President Abraham Lincoln signed a law on March 3, 1865, the day before his second inauguration, to authorize it. That national asylum was the first government institution in the world established for Veterans of temporary "volunteer" military forces. It evolved over the next 150 years to become the modern health care system that VA is today. VA and its ancestors have provided care for generations of Veterans from every American war.



## Volunteers vs. Regular Forces – Benefits According to Which Force You Served With

In the mid-19th century, the U.S. (Federal) military forces were comprised of two main groups—"Regulars" and "Volunteers."

"Regulars" were America's professional full-time military forces. They were the "lifers," men who made the military their careers, the 24/7 forces of skilled soldiers, sailors, and marines. Regulars signed up for 5-year stints at a time, some had attended military academies, and they were well trained in discipline, chain of command, giving and following orders, rules of war, strategies, and weaponry.

"Volunteers" were temporary forces made up of average citizens who volunteered to serve for short periods or during a war emergency, then returned to their homes and former occupations. "Volunteers" were farmers, factory or railroad workers, students, and such, who had little to no military experience, often had no experience with weapons, and did not adapt to military discipline or that way of life very well. "Regulars" were the permanent, primary forces that the nation depended on at all times for its defense. The American Civil War was won by the Union largely because of the large volume "Volunteer" forces.

## Veterans Benefits before the Civil War

Before the Civil War, there were no standing federal benefits for Veterans of the "volunteer" forces. Congress could grant pensions to anyone at their discretion and occasionally did so to specific groups, regiments, or individuals. "Volunteers" could petition Congress individually for disability pensions, but each case was considered on its own merit and few obtained them. Some Veterans of the volunteer forces received state benefits, but they often relied on family, church, or community charity for support, too.

There was no system of Veterans' hospitals for "volunteer" Veterans. Only two federal Veterans' facilities existed before the Civil War and they were established solely for men of the Regular military forces. The Naval Asylum opened around 1834 in Philadelphia for old, sick, and decrepit honorably discharged men who served in the Regular Navy for a minimum of 20 years. The U.S. Soldiers Home, opened in 1851 in

Washington, D.C., was initially established for honorably discharged Mexican War Veterans who served in the Regular Army for a minimum of 20 years. Each of those facilities accommodated roughly 300 Veterans of the Regular forces and a deduction from active duty servicemen's pay helped fund them. In 1855, Congress authorized an institution for the insane of the Army, Navy, and District of Columbia, that was initially for active duty military members of the Regular forces and D.C. residents. It was known officially as the Government Insane Asylum, but commonly known as St. Elizabeth's.

## **Volunteer Forces Used in Unprecedented Numbers during the Civil War**

When the first shots of the American Civil War were fired at Fort Sumter, South Carolina in mid-April 1861, the U.S. professional military forces - the "Regulars" - were comprised of roughly 1,000 officers and 14,926 enlisted men. Due to settlement of the American West, the U.S. Army's forces were spread out across the continent and not able to quickly regroup on the Southeast seaboard to fight a war. Once Confederate President Jefferson Davis announced his intention to enlist 100,000 men to form his Confederate forces, the U.S. forces knew that they would soon be outnumbered.

The U.S. (Union) forces had no choice but to raise their own corps of temporary "Volunteer" forces if they hoped to win the war and keep the country united as one nation. For the first time in history, in 1862, Congress placed the "Volunteers" on equal footing with "Regulars" as far as federal Veterans' benefits. Over the course of the war, more than 2 million "Volunteers" enlisted in the Union forces meaning that almost every family in the northern states had a relative serving in the war. That meant that nearly every family faced the loss of their primary breadwinner and dealt with disabilities that they didn't know how to take care of. They desperately needed help. By the war's end Congress had established numerous new benefits to reward the Union forces including national cemeteries, prosthetics, a national hospital-home, and preference in hiring for jobs.

## **U.S. Sanitary Commission and the Volunteer Forces**

In 1861 the U.S. military forces were very small and so were their medical departments. They were ill-prepared to coordinate care for thousands of wounded Regular forces at war, much less the millions of men coming to fight in the Volunteer forces, so on June 9, 1861 Congress authorized the U.S. Sanitary Commission to provide support and services to the War Department's medical staff and the volunteer forces. Clara Barton, Walt Whitman (American poet), Frederick Law Olmsted (father of American landscape architecture), and countless other individuals flocked to volunteer their time in service to the U.S. Sanitary Commission and the "boys in blue."

The U.S. Sanitary Commission was a volunteer organization that established hospitals and field offices at key locations, held "sanitary fairs" to raise money for supplies, initiated the first ambulance service, maintained hospital ships and rail cars, kept detailed hospital, medical, and burial records, and touched the lives of virtually every Union soldier during the war. They wrote letters for injured men in the hospitals, helped connect family members with lost loved ones, combed soldiers' hair, read them books, brought them treats, and much more to comfort them.

As the Civil War entered its second year, the number of casualties skyrocketed and more hospitals beds were urgently needed. The U.S. Sanitary Commission recognized a need for transitional places where recovering men who were out of immediate danger could convalesce. Such places freed up vital hospital beds for emergency cases, the newly wounded or dying men. They established a number of what they called "soldiers' homes" for that very purpose. Increasing numbers of volunteer soldiers left the hospitals with amputated limbs and U.S. Sanitary Commission staff soon realized the potential impact that would have on society. The need for "soldiers' homes" during and after the war was certain, but how many and how to proceed was unknown.

## The Perkins Report

In 1862 the U.S. Sanitary Commission undertook a study to determine future options for the tens of thousands of disabled soldiers after the war. They hired Stephen Perkins, Esq., of Boston to visit principal European nations to “study the military pension and invalid system... visiting the more important establishments in which invalid soldiers are maintained, and to report his observations to the Commission, with the conclusions of his judgment in regard to an invalid and pension system for the disabled soldiers of the present war.”

Mr. Perkins’ recommendations were published in the summer of 1863:

- 1) establish a National - not a state - institution for disabled soldiers
- 2) the institution must honor both military and civil life
- 3) every officer and soldier permanently disabled be entitled to a U.S. pension
- 4) set pensions at three rates: maximum, medium, and minimum
- 5) widows & orphans receive half maximum rate
- 6) pensioners be divided into 2 classes-fit or unfit for garrison/military service
- 7) all pensioners have the right for preference in civil service appointments (based on Prussia’s practice of Versorgungs-schein)
- 8) that the U.S. government establish invalid industrial villages with boarding-houses for unmarried men in every state
- 9) that these establishments be under strict military government with a resident pension agent and occupations of various kinds for all invalids to work and be paid for their labor; that the products be used to support the establishment.
- 10) that all pensioners have the right of admission into these hospitals (each within his own state) with two options: abandon his pension and have all care rendered by government OR retain his pension and live there paying his way.

Two camps of thought evolved over what do for disabled soldiers. Reverend Henry Bellows, President of the U.S. Sanitary Commission, favored substantial pensions that allowed Veterans to pay their own way and not depend on government institutions for care. Frederick N. Knapp, Superintendent of Special Relief for the U.S. Sanitary Commission, Mrs. Delphine Baker, and many others favored establishing a Federal institution as part of what was owed to those who fought to preserve the nation.

## A “National Military and Naval Asylum” authorized for U.S. Volunteer Force Veterans

In the fall of 1864 Delphine P. Baker, Ulysses S. Grant, and others met with various Congressmen to urge the creation of a national institution to take care of discharged volunteer soldiers. Senator Henry Wilson of Massachusetts introduced the bill to establish the national institution for disabled Veterans of the Union forces. On March 3, 1865, the day before his second inauguration, President Abraham Lincoln signed the bill into law and authorized “a national military and naval asylum for the relief of the totally disabled officers and men of the volunteer forces of the United States.” The asylum was the first of its kind in the world - the first for Veterans of volunteer forces - and it was the origins of VA’s nationwide system of Veterans’ health care facilities.

The law appointed 100 of America’s leading men, including Union generals, newspaper owners, abolitionists, clergymen, philanthropists, members of the U.S. Sanitary Commission, and more, as incorporators for the new institution. The law stated that the asylum would be managed by a board of 12 directors which included a president, two vice-presidents, and a secretary. Like the earlier asylums for “Regular” forces, it would be

funded by fines, etc., imposed on active duty soldiers and seamen; that a site could be selected; defined who was entitled to its benefits; authorized their ability to accept donations of money or property to benefit the institution, and more.

## 1865 – A Rough First Year

The National Asylum incorporators were eager to get to work but were stopped in their tracks when John Wilkes Booth shot President Lincoln at Ford's Theatre on April 13, 1865. Their first meeting, originally scheduled for April 19, 1865, was cancelled when Lincoln died on the morning of April 14 and rescheduled for a later time.

A few weeks later, on May 9, 1865, Frederick Knapp, Superintendent of Special Relief for the U.S. Sanitary Commission published a lengthy article in *The New York Times* about his vision for the "Sanitaria or Homes for Discharged Disabled Soldiers." He espoused much of the sentiment at the time, just one month after Lee's surrender at Appomattox, stating that "we want to follow no ambitious examples of the Old World... as Americans, we are to show our faith in the healing powers of our republican homes and our republican industries... it will never do for the disabled men of this nation, where the army was made up of those who, when they went into the ranks, left homes which spurned alike dependence and indolent ease," and suggested that the institution "be not merely an asylum, but also a workshop, a school, and a home... to set up a bureau of employment... and as to medical and surgical treatment, not merely to secure average skill and care, but the very highest skill... as opportunity for improvement or recovery."



A second meeting was scheduled for June 7, 1865, at the Smithsonian Institution, but only 11 men showed up with 32 by proxy, so no quorum was met. Secretary Stanton, General Burnside, Surgeon-General Barnes, General Meade, General Howard, Admiral Davis, General Grant, General Butler, General Dix, and President Andrew Johnson were among those present. They made a motion to proceed to create the permanent organization and elect officers, but a question of legality in doing so with so few incorporators present arose, so they sought counsel from the Attorney General and scheduled a later meeting.

Their third meeting was held in the library of the Smithsonian Institution at 12 noon on October 18, 1865 with 23 appearing out of 51 needed for a quorum. The urgency of getting the organization off the ground was clear, so Chief Justice Chase suggested that the group proceed as a provisional body in making by-laws, rules, and regulations while seeking an amendment to the law. They went on to have their most productive meeting of the year and moved forward to consult with Congress to make changes. The lofty idea of having America's top 100 men involved in the creation of such an important institution was ambitious, but in an era when railroad steam engines, stagecoach, or riding horseback were the means of travel, getting 100 men together from across the country on the same date proved impractical. On March 21, 1866, Congress approved a much needed amendment.

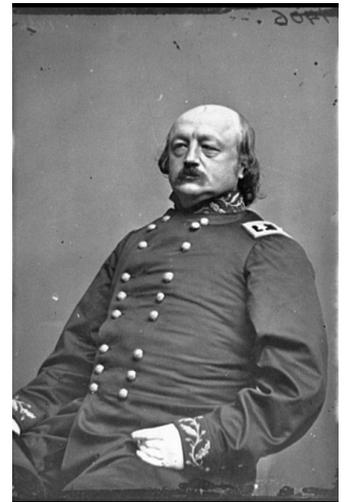
## Drastic Measures Needed – the 1866 Amendment

The March 21, 1866 amendment made a few significant changes to the original law and just in the nick of time. The Freedmen's Bureau and other organizations had growing numbers of former USCT and other Veterans applying for assistance and the nation was counting on the Asylum to provide relief. The amendment eliminated the 100 founding men and placed the organization's decision-making with a board of managers comprised of 12 individuals, which included top government leaders. It clearly defined a quorum: seven managers with one being the board's president and one a vice president. The board of 12 would consist

of the U.S. President, Secretary of War, Chief Justice, selected affiliated associates, and at least 6 citizens from whom the board's president, two vice presidents, and secretary would be selected. The citizen board members could not be former Confederates or those who aided them. The law repealed the naval portion of the original act, authorized an official seal, granted the board of managers the power to provide "outdoor relief" to Veterans, and approved Point Lookout, Maryland, as the site for the asylum once clear title was secured.

## The First Officers

On April 21, 1866, a Joint Resolution of Congress approved nine citizens to serve on the first Board of Managers for the National Asylum. Union General Benjamin F. Butler, of Massachusetts, who gave us the term "contrabands" and gained notoriety for his treatment of Southern women while his forces occupied New Orleans during the Civil War, was elected as the first President. He was one of a handful of others who showed up at every meeting in 1865. Other members of the board appointed were Richard J. Oglesby (IL), Frederick Smyth (NH), Lewis B. Gunckel (OH), Jay Cook (PA), P. Joseph Osterhaus (MO), John H. Martindale (NY), Horatio G. Stebbins (CA), and George H. Walker (WI). These men hit the ground running and within seven months the first National Asylum branch opened.



Gen. Benjamin F. Butler, first president of the National Home for Disabled Volunteer Soldiers

## "Outdoor Relief" – Origins of the National and State Veterans Homes' Relationship

Several states had established their own soldiers' homes during the Civil War well before a national asylum/home was approved. Once the National Home was authorized, some states sought to become part of the federal organization. State homes housed many Veterans while the National Home was under development. Congress instead granted the National Home managers liberal powers to provide "outdoor relief." Outdoor relief came in the form of on-the-spot cash, a temporary place to stay, meals, or anything that the Veteran needed at the time. This meant that the National Home could provide direct relief to Veterans, individually, or they could reimburse state homes at a cost not to exceed the average cost of maintaining a Veteran in a National Home. In 1870 the cost of maintaining a Veteran at the National Homes' Central Branch in Dayton, Ohio, (now Dayton VA Medical Center) was \$160.79 per year.

In 1868 nearly 1,800 disabled Veterans received care in state homes compared to 1,964 at the National Homes. Some state homes allowed wives to live on the grounds while the National Homes did not. On August 27, 1888 Congress formalized the cooperative relationship between the National and State Homes into law, which also gave the National Home the right to inspect state home facilities and report their findings to Congress on an annual basis. By 1890 there were 14 state soldiers while the National Homes had just opened its 7th branch. In 1900 the National Homes had 29,578 Veterans on its rolls while the state homes collectively took care of 16,701 Veterans. Today, VA continues to provide support to state Veterans' homes.

## The Post Fund

The Post Fund was authorized in the original 1865 act so that National Homes could accept donations of money or property from anyone to benefit the institution and the men that it served. Donations to the Post Fund helped fund libraries, including two buildings from Andrew Carnegie, theatre buildings and theatrical shows, musical programs and instruments, and more that contributed to the well-being of National Home residents. Mary Lowell Putnam, sister to American poet James Russell Lowell, donated substantial paintings and books to the National Homes and Horatio Ward bequeathed money that helped build several theatres.

## **A New Name – Asylum to Home**

On January 23, 1873, Congress officially renamed the National Asylum for Disabled Volunteer Soldiers as the National Home for Disabled Volunteer Soldiers. No matter what its official name was, the public called it a variety of names over the years including national military home, soldiers' home, asylum, military asylum, etc. It was the first federal civilian institution in American and the world to provide hospitals, medical care, and other services to the masses of short-time volunteer soldiers.

## **Who was Eligible for the National Home?**

The National Home for Disabled Volunteer Soldiers was created as a debt owed to "volunteers" of the U.S. (Union) forces who fought in the Civil War to preserve the nation as a united country, were injured by their service, and were honorably discharged. This included the first African Americans Veterans, many of them former slaves, who served officially in racially segregated units of the Union forces known as the U.S. Colored Troops.

Although the National Home began as an institution for Union Army Veterans, its use evolved. In 1871 Veterans of the War of 1812 and Mexican War were authorized for admittance and in September 1898 Spanish American War Veterans were approved. Two years later, in 1900, all honorably discharged officers, soldiers, and sailors, including "Regulars," from any war, were eligible.



The first women nurses were hired at the Northwestern Branch in 1890.

National Homes took care of the first World War I Veterans - including women who served as nurses - as new government bureaus charged with providing their care did not have any facilities until after 1919. When all World War I Veterans programs were merged to form the Veterans Bureau in 1921, the National Homes worked collaboratively with them to ensure that Veterans were taken care of. The National Homes were part of the Federal Hospitalization Board which oversaw In 1923 the National Homes authorized the admittance of women nurses who served with the U.S. forces during World War I. The Danville Branch in Illinois was selected to accept the first women Veterans and the Northwestern Branch in Milwaukee provided beds for women nurses with tuberculosis.

## **What about Confederates?**

Veterans of the Confederate military forces were not eligible for admission to the National Homes or to serve on its governing board.

However, former Confederates who changed sides during the war for various reasons - known as "Galvanized Yankees" - were allowed admittance to the National Homes. This was because at some point during the war they had sworn allegiance to the U.S. government and served out the remainder of the war with Union forces until their discharge. That honorable discharge paper showing service for U.S. forces was the key proof needed to allow numerous former Confederates to obtain federal benefits. A March 3, 1877 law clarified that the prohibition of Veterans' benefits to former Confederates in earlier laws "shall not be construed to apply to such persons as afterward voluntarily enlisted in the Army of the United States, and who, while in such service, incurred disability from a wound or injury received or disease contracted in the line of duty." This included former Confederates who later fought in the Spanish American War.

## LIFE AT THE NATIONAL HOMES – Holistic Care for War Veterans

The U.S. Sanitary Commission, which provided key research to support creating a National Home, adopted Florence Nightingale's principals in caring for Union troops during the war. Nightingale practiced and advocated what later became known as holistic nursing care which held the belief that patients required a healthy mental, emotional, physical, and spiritual environment to raise their odds of recovery. This holistic approach was incorporated into the development of the National Homes and carried forward.

In the beginning, most men who entered the National Home had no homes to return to after the war. They were young and single, recent immigrants or freed slaves, some couldn't speak, read, or write English, others had no family to care for them, many had wounds that prevented them from returning to their old jobs, and their futures were not so bright. The National Homes, in their efforts to provide holistic care, created expansive, beautiful campuses which were like college campuses or small towns unto themselves.

Each National Home had a hospital which was typically the largest building on campus, barracks for housing, schools to teach the men to read and write, commissaries, theatres, chapels, libraries, recreation halls, parade fields, rostrums (speaker's stand), monuments, post offices, greenhouses, rail depots, and all had cemeteries to provide final resting places for the men. Some National Homes even had zoos and a majority had hotels on-site.

### Military Order

According to Section 10 of the 1865 founding act, the men at the National Homes, all who were technically civilians, were subject to "the rules and articles of war" and governed as if they were still in the military. Much of the men's time was structured along military lines, but with the Home's purpose not being one of war, only certain aspects of military life were enforced. Most notably, they wore uniforms, held daily Reveille and Taps, were subject to regular inspections, required to bathe weekly, ate in "mess halls," lawbreakers could be court-martialed or locked-up in guardhouses (jail) on the premises, curfews were in place, passes were needed to leave the premises, cleanliness and order were expected. According to Sgt. Henry O. Spaulding of the Eastern Branch (Togus) in 1886, a typical day started at 5:30 a.m. with breakfast held twice at 6 a.m. and 6:45 a.m. At 8:00 a.m., surgeon's call, then work. Lunch held twice at 12 noon and 12:45 p.m., more work, dinner held twice at 5:15 p.m. and 6 p.m., 9:00 p.m. tattoo, and 9:30 p.m. taps. All were required to be in their quarters by 9:00 p.m.

Tranquil Settings - The holistic approach to Veterans care included surrounding the Veterans with nature and beauty to calm their nerves. Welcoming, yet therapeutic, environments were created for them to live in. This was reflected in the beautiful architecture, pastoral and decorative landscaping, walkways, paths, and calming water features such as lakes or ponds at each home. Each

### 1870 Snapshot of Men Living at the National Home

On December 1, 1870, the National Home for Disabled Volunteer Soldiers was taking care of 4,194 Veterans of whom 451 were temporarily housed at the Philadelphia Soldiers Home.

59 men - under 20 years old

1,502 men - 20-30 years old

1,651 men - 30-50 years old

406 men - over 50 years old

1,065 were married &  
2,553 were unmarried

1,455 were American-born  
& 2,163 were foreign born

151 served in U.S. Regular  
forces, 37 in the Navy, &  
3,413 were from the U.S.  
Volunteer forces

8 had lost both limbs

5 lost both legs

2 lost an arm and a leg

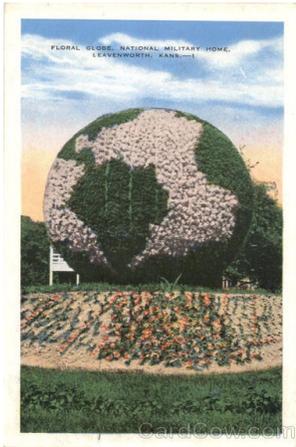
309 lost one arm

388 lost a leg

1,245 suffered other  
wounds

113 were blind

48 were insane from  
suffering abuses in  
Confederate prisons



Home had a greenhouse for propagating plants and flowers. Talented landscape architects and gardeners from among the men living at the Homes put their personal touches in the landscapes. Two National Homes - the Western Branch (Leavenworth) and Northwestern Branch (Milwaukee) - had unique floral globes similar to one designed by Frederick Law Olmsted in Chicago. The Central Branch (Dayton) was so beautiful that it was a popular tourist destination, attracted thousands of visitors every year.

Hospitals and Top-notch Medical Care - A majority of Veterans had disabilities that required good medical care, so Surgeons were among the first officers appointed. Initially, National Home surgeons were former Union Army surgeons of the Civil War. Surgeons oversaw hospital operations and prescribed dietary fare for hospitalized patients at each home. Dr. Erastus B. Wolcott - the first surgeon in America to perform a kidney operation - was one of the early National Home surgeons. National Home hospitals had dietary kitchens, dispensaries, and convalescent wards; some had special wards for psychiatric or tuberculosis patients. In November 1883, the first conference of National Home surgeons was held at the Central Branch in Dayton at which time they recommended new equipment and materials to have on hand, sought to develop standard medical reference books for each home, standardized forms and statistics they wished to collect, and suggested having a conference for Home surgeons every two years. After 1900, as the Civil War Veteran population aged, the requirement for Surgeons to be Union Veterans was changed; the requirement only that they served in U.S. forces. In 1890 the first women nurses (civilians) were employed at the Northwestern Branch in Milwaukee and the use of women nurses quickly expanded to all National Home branches.

## Occupational Pursuits

Philosophies of the period promoted the idea that busy hands and minds did not get into trouble, so the disabled Veterans supplied much of the work done at the National Homes. Veterans did as much as their interests and disabilities allowed and they were paid for their work. Former cooks and bakers were often put to work in the kitchen. Each Home operated large farms with livestock which supplied the Home's food needs. Laundries, machine and paint shops, stores, construction projects, housekeeping, office work, the hospital, and other functions of the home provided a wide range of jobs for the men. Numerous endeavors such as cigar-making, shoe manufacturing, printing presses, etc., took place to provide jobs for the men to elevate their self-esteem and supply much-needed services to the Home.



Veterans helped on new construction projects and at three branches - Eastern Branch (Togus), Battle Mountain Sanitarium (now Hot Springs, SD), and the Pacific Branch (Los Angeles) - they built soldiers monuments to honor their fallen Civil War comrades. The men could learn new trades and those who were able, could pursue new careers outside of the home.

## Religious Life

Meeting Veterans' spiritual needs was an important part of providing holistic care. Each National Home had at least one chaplain and chapel. Dayton, the largest National Home until World War I, had two chapels - one Catholic and one Protestant - and even hired a German-speaking chaplain to provide sermons to its large Germanic population. In the beginning, chaplains served double-duty as teachers and were responsible for



teaching English to those who could not read or write. Dayton's first chaplain, Reverend William Earnshaw, was involved in developing some of our nation's earliest national cemeteries during the Civil War before coming to Dayton; he later oversaw publication of the first book on the National Homes. Chaplains provided spiritual guidance, visited the sick and dying, regular and special religious services, last rites, funeral services, and were indispensable parts of the staff.

## Veterans Organizations

The Grand Army of the Republic (GAR) was the first large Veterans' fraternal organization in American history. The GAR was founded in 1866 by and for Veterans of the Union forces and every National Home had a chapter. The number Veterans' organizations was very small in the 19th century. Only three fraternal organizations are known to have held meetings on the Home grounds as 1900: the GAR, Naval Veterans Association, and the Keeley League (see Beer Halls section).

## Recreation and Leisure

The National Homes had to provide a variety of amusement activities for thousands of men to prevent boredom and discipline problems. Every National Home had a library, theatre, recreation buildings, musical bands, and lakes or ponds that provided a wide array of leisure activities for Home residents. Recreation buildings offered chess, checkers, cards, and other games. Some Homes even had baseball fields and their own teams. Libraries - including two built by Andrew Carnegie - were very popular with the men who like to relax and read their favorite newspapers. Veterans also took many armchair adventures reading thousands of books available to them. In 1902 fiction books were the most in demand with Richard Carvel, The Crisis, and An Army Wife being the most popular. Each National Home also had a band that performed weekly concerts that were open to the public and very popular. The bands played orchestral, military, or modern music for special events and Home funerals, too. Theatres attracted a wide variety of entertainers, including vaudeville shows, to amuse the Veterans. Fishing in the lakes, swimming, and long walks on the grounds were common activities.



## Beer Halls



Drinking and alcoholism among Veterans was a problem even 150 years ago. National Home management blamed the habit of drinking on the military and looked upon it as a disease. Saloons lined the streets where most National Homes were located which often drew residents away from their safe haven and into trouble. In 1886, General Patrick, manager of the Central Branch (Dayton) established a beer hall at the home. They sold beer that was considerably lower in alcohol content than private saloons and it kept men on the premises under watchful, caring eyes. By 1891 a new beer vault was constructed at Dayton and beer halls

had opened at several other National Homes. In 1895, pretzels with mustard, bread, cheese sandwiches, and chips were standard food fare in the beer hall. Despite proof that having their beer halls lowered discipline problems and drunkenness, the beer hall "experiment" lasted only 20 years. In the era of the Temperance movement, funding for the National Homes eventually hinged on discontinuing the sale of alcohol there, which brought their demise in 1907.

In 1892, Dr. Leslie E. Keeley's popular "Keeley cure" - "double chloride of gold" injections for "liquor, opium, and tobacco habits" - was introduced at the National Homes by Colonel Andrew J. Smith, governor of the Western Branch (Leavenworth). It was soon adopted by all of the National Homes and chapters were established. In 1895 Cornelius Wheeler, governor of the Northwestern Branch (Milwaukee) reported that "the introduction of the Keeley cure for drunkenness at this Branch has proven a great success, has been of incalculable benefit to its discipline and comfort, and has been the means of restoring to many of its members their manhood." Dr. Keeley died in 1900, followed by Col. Smith in 1903, and use of the cure waned afterwards at the National Homes.

## Discipline

Guards and guardhouses were part of every National Home to ensure law and order. The Home's Governor served as judge, jury, and the final word. Punishment for minor, infrequent infractions such as cursing, over-staying while on pass, or getting drunk occasionally were dealt with individually by the guards. More frequent or serious infractions were recorded in a Discipline Book or "Docket" and received sentencing from the Home's Governor. The most common serious offenses were "jumping the fence" - leaving the premises without a pass - and bringing alcohol onto the grounds. Breaking either of those rules sent a man to "dump" duty (cleaning up the grounds) or breaking rocks, plus fines. Stone breaking was the heaviest penalty inflicted. For example, the typical sentence for bringing whiskey onto the grounds was a \$25 fine or 100 days' dump duty, if they didn't have any money to pay the fine. Men sentenced to the stone heap to break rocks wore a ball and chain and were kept in "quarantine" - separate housing, but not the guardhouse - until their sentence was served. They were even accompanied by guards when they broke for meals. By 1885 the guard system consisted of 40 men per square mile to maintain order.

## Women

Initially women employees were a rarity at the National Homes. National Home officers and certain staff were provided quarters to live on the grounds, so wives and children were present in the environment. Mrs. Emma Miller, formerly with the U.S. Sanitary Commission Ohio branches, was appointed as the first matron for the Central Branch (Dayton) and was the first woman employee of the National Homes. She spent her entire life at the National Home and when she died in 1911, she was buried in the Home's cemetery. As the National Home system grew and its residents aged, civilians replaced the Veteran-residents for much of the work needed. In May 1890 the first women nurses were hired at the Northwestern Branch (Milwaukee) and by 1898 women nurses were employed at all of the National Homes. Women were hired mostly as laundresses, waitresses, clerical staff, and nurses. Although some women disguised themselves as men and fought as soldiers in the Civil War, no woman is known at this time to have entered the National Home.



Mrs. Emma Miller (left), first female employee of the National Home for Disabled Volunteer Soldiers

In 1923, the National Home's Danville Branch was the first Veterans hospital to admit women Veterans (nurses) who served in World War I.

## **Race Relations**

The National Homes were racially integrated from the very beginning. African Americans who served in the U.S. Colored Troops (USCT), which were segregated regiments of the U.S. volunteer forces, were given the same Veterans benefits as whites since 1862 and they were admitted to the National Homes on the same criteria as white Veterans. Private Joshua Williams, of the 22nd USCT, was the first African American Veteran admitted; he entered the Central Branch in March 1867. In 1870, the Freedman's Bureau reported that hundreds of former USCT were suffering, but could not be induced to go to the three National Homes at the time - all located in the North. The National Homes established its fourth facility - the Southern Branch - in Hampton, Virginia, for "special benefit of colored soldiers and other invalid soldiers requiring a warmer climate." In 1873 the Board reported that they had "not been informed of the slightest jar or misunderstanding between the races. They have messed together and mingled together as fellow soldiers without an apparent thought of the distinctions of race or color." The "Buffalo Soldiers" who served after the Civil War were also eligible and admitted to the National Homes.

A melting pot of men, many of them born in foreign countries, lived at the National Homes and the ethnic composition of each branch was unique. One of the few known Civil War soldiers of Chinese heritage, Edward Day Cohota, lived at the National Home in South Dakota. To-date, no Native American Veterans are known to have lived at a National Home, but future research may reveal new information.

## **A New Century – The Nation Reconciles as Civil War Survivors Decline**

By the 1890s, a generation had passed since the Civil War ended and the country moved closer toward healing the wounds of war. At every speaking opportunity President McKinley, himself a Civil War Veteran, urged the country to become united in brotherly love once again. One of the first signs of reconciliation was made in 1900 when Congress authorized the first government headstones to mark the graves of a small group of Confederate soldiers buried at Arlington National Cemetery. A special pointed headstone was designed just for Confederates (Union headstones are curved). In 1906, Congress expanded the marking of graves to Confederates buried in former Union prison camps in the North.

Union Veterans who left the Civil War as young men were middle-aged or old men in declining health by 1900. Between 1892 and 1900 the National Home population mushroomed by more than 5,000 men. By 1905, the peak year for Civil War Veterans at the National Homes, the average population exceeded 34,000 men with 47% being treated in the hospital that year. The average age of Civil War Veterans was 66 while the average for Spanish American War Veterans was 38 in 1905. Of the 34,810 men cared for that year, 173 were Mexican War Veterans, 33,431 were Civil War Veterans, 1,101 were Spanish American War Veterans, and 196 were from the provisional Army. "Volunteers" represented the largest segment at 31,576, compared to 1,528 "Regulars," and 1,706 from Navy.

The National Homes were established for Veterans of the Union forces, but as the Civil War population declined in the 1910s, the National Homes' future became uncertain. The Spanish American War, Philippine Insurrection, and Boxer Rebellion Veteran population were not enough to sustain what in 1910 was a system of 10 hospitals-homes. The Board of Managers considered closing the Northwestern Branch (Milwaukee), first, then other branches.

## World War I – Adapting for a New Generation

America's involvement in World War I inadvertently helped to ensure the National Homes' survival. Beginning in 1917, Congress established new agencies and programs specifically for World War I Veterans. Two Treasury Department bureaus - the Bureau of War Risk Insurance and the Public Health Service - were tasked with providing hospitals, medical care and treatment, and other services to World War I Veterans, but they had very few hospitals. All of a sudden, the National Homes' hospital facilities were critical to the nation once again.

During the war, the Army took over the National Homes' Southern Branch (Hampton) and Battle Mountain Sanitarium (Hot Springs) to provide additional hospitals and medical services to injured active-duty World War I soldiers returning from France. World War I Veterans were initially sent to National Homes while the Bureau of War Risk Insurance and Public Health Service worked to lease private hospitals, purchase, and build their own facilities. The National Homes' Marion Branch (Marion, IL) was designated as a national neuro-psychiatric sanatorium and the Mountain Branch (Johnson City) became a national tuberculosis sanitarium in the immediate post-war period.

Having multiple bureaucracies in charge of Veterans' benefits caused major gridlock for Veterans trying to obtain them. The American Legion, then a new organization formed in 1919 by World War I Veterans, became vocal in demanding changes. So in 1921, the first consolidation of Federal Veterans program took place when the three World War I bureaus and programs were merged to form the Veterans Bureau. Between 1921 and 1930 the Federal government operated two separate hospital systems for Veterans: the National Homes for Disabled Volunteer Soldiers and the Veterans Bureau.

The Veterans Bureau increasingly relied on the National Homes while its own hospitals were under construction and made repeated requests to co-occupy National Home facilities. Each request was denied by the National Homes' Board of Managers. The National Homes had a well-established operation with rules and systems that had operated effectively and efficiently for nearly 65 years; the upstart Veterans Bureau operated much differently. Clashes in philosophy, culture, and management had the potential to impact Veterans and a quiet war of wills took place between the director of the Veterans Bureau, General Frank T. Hines, and the National Homes' Board of Managers, led then by General George H. Wood.

The National Homes cooperated with the Veterans Bureau as much as they were able, but pushed forward and continued to expand, taking over the New York State Soldiers Home (Bath) in 1928. Three new National Homes were authorized by Congress in June 1930 and continuation of the two separate systems seemed inevitable. Despite the first consolidation of Federal Veterans' programs in 1921, Veterans decried the maze of bureaus that Veterans still had to navigate nine years later. Veterans Bureau Director Frank Hines' growing frustration with the National Homes' board led Congress, on July 3, 1930, to authorize the president to undertake a second consolidation of federal Veterans' programs. President Herbert Hoover issued Executive Order 5398 on July 21, 1930 to merge the National Homes and Pension Bureau with the Veterans Bureau and renamed the new organization as the Veterans Administration. This brought the oldest Veterans benefits (pensions) and the oldest Veterans' hospital system for volunteers (National Homes) together with the newest. The last annual report of the National Homes' Board of Managers was in December 1930 and the consolidation went into full effect on July 1, 1931.

The National Homes became a bureau within the Veterans Administration and most of its staff remained. The three new National Homes that were authorized in 1930--St. Petersburg (FL), Biloxi (MS), and Roseburg

(OR) - opened later as VA Homes, instead of National Homes. Beginning with the conversion of the Marion Branch into a VA neuro-psychiatric hospital in 1932, the National Homes were slowly reclassified and by 1946 all of the National Homes had been converted into VA general, tuberculosis, or neuro-psychiatric hospitals. The National Homes' holistic care approach and domiciliaries were found to be indispensable and necessary components which were lacking in the new specialty hospitals created specifically for World War I Veterans. As a result, the Veterans Administration became a hybrid of the old and new philosophies of Veterans care.

America's Veteran health care system was borne from the singular vision of wanting to provide for the nation's defenders - Union Veterans who fought to keep our country united during the Civil War - and there was no model for what they wanted, anywhere in the world, at the time. So they started something new and adapted through trial and error. Over the past 150 years, that system grew in its expertise and adapted with the changing times as medicine, technology, and society evolved. After 1930 the National Homes and Veterans Bureau coalesced into a new integrated system of Veterans' hospitals that evolved into today's Veterans Health Administration. In 1973, when the Army's national cemetery system was transferred to VA as a separate bureau, all of the former National Home cemeteries officially became national cemeteries. All of the original National Homes are VA medical centers today and have operated continuously since they opened.

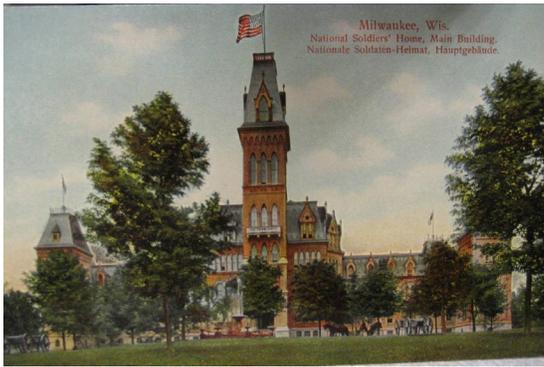
## THE 11 NATIONAL HOMES



Eastern Branch (Togus, Maine) – the first National Home was established at a former resort known as Togus Springs and opened in the fall of 1866. Dr. B.B. Breed of Lynn, Massachusetts, was hired as the first surgeon and he brought some of the first Veterans with him in October 1866. In January 1868 a fire destroyed the main building and Veterans were temporarily housed at state homes until new buildings were constructed. Veterans of this home built a monument to honor their comrades in the Home's cemetery that was replicated at two other National Homes. This property is listed on the National Register of Historic Places and its Governor's House is a National Historic Landmark.

Central Branch (Dayton, Ohio) – the third National Home purchased, but the second to open. It opened in March 1867 at the Ohio Soldiers Home and operated until its new facility opened in Dayton in September of that same year. The site was the first to admit African American Veterans who served in the U.S. Colored Troops. The first separate detached hospital and chapel buildings for the National Homes system opened here in 1870. Reverend William Earnshaw, chaplain for the 49th Pennsylvania Volunteers during the Civil War, who laid out the Nashville and Stone's River National Cemeteries, was appointed as the Home's first chaplain. This branch housed the greatest number of Veterans until after World War I. It was the first known to establish a beer hall on its premises. The Central Branch's beautiful architecture, gardens, grottoes, and zoo attracted thousands of visitors every year. This site is now a National Historic Landmark.





Northwestern Branch (Milwaukee, Wisconsin) – the second home purchased, but the third to open in May 1866. American architect Edward Townsend Mix designed the unique and grand Victorian Gothic Main Building at this site. The first women nurses employed by the National Homes were hired at this site in 1890. In 1916 the Board of Managers unanimously recommended closing this branch, but it never happened. In 1923, this branch was authorized to establish the first tuberculosis ward specifically for women Veterans of World War I. This site is a National Historic Landmark.

Southern Branch (Hampton, Virginia) – the fourth home opened in December 1870 and was the last opened in immediate post-Civil War period. Formerly it was the Chesapeake Female College, a school for the daughters of the South's elite; it was used as a hospital during the war. This was the first National Home located in the South. It was established for African American Veterans and those who preferred a warmer climate. During World War I this site was taken over temporarily, from November 8, 1918 to March 31, 1920, by the War Department.



Western Branch (Leavenworth, Kansas) – the fifth home opened in 1885 and the first located west of the Mississippi River. The "Keeley Cure" for alcoholism was first instituted at this site by its governor, Col. Andrew J. Smith, who was a Keeley graduate. Smith advocated its use at all National Homes in 1892. This site was one of two known National Homes to receive beautiful stained glass windows from the Grand Army of the Republic. This branch's window features President Lincoln; the window at the Northwestern Branch in Milwaukee features General Ulysses Grant. This site is now a National Historic Landmark.

Pacific Branch ("Sawtelle," Santa Monica, California) – the sixth home opened in 1888 and was the first located west of the Rocky Mountains. After World War I, the population of this site eclipsed that of the Central Branch making it the largest National Home. Veterans of this Home built a monument based on the one at the Eastern Branch to honor their Civil War comrades. This site is listed on the National Register of Historic Places.



Marion Branch (Marion, Indiana) – this seventh branch opened in March 1890 and was the last designed in the 19th century Picturesque landscape style which included curved roads, naturalistic plantings, and irregular green spaces. In 1920 this branch was redesignated as the Marion National Sanatorium and used exclusively for the care and treatment of neuro-psychiatric patients afterwards. At that time, wearing of uniforms was discontinued at the Marion Branch and the title of Governor changed to Medical Director and Superintendent. In 1932 it was the first Home converted into a VA hospital.

Danville Branch (Danville, Illinois) – the eighth home opened in October 1898 just as the National Homes were opened up to Spanish American War Veterans. This site is one of only two National Homes to have a Carnegie Library donated by industrialist Andrew Carnegie. In 1923, the Danville Branch became the first National Home to admit women Veterans.



Mountain Branch (Johnson City, Tennessee) – the ninth branch opened in October 1903 and was the second located in the South. The branch’s unique Beaux-Arts architecture was designed by architect Joseph H. Freedlander. It is one of only two National Homes to have a Carnegie Library. In 1920 this home was redesignated as the Johnson City National Sanatorium and used exclusively for the care and treatment of tuberculosis. This site is a National Historic Landmark.

Battle Mountain Sanitarium (Hot Springs, South Dakota) – the 10th branch opened in March 1907 and was the first specialty facility of the National Home. This home had natural springs known for medicinal benefits, so Veterans with cardiac or respiratory conditions were sent here for roughly six week stints. Veterans of this Home built a monument based on the one at the Eastern Branch to honor their Civil War comrades. During World War I the facility was temporarily taken over by the War Department to treat World War I Veterans. Beginning in 1924, the Veterans Bureau sought to take over this facility. A 1926 bill proposed transferring the facility to the Veterans Bureau, but was tabled after the National Home Board of Managers’ objections. This site is a National Historic Landmark.



Bath Branch (Bath, New York) – the 11th Home became the final branch of the National Home for Disabled Volunteer Soldiers in 1929. The GAR first initiated the development of this soldiers’ home right after the Civil War and in 1878 it opened as the New York Soldiers and Sailors Home. After several requests dating to the 1880s to become part of the National Home system, it succeeded, after beds were desperately needed for World War I Veterans. Bath is listed on the National Register of Historic Places.

To learn more about our origins as the National Home for Disabled Volunteer Soldiers, please visit this website: [http://www.nps.gov/nr/travel/Veterans\\_affairs/History.html](http://www.nps.gov/nr/travel/Veterans_affairs/History.html).

**CIVIL WAR**  
**SESQUICENTENNIAL**



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**150**  
**YEARS**

# 2015 VAVS National Advisory Committee

Chairperson: Gary Tallman  
Acting Executive Director, VHA Office of Communications

Deputy Chairperson: Sabrina C. Clark  
Director, Voluntary Service Office

## 2015 VAVS NAC Executive Committee

Chairperson: W. G. "Bill" Kilgore, AMVETS  
Vice-Chairperson: Ron Rolfes, Jr., Forty and Eight

The American Legion  
American Legion Auxiliary  
American Red Cross  
AMVETS  
AMVETS Auxiliary  
Benevolent and Protective Order of Elks  
Blinded Veterans Association  
Disabled American Veterans  
Disabled American Veterans Auxiliary  
Forty & Eight  
Knights of Columbus  
Ladies Auxiliary to the Veterans of Foreign Wars of the U.S., Inc.  
Marine Corps League  
Masonic Service Association of North America  
Military Order of the Purple Heart of the U.S.A., Inc.  
National Society of Daughters of the American Revolution  
Paralyzed Veterans of America  
The Salvation Army  
Veterans of Foreign Wars of the U.S.  
Vietnam Veterans of America, Inc.

## EC Subcommittees

### Recommendations

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John Kleindienst  
Kenneth Rose

### Recruitment

Charles Gallina, Chair  
Emil Franz  
James Moss

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W. G. "Bill" Kilgore, Chair  
Judith McCombs  
Ron Rolfes, Jr.

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Del Turner, Chair  
Gary Thomas  
Stewart Israel

### Partnership Ad Hoc

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Anna Diehl, Co-Chair  
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Edward Lilley  
Joseph Dooley  
Stephanie Burns

## 2015 NAC Annual Meeting and Conference Host:

New Mexico VA Health Care System  
Albuquerque, New Mexico

## 2015 NAC Annual Meeting and Conference Planners:

Sabrina C. Clark, Director, Voluntary Service Office, Veterans Affairs Central Office

Lorna Hatch, Chief, VA Voluntary Service, VA Maine Healthcare System, Augusta, ME

Sonja Brown, Chief, Voluntary Service & Public Affairs Operations,  
New Mexico VA Health Care System, Albuquerque, NM

VAVS Staff & NAC Planning Committee at the  
New Mexico VA Health Care System, Albuquerque, NM

### VA Voluntary Service Central Office:

Sabrina C. Clark, Director  
Mary Jo Munnely, Lead Staff Assistant  
Tony Burtley, Voluntary Service Specialist  
Christine Feeser, Program Specialist  
Tyrone Green, Program Analyst  
Ginny Hoover, Voluntary Service Specialist  
Kevin Stanford, Health Systems Specialist, *Detailed*

### Registration Staff:

Coordinator - Vicki Eatmon, Voluntary Service Specialist,  
Charles George VA Medical Center, Asheville, NC

Gina Petrino, Administrative Officer, VA Boston Healthcare System, Boston, MA

### Conference Photographer:

William P. Armstrong, Public Affairs Specialist, New Mexico VA Health Care System

# 2015 VAVS NAC Member Organizations

(As of April 3, 2015)

## Service Member Organizations

Organization Name	Position	Name
American Ex-Prisoners of War	R	VACANT
American Gold Star Mothers	R D	Georgian "Ann" Davis Jennifer Jackman
The American Legion	R D	Louis J. Celli, Jr. Edward Lilley
American Legion Auxiliary	R D	Patricia "Pat" Kranzow K. Lynne Wild
American Red Cross	R D D D D D D D D	Joyce Parke Eric Brubaker Mark Hackler Cate Miller Ruth Walters Julie Myers John Shisko Louis Wagner III Betty Temple
AMVETS	R D D D	W. G. "Bill" Kilgore Beryl Love Gerard Gurnari John P. Brown, III
AMVETS Auxiliary	R D	Marie Rorrio Barbara Valley
Benevolent and Protective Order of Elks	R D D D	VACANT Stewart Israel Tom Jamison Dennis McAleese
Blinded Veterans Association	R	Edward Eckroth
Disabled American Veterans	R D D	John H. Kleindienst William C. Baumann Edward E. Hartman

Disabled American Veterans Auxiliary	R D D	Patricia Davis Rose Williams Melody Whitaker
Forty and Eight	R D D D D D D	Ron Rolfes, Jr. David J. Balduf Hubert Bertrand Charles Erwin Roger Gowen Leo Hoag Bernie Sampson
Jewish War Veterans of the USA	R	Jerome Berns
Knights of Columbus	R D D	Charles H. Gallina Gary L. Thomas James Weaver
Korean War Veterans Association	R D	J. D. Randolph Arthur E. Hills
Ladies Auxiliary to the Veterans of Foreign Wars of the U.S., Inc.	R	Cara M. Day
Ladies Auxiliary, Military Order of the Purple Heart of the U.S.A., Inc.	R D	Cheryl Perez Trish A. Rosie
Marine Corps League	R D	Emil A. Franz Phil Ruhmshottel
Marine Corps League Auxiliary	R D	Rosemary Bressler Nancy Calleja
Masonic Service Association of North America	R D	George O. Braatz Raymond J. Vanden Berghe, Sr.
Military Order of the Cootie	R	Terrance P. "Shorty" Lyons
Military Order of the Cootie Auxiliary	R D D	Rebecca Strauss Jane Channell Geraldene Hunter-Vautherot
Military Order of the Purple Heart of the U.S.A., Inc	R D D D	Del "Bulldog" Turner Greg Lutes Sydney Staton William Ware

Military Women Across the Nation	R	Meridith Cox
National Society Daughters of the American Revolution	R	Marjorie "Margie" S. Shelton
	D	Cynthia Allen
	D	Deborah Carlson
	D	Mary Hines
	D	Marianne Hughes
	D	Joy Linn
	D	Rani Waddell
National Society Sons of the American Revolution	R	Lyman R. Brenner
	D	Stanley A. Evans, Sr.
	D	Richard E. Friberg
Paralyzed Veterans of America	R	Christi Hillman
	D	Jacquie White
The Salvation Army	R	Dawn Heatwole
	D	Susan Ellis
	D	Diane O'Brien
	D	Brenda R. Herivel
	D	June M. Carver
	D	Sandra Smith
Sons of the American Legion	R	Jeff Frain
	D	Clint Bolt
	D	Gary Crockett
	D	Bruno T. Williamson
	D	James "Jimmy" Hunter
	D	Steven Tansel
	D	Thomas Glander
	D	Thomas Kurk
	D	Douglas Murphy
United Daughters of the Confederacy	R	Charlotte J. Clinger
	D	Sherry Davis
	D	Janet W. Grams
United Veterans Services	R	Mary Lee
	D	George A. Beadles, Jr.
	D	Richard Walters
Veterans of Foreign Wars of the U.S.	R	William L. Bradshaw
	D	James W. Moss
Vietnam Veterans of America, Inc.	R	Judith McCombs
	D	Roger D. Lewison
	D	Kenneth Rose

## Associate Service Member Organizations

Blue Star Mothers of America, Inc.	R	Anne Parker
Catholic War Veterans	R D D D	John R. Dubay Jose M. Garcia Joseph Raimo Susan Reith
Corporation for National & Community Service	R D D	John J. Lira Joanne Newsome Theresa Long
Daughters of Union Veterans of the Civil War, (1861 – 1865)	R D	MaryAnn Herbsleb Rolene Robinson
Fleet Reserve Association	R D D	Christopher Slawinski Jerry Butler Richard S. McKee
Gold Star Wives of America, Inc.	R D D D D	Alma Birchett Augustine Chapman Audrey Easterling Carolyn S. Edwards Susan J. Simmons
Ladies Auxiliary of the Fleet Reserve Association	R D D	Cecile Butler Val Larsen Rozena McVey
Ladies Auxiliary, Polish Legion of American Veterans, U.S.A.	R D	Kathy Boll Theresa Krysiak
National Ladies Auxiliary, Jewish War Veterans of the U.S.A.	R D D	Dorothy Katz Marion E. Friedman Bella Westerman
National Society Colonial Dames XVII Century	R D D D D	Virginia Layman Nancy Barber Betty Fogarty Naomi Mangum Mary Neumaier
Polish Legion of American Veterans, U.S.A.	R D	Ferdinand R. Thomas, Jr. Ralph A. Wozniak

Soldiers' Angels	R	Amy Palmer
	D	Jennifer Cernoch
	D	Martha Neyman
	D	Vicki Sarracino
United Auto Workers	R	Joe Ashton
	D	Garry Bernath
	D	Darrel Martin
	D	Anita L. Myers
	D	Kris "Buffalo" Owen
	D	Doug Tiderington

### **Donor Member Organizations**

Air Compassion for Veterans	R	Ivey West
	D	Stephen Craven
	D	Edward Boyer
	D	John W. Hoffman
	D	James Smith
The Bowlers to Veterans Link (BVL), Inc.	R	Elizabeth Montanya
Hospitalized Veterans Writing Project (Veteran's Voice)	R	Jerry D. Brown
	D	Priscilla Chansky
	D	Dorothy Van Hoy
The Silver Star Families of America	R	Diana Creed-Newton
	D	Kathleen Landess

### **Associate Donor Organizations**

N/a

### **Honorary Member Organizations**

Catholic War Veterans Auxiliary	R	Elaine A. Diaczun
	D	Concetta Provenza
I.B.P.O. Elks of the World, Inc.	R	Leroy Thompson
Sons of AMVETS	R	William "Bill" Gerry
	D	Daniel Briggs
	D	William Chiddister
	D	Charlie Summerall
Women's Army Corps Veterans Association	R	Acquanetta Pullins
Women Marines Association	R	Kay Croll
	D	Mitzi Manning

# Goals and Objectives

**The following are goals and objectives for the 69th Annual VAVS NAC Meeting and Conference:**

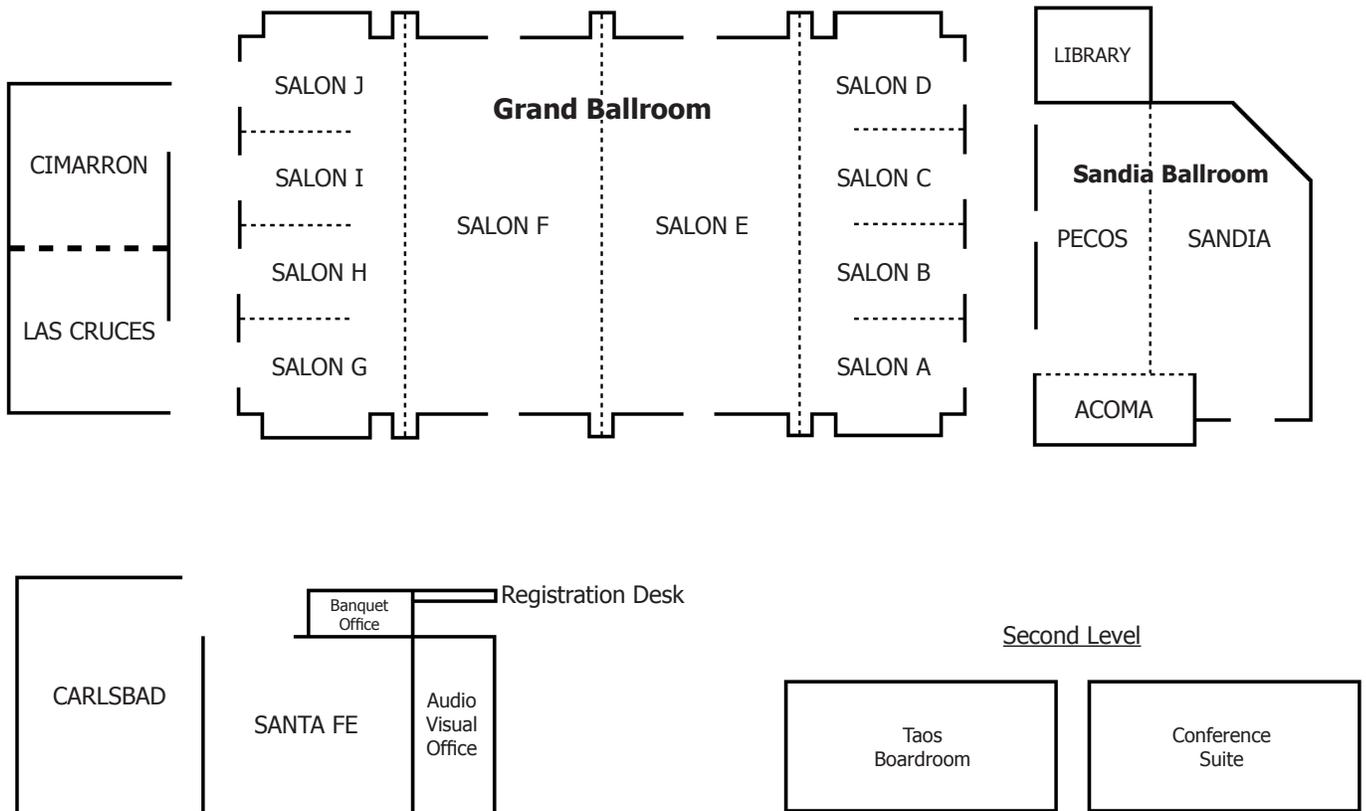
1. Provide the VAVS NAC an opportunity to conduct its business in a manner that assures achievement of all responsibilities mandated by its charter.
2. Provide NAC orientation to new local and national VAVS Representatives and Deputies and VAVS staff.
3. Present to all member organization representatives an overview of current and pending VAVS policies and procedures.
4. Foster full and open communications among the member organizations, their representatives, and the Voluntary Service Central Office and field staff.
5. Provide the NAC member organizations with the educational and training programs designed to share information geared towards improving volunteer programs with special emphasis on methods to recruit, retain, motivate, and recognize volunteers.
6. Furnish the NAC member organizations the opportunity to hear from VA leadership concerning key issues within the Department of Veterans Affairs.
7. Arrange for the NAC review of, and action on, recommendations.
8. Honor the national recipient of the James H. Parke Memorial Youth Scholarship Award, **Sharadyanne Salomon**, student volunteer at the West Palm Beach VA Medical Center, West Palm Beach, Florida.
9. Recognize **Lorna Hatch**, Chief, Voluntary Service, at the VA Maine Healthcare System, Augusta, Maine as the recipient of the Voluntary Service Award for Excellence.
10. Recognize **James Hogan**, Blinded Veterans Association, VA Greater Los Angeles Healthcare System, as the VAVS NAC Male Volunteer of the Year and **Patti Williamson**, VAVS Representative, American Legion Auxiliary, VA Illiana Health Care System, Danville, Illinois, as the VAVS NAC Female Volunteer of the Year.
11. Recognize the following award recipients for the American Spirit Awards: **Todd Greenman**, Battle Creek VA Medical Center, Battle Creek, Michigan, for Student Recruitment; **Stephanie Burns**, Washington DC VA Medical Center, for Military Recruitment; **Beverly Leneski**, VA Ann Arbor Healthcare System, Ann Arbor, Michigan, for Faith-Based Recruitment; and **Dax Allcorn**, Jack C. Montgomery VA Medical Center, Muskogee, Oklahoma, for Corporate Recruitment.

# VAVS NAC 2015 Recommendations

As submitted by the Recommendations Subcommittee

Recommendations will be handed out and processed at the NAC Business Session.

## Hotel Map



# Registration Information

The New Mexico VA Health Care System, Albuquerque, New Mexico  
welcomes you to the  
69th Annual VAVS National Advisory Committee  
Meeting and Conference!

The Registration Desk will be open on the following schedule:

Tuesday, April 21 - 12 Noon to 4 pm

Wednesday, April 22 - 7 am to 4 pm

Thursday, April 23 - 8 am to 5 pm

Friday, April 24 - 8 am to 12 Noon (Information Only)

If you have any questions or concerns during your visit, please see Jerry Butler, Vicki Eatmon, Gina Petrino, or one of the Registration Volunteers.



Many thanks to the leadership in VISN 18 and at the New Mexico VA Health Care System, the members of the New Mexico VA Health Care System's NAC Planning Committee, their VAVS Committee, and all the VAVS volunteers for their outstanding efforts on the 69th VAVS National Advisory Committee Annual Meeting and Conference.

# Thank you!

# 69th VAVS National Advisory Committee Annual Meeting

## Daily Agenda

### Pre-Meeting Activities

#### TUESDAY, April 21, 2015

12:00 PM - 4:00 PM	REGISTRATION	Registration Desk
3:00 PM - 6:00 PM	VAVS STAFF MEETING	Sandia Ballroom

#### WEDNESDAY, April 22, 2015

7:00 AM - 4:00 PM	REGISTRATION	Registration Desk
8:00 AM - 11:30 AM	EXECUTIVE COMMITTEE MEETING	Cimarron/Las Cruces
9:00 AM - 3:00 PM	HEALTH AND INFORMATION FAIR	Foyer
11:30 AM - 1:00 PM	LUNCH ON YOUR OWN	
1:00 PM - 2:30 PM	NEW REP/DEP & NEW VAVS STAFF TRAINING <i>Faculty: Joseph Dooley, Chief, VAVS, Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA and Colonel Charles H. Gallina, VAVS National Representative, Knights of Columbus</i>	Salons F-J
3:00 PM - 5:00 PM	OPEN FORUM	Sandia Ballroom
5:00 PM - 6:00 PM	DINNER ON YOUR OWN	
6:00 PM - 7:00PM	OPENING KEYNOTE ADDRESS <b>Chip Madera, MS, CSP</b> <b><i>Courageous Leadership: The Secret to Transforming and Inspiring Volunteerism</i></b>  <i>Sponsored by: Knights of Columbus, Disabled American Veterans, AMVETS, Veterans of Foreign Wars, and VAVS Partners, Inc.</i>	Salons F-J
7:00 PM - 9:00PM	RECOGNITION EVENT <i>Sponsored By: Local VAVS Organizations including American Ex-Prisoners of War, The American Legion, American Legion Auxiliary, AMVETS, Blinded Veterans Association, DAV Auxiliary, DAV Department of NM, Knights of Columbus, Marine Corps League, Military Order of the Purple Heart, Sons of the American Legion, United Veterans Council of NM, VFW Ladies Auxiliary, and Women Veterans of NM</i>  <i>Entertainment By: Mariachi Nuevo Sonido</i>	Sandia Ballroom

**THURSDAY, April 23, 2015**

8:00 AM - 5:00 PM	REGISTRATION	Registration Desk
8:30 AM - 11:30 AM	BUSINESS SESSION	Salons E-J
Call to Order	<i>W. G. "Bill" Kilgore</i>	
Call to Order	<i>W. G. "Bill" Kilgore</i>	
Invocation	<i>Ronald Cok, Chief, Chaplain Service, NMVAHCS</i>	
National Anthem	<i>India Archer, Junior Member, American Legion Auxiliary, NMVAHCS</i>	
Pledge of Allegiance	<i>Laurel Hull, VAVS Representative, Marine Corps League and President, Marine Corps League Foundation, NMVAHCS</i>	
Welcome	<i>Andrew M. Welch, MHA, FACHE Medical Center Director, NMVAHCS</i>	
Roll Call	<i>W. G. "Bill" Kilgore</i>	
Opening Remarks and Meeting Objectives	<i>W. G. "Bill" Kilgore</i>	
150th Anniversary - VA Celebrates Its Civil War Roots	<i>Darlene Richardson, Historian, Office of Health Systems Communications</i>	
9:45 AM – 10:00 AM	BREAK	Foyer
	<i>Sponsored by: Military Order of the Purple Heart of the USA, Inc.</i>	
Veterans Canteen Service Update	<i>Ray Tober, Director, Veterans Canteen Service</i>	
Voluntary Service and Its Impact	<i>2013 Technical Career Field Trainees: Courtney Graham, VA Eastern Colorado Health Care System Gerald Ferguson, Philadelphia VA Medical Center Ben Johnson, Charles George VA Medical Center, Asheville, NC Cheryl Samples, Washington, DC VA Medical Center Utaw Vines, Carl Vinson VA Medical Center, Dublin, GA</i>	
VAVS Award Presentations	<i>W. G. "Bill" Kilgore and Sabrina Clark NAC Male and Female Volunteer of the Year American Spirit Awards VAVS Award for Excellence</i>	

12:00 PM	PARKE LUNCHEON	Sandia Ballroom
Invocation	<i>Diana Wong, VAVS Deputy Representative, AMVETS and 2011 NAC Female Volunteer of the Year Recipient, NMVAHCS</i>	
Pledge of Allegiance	<i>Mary Lou Lopez, VAVS Representative, The American Legion, NMVAHCS</i>	
Guitarist	<i>Gustavo Pimentel</i>	
Buffet Luncheon		
Video Presentation of Award Winner		
Presentation and Acceptance of Award	<i>John P. "JP" Brown III and Sharadyanne Salomon</i>	
Acceptance of Donations	<i>John P. "JP" Brown III</i>	

1:45 PM – 3:00 PM                      EDUCATIONAL WORKSHOPS

- |   |            |
|---|------------|
| 1 - Leadership Through Service: The Future of Student Volunteerism  | Salons A-D |
| <i>Melissa Heinlein, Chief, Voluntary Service, Philadelphia VA Medical Center and Deborah Brookshire, Chief, Voluntary Service, Southern Arizona VA Health Care System</i>        |            |
| 2 - Cultural Competency: Key Considerations for VAVS  | Salon E    |
| <i>Dr. John Fuller, Chief Diversity Educator, VA Office of Diversity &amp; Inclusion (ODI) and Antony R. Washington, EEO, Diversity and Inclusion Management Specialist (ODI)</i> |            |
| 3 - Starting the Conversation: How VA and Its Partners Can Be Part of Getting the Story Right for Veterans  | Salon F    |
| <i>Todd Livick, Director, VHA Office of Public Communications</i>   |            |
| 4 - Partnering in VHA's Whole Health Approach to Care   | Salons G-J |
| <i>Janet Vertrees, Clinical Health Systems Specialist Office of Patient Centered Care &amp; Cultural Transformation</i>   |            |

3:00 PM – 3:15 PM	BREAK	Foyer
	<i>Sponsored by: AMVETS</i>	

3:15 PM – 4:30 PM                      EDUCATIONAL WORKSHOPS

- |  |            |
|--|------------|
| 1 - Leadership Through Service: The Future of Student Volunteerism   | Salons A-D |
| 2 - Cultural Competency: Key Considerations for VAVS   | Salon E    |
| 3 - Starting the Conversation: How VA and Its Partners Can Be Part of Getting the Story Right for Veterans | Salon F    |
| 4 - Partnering in VHA's Whole Health Approach to Care  | Salons G-J |

DINNER ON YOUR OWN

**FRIDAY, April 24, 2015**

8:00 AM – 12:00 NOON	INFORMATION	Registration Desk
8:30 AM - 11:30 AM	BUSINESS SESSION	Salons E-J
Call to Order	<i>W. G. "Bill" Kilgore</i>	
Pledge of Allegiance	<i>Sarah Langley, VAVS Representative, AMVETS, NMVAHCS</i>	
Subcommittee Reports		
Recommendations	<i>George Braatz, Masonic Service Association of N.A.</i>	
NAC Volunteer of the Year	<i>W. G. "Bill" Kilgore, AMVETS</i>	
Recruitment	<i>Charles Gallina, Knights of Columbus</i>	
Membership	<i>Del "Bulldog" Turner, Military Order of the Purple Heart of the U.S.A., Inc.</i>	
Standard Operating Procedures Ad Hoc Committee	<i>Patricia "Pat" Kranzow, American Legion Auxiliary</i>	
Partnership Ad Hoc Committee	<i>Charles Gallina, Co-Chair, Knights of Columbus Anna Diehl, Co-Chair, Chief, Voluntary Service, VA Southern Oregon Rehabilitation Center &amp; Clinics</i>	
VA Voluntary Service Report		
	<i>Sabrina C. Clark, Director, VA Voluntary Service Office</i>	
10:00 AM – 10:15 AM	BREAK	Foyer
	<i>Sponsored by: Knights of Columbus</i>	
National Advisory Committee Chair Report		
	<i>Gary Tallman, Acting Executive Director, VHA Office of Communications</i>	
Veterans Health Administration Update		
	<i>Carolyn M. Clancy, MD, Interim Under Secretary for Health</i>	
70th Annual NAC Meeting & Conference Presentation		
Closing Remarks	<i>W. G. "Bill" Kilgore</i>	
Closing Video	<i>Ginny Hoover, Voluntary Service Specialist, VA Central Office</i>	
11:30 AM - 1:00 PM	LUNCH ON YOUR OWN	

1:00 PM – 2:15 PM	EDUCATIONAL WORKSHOPS	
	1 - Leadership Through Service: The Future of Student Volunteerism	Salons A-D
	2 - Cultural Competency: Key Considerations for VAVS	Salon E
	3 - Starting the Conversation: How VA and Its Partners Can Be Part of Getting the Story Right for Veterans	Salon F
	4 - Partnering in VHA's Whole Health Approach to Care	Salons G-J
2:15 PM – 2:30 PM	BREAK <i>Sponsored by: Paralyzed Veterans of America</i>	Foyer
2:30 PM – 3:45 PM	EDUCATIONAL WORKSHOPS	
	1 - Leadership Through Service: The Future of Student Volunteerism	Salons A-D
	2 - Cultural Competency: Key Considerations for VAVS	Salon E
	3 - Starting the Conversation: How VA and Its Partners Can Be Part of Getting the Story Right for Veterans	Salon F
	4 - Partnering in VHA's Whole Health Approach to Care	Salons G-J
6:00 PM	CLOSING DINNER	Grand Ballroom
	Invocation	Lt. Dora Stearns, VAVS Deputy Representative, The Salvation Army, NMVAHCS
	Pledge of Allegiance	Donald "Butch" Harrison, VAVS Representative, The American Legion, NMVAHCS
	Entertainment by: <i>Mexican Folk Dance Group "Baila Baila"</i>	
<b>SATURDAY, APRIL 25, 2015</b>		
8:00 AM – 9:00 AM	EXECUTIVE COMMITTEE CRITIQUE	Cimarron/Las Cruces

# Keynote Speaker

## Chip Madera, MS, CSP



Chip Madera is an expert professional speaker and leadership development authority, who empowers audiences with humorous, yet high content strategies for business and personal success. He is the speaker with a heart of BOLD™ who presents over 100 programs every year in Canada, Australia, Europe, South America and throughout the US. Some of his clients include: The Mayo Clinic, AT&T, Disney, Southern Company, Westinghouse and Gatorade, just to name a few.

Chip has earned his Certified Speaking Professional designation, which is the National Speakers association's highest earned designation and is seen as the hallmark of experts who speaks professionally. Just over 500 speakers in the world possess the CSP credential.

He achieved an undergraduate degree in Psychology and a Masters in Human Resources and Organizational Development. He is a Motivation and Performance Strategist with over 15 years experience helping leaders from every type of industry enhance performance and create an environment that delights their customers. Chip helps leaders venture beyond their wildest expectations, by stirring their hearts, opening their minds and inspiring them to action!

### Courageous Leadership: The Secret to Transforming and Inspiring Volunteerism

Great leaders constantly look for strategies to assure success during challenging times. In a time of uncertainty and challenge in VA, VHA and community leaders must demonstrate confidence and lead others with a bold vision. From his heartwarming stories, to his humorous down-to-earth style, Chip Madera will deliver the leadership tools and inspiration you need to take your life and organization to the next level. Discover the significant role you play in VA and how you can help inspire our volunteers to greatness.

# Workshop Descriptions

## **New Rep/Dep & New VAVS Staff Training** (Only 1 session, Wednesday, April 22, 1:00pm-2:30pm)

*Faculty: Joseph Dooley, Chief, VAVS, Edith Nourse Rogers Memorial Veterans Hospital, Bedford, MA and Colonel Charles H. Gallina, VAVS National Representative, Knights of Columbus*

This session is designed to provide orientation for new VAVS NAC Representatives and Deputy Representatives, and new VAVS staff, and will also offer current information to seasoned VAVS NAC Representatives and Deputies. The latest trends, statistics, and recommendations in VAVS volunteering will be presented and discussed. VAVS Representatives and Deputy Representatives serving on local VAVS Committees could also benefit and learn by attending this session.

## **Leadership Through Service: The Future of Student Volunteerism**

*Faculty: Melissa Heinlein, Chief, Voluntary Service, Philadelphia VA Medical Center and Deborah Brookshire, Chief, Voluntary Service, Southern Arizona VA Health Care System*

This session will provide awareness about student youth volunteerism and engage participants in an interactive discussion about youth volunteerism on a national level with the goal of obtaining feedback from participants that will direct the effort to enhance and revitalize youth VAVS programs.

## **Cultural Competency: Key Considerations for VAVS**

*Faculty: Dr. John Fuller, Chief Diversity Educator, VA Office of Diversity & Inclusion (ODI) and Antony R. Washington, EEO, Diversity and Inclusion Management Specialist (ODI)*

This session supports the Office of Diversity and Inclusion (ODI) strategic objective to “Provide outstanding culturally competent services to Veterans, their families, and beneficiaries.” The focus is on the importance of creating and sustaining a cultural competence and the development of VAVS employees’ interpersonal effectiveness. This session will stimulate the learner to self-assess and self-reflect on their workplace communications, preferences, and cross-cultural interpretations and encounters with others.

## **Starting the Conversation: How VA and Its Partners Can Be Part of Getting the Story Right for Veterans**

*Faculty: Todd Livick, Director, VHA Office of Public Communications*

This session will provide VAVS staff and VA’s community partners an overview as to how VA shares its message to the public. This session will introduce a guide to communications, the process for developing the tools and strategies for commercials, media tips, and communications planning.

## **Partnering in VHA’s Whole Health Approach to Care**

*Faculty: Janet Vertrees, Clinical Health Systems Specialist, Office of Patient Centered Care & Cultural Transformation*

Healthcare in VA is moving from “sick care to health care” that is personalized, proactive, and patient-driven, and engages and inspires Veterans to their highest possible level of health and well-being. We call this “Whole Health”. Whole health is more than the absence of disease and illness. It is a state of well-being. Whole health dials up the self-healing mechanisms we all have within us. Whole health connects to what matters most to us in life; our dreams and aspirations. Learn about Whole Health, reflect on what matters to you in life, experience mindfulness, and discover how volunteers and community organizations can help Veterans achieve their dreams.

# Award Recipients

## Honoring:

(1) Sharadyanne Salomon, Student Volunteer,  
West Palm Beach VA Medical Center, West Palm Beach, Florida

(2) Lorna Hatch, Chief, Voluntary Service,  
VA Maine Healthcare System, Augusta, Maine

(3) James Hogan, Blinded Veterans Association, VA Greater Los  
Angeles Healthcare System, Los Angeles, California

(4) Patti Williamson, VAVS Representative, American Legion Auxiliary,  
VA Illiana Health Care System, Danville, Illinois

(5) Todd Greenman, Chief, Community and Volunteer Service,  
Battle Creek VA Medical Center, Battle Creek, Michigan

(6) Stephanie Burns, Chief, Voluntary Service and Recreation Therapy  
Washington DC VA Medical Center, Washington, DC

(7) Beverly Leneski, Chief, Voluntary Service,  
VA Ann Arbor Healthcare System, Ann Arbor, Michigan

(8) Dax Allcorn, Acting Chief, Voluntary Service,  
Jack C. Montgomery VA Medical Center, Muskogee, Oklahoma

# James H. Parke Memorial Scholarship

## \$20,000 Scholarship Recipient



**Sharadyanne Salomon**  
 West Palm Beach VA Medical Center  
 West Palm Beach, Florida

Sharadyanne Salomon has been one of the most dedicated youth volunteers at the West Palm Beach VA Medical Center since she began serving Veterans in June 2013. Sharadyanne showed up nearly every day throughout the summer and volunteered throughout the hospital with a great attitude and was always eager and willing to do whatever was asked of her. This remarkable young lady's track record speaks to her commitment to accepting and fulfilling her responsibilities. As the key worker in the Escort Department, Sharadyanne fully understood the importance of getting Veterans to their appointments in both a timely and caring manner.

Though she was one of the quietest and most soft spoken youth volunteers, Sharadyanne never let this get in the way of letting the Veterans know that she cared about their well-being. She made sure to always speak with the Veterans she was transporting, ask about how their day was going, and truly listen to what they had to say. Volunteering almost every day, Sharadyanne quickly developed a very special rapport with each of the Veterans she assisted and the Veterans were always happy to see her when she arrived to take them to an appointment. She came to know many of the Veterans by name as well as something special about each of them. Sharadyanne says "when I go to get the patient, I always smile with them and have a small conversation...smiling is a part of the healing process."

What sets Sharadyanne apart from other youth volunteers is her desire and commitment to serve Veterans. Many youth volunteers serve at the VA because they have friends or family that work there. This was not the case for Sharadyanne. She volunteers for the West Palm Beach VA because it's a way to show her appreciation for Veterans. Sharadyanne always found a way to get to her assignments and never complained about a daily 7:15am wake-up on her summer break because she was "honored to serve [Veterans]." She says war "wasn't easy for them – some lost their friends and family...some got injured for life - all because they want to serve our country. When they come to the VA medical center the least we can do is make them feel special, even when they're not feeling well. They deserve all the love they can get for fighting for our country."

### Additional Scholarships

Alain Carles	Miami VA HCS	\$5,000
Joel Reji	Durham VAMC	\$2,000
Aleksandra Osterman	C.W. Bill Young VAMC	\$2,000
Justin Taylor	VA Pittsburgh HCS	\$2,000
Sindhu Muppala	Washington, DC VAMC	\$2,000
Sarah Pegouske	Battle Creek VAMC	\$2,000

# VA Voluntary Service Award for Excellence



**Lorna Hatch**  
VA Maine Health Care System  
Augusta, Maine

"If I'm not here for the Veteran, then why am I here?" is a motto often repeated by VAVS Award for Excellence recipient, Lorna Hatch. When she says this it reminds those around her why they are there too. Everything she does in her capacity as the Chief of Voluntary Service is for the benefit of Veterans. She does not consider herself above any job and will gladly stop what she is doing to help a Veteran herself if a volunteer is not available. Lorna personally supplies baskets of food to the families of Veteran patients as their loved one approaches their final hours. These "Hospice Baskets" allow families to spend every precious moment at their loved one's bedside and is truly an amazing gift she provides. She also volunteers in the patient dining room every Thursday morning to serve breakfast to patients.

As a testament to Lorna's contribution to Voluntary Service, VA Maine Healthcare System leads VISN 1 in monetary donations and is among the best when it comes to volunteer growth rates. Always looking for new ways to utilize volunteers to meet the needs of Veterans, Lorna has worked to develop numerous volunteer assignments in the past year, such as a Creative Writing Program, Leather Crafts Program, and a visiting Buddhist Chaplain. She also strives to be a great steward of donated funds and use these resources in the most innovative ways. From the Women's Health Passport for female Veterans, wireless internet access for clinics, the Hospice hospitality cart, protein bars for patients on dialysis, and piloting an indoor shuttle program, no challenge is too great to overcome if in the end it improves the experience of the Veteran.

Lorna also excels in professional and community involvement by participating in the Association for Healthcare Volunteer Resource Professionals (AHVRP) Conference and encouraging her colleagues and staff to take the Certified Administrator of Volunteer Services (CAVS) exam, and serving as one of two national VAVS Central Office supported trainers for new VAVS staff regarding General Post fund policies, ethics, and appropriate use of funds in the annual VAVS Academy training sessions. In addition, Lorna's commitment to improving the welfare of VA Maine Veterans and has led to her being continually selected by the Executive Leadership Team to serve on a variety of committees at her facility and by the Director of Voluntary Service Central Office to serve as a National Advisory Committee Meeting and Conference planner.

Lorna Hatch is a dedicated self-starter and high achiever who distinguishes herself through hard work and creativity. All she does in service of Veterans defines her commitment to the VA mission. She also serves as an instrument of growth and development for her staff by establishing extensive personal development plans and encourages them to further their education by taking college courses and enrolling in training opportunities that may add to their empowerment. Her director states, "I can think of no one more deserving of the 'Voluntary Service Award of Excellence' than Ms. Hatch. She is truly the epitome of excellence."

# National Advisory Committee Male Volunteer of the Year



## James Hogan

VA Greater Los Angeles Healthcare System  
Los Angeles, California

James Hogan, a blind Veteran, has served around 2,800 hours at the VA Greater Los Angeles (GLA) Health Care System in the last 12 years. Volunteering is truly a family affair for the Hogans. His wife Pam volunteers with him, his guide dog Atticus has performed as a therapy dog for patients, and his daughter previously volunteered with the Visual Impairment Services Team (VIST) and now works for the VIST program at the VA Palo Alto Health Care System. The family's life is one of total service to others, serving as evangelical proponents for blind Veterans and Veterans in general, helping the Elks raise funds for their annual Veterans Luncheon and driving the Boy Scouts to place more than 6,000 flags on the graves of Veterans for Memorial Day.

James serves his fellow Veterans in a myriad of ways including visiting with Veterans at the Sepulveda Community Living Center and those receiving hospice care; mobilizing the local DAV Chapter #13 to bring gifts, goodies, and cheer to the hospitalized patients; and spending endless time with the VIST Program, helping them with outreach and services to his fellow blind Veterans. He also visits (always with Atticus and Pam) at the California State Veterans homes at Lancaster, Ventura, Barstow, and West LA.

James' involvement doesn't end with BVA - he is an active member of several community and Veterans Service Organizations such as the Disabled American Veterans, Veterans of Foreign Wars, Vietnam Veterans of America (VVA), Santa Clarita Elks, SCV Veterans Memorial, Inc., as well as Prayer Angels for the Military, Gold Star Mothers and Blue Star Mothers. He routinely works with the Vietnam Veterans of America (VVA) on their annual Homeless Stand Downs in Ventura and Antelope Valley - Atticus helps to calm the homeless Veterans and brings them a moment of joy.

James participates in the local 4th of July parade, riding his Quadra cycle as a troika for VVA, carrying the banner for BVA, and working the event. James and Pam also help other Veterans attend VIST fishing trips - providing transportation, meals, and a fabulous experience for the blind Veterans every year. They plan the VIST monthly outings and are an integral part of the complex logistics of those affairs.

James Hogan is heavily involved in Outreach to young Operation Enduring Freedom Veterans, speaking to them about benefits at Point Mugu NAWS or Camp Pendleton.

James excels at Veteran outreach and has become a central figure in the Voice of the Veteran Program at GLA. He is on the BVA Patient Advisory Council, has been published in the BVA's magazine, and has won many local awards for his service. James is described as "unstoppable, and a ceaseless Veterans advocate."

# National Advisory Committee Female Volunteer of the Year



**Patti Williamson**  
VA Illiana Health Care System  
Danville, Illinois

Patti Williamson not only represents the American Legion Auxiliary (ALA) on the VAVS Committee for the VA Illiana Health Care System, she has also worked to expand the presence of her organization by partnering with many established programs to encompass the needs of outpatient Veterans as well as those receiving inpatient care.

One of the areas where Patti has had a significant impact has been with the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) by applying for, and receiving, a grant to expand and enhance the PRRTP art therapy program. She has also initiated a Veteran softball team for this group which proved to be a positive anger management tool and was expanded to two teams (male and female) the following year. Patti and the ALA supported this initiative with uniforms, equipment, and an end

of season pizza party. Other PRRTP initiatives she has supported include a "Make Over" event to assist with mental health recovery and a partnership with Recreation Therapy on the "ground to table" gardening movement.

Patti has also been instrumental in serving community Veterans by working with the staff at the Community Based Outpatient Clinics to supply Home Based Primary Care (HBPC) Veterans with gift baskets on holidays such as Easter and Christmas for the past three years. She has recruited ALA members to wrap and sort gifts for each HBPC Veteran served through the main hospital in Danville as well as the clinics in Springfield, Decatur, West Lafayette, Mattoon, and Peoria. Additionally, Patti initiated the distribution of "Buddy Baskets" to homeless Illinois Veterans in partnership with the VFW Representative, supports the VA Homeless Veterans Stand Down Event, and has helped provide Easter baskets to the children of Veterans served by the HUD/VASH program.

In the hospital setting, Patti regularly supports activities for Veterans in the Community Living Center (CLC). She arranges for each ALA unit to sponsor monthly bingo games in the CLC and bi-monthly hospital-wide bingo games and supports other activities such as Pie Fest, the "Beat the Blues" music party, National Salute to Veteran Patients, the Army Birthday Party, and Spring and Fall Music Festivals for all CLC Veterans. Patti has also been instrumental in the Greenhouse Concept which she has supported with a grant from the ALA foundation to expand the Bell Music Therapy Program, and purchasing patio furniture, grills, bedding, and projector screens for these Greenhouse Homes.

From the CLC to the Mental Health Intensive Case Management program, to Women's Health and the Caregiver Support Group, there are few areas of the VA Illiana Health Care System that have not seen some benefit of Patti's hard work and passion for serving Veterans. Patti strives to make sure her organization is well represented as an active advocate and volunteer and in doing so she helps ensure that all of these special population Veterans throughout the Health Care System are shown the respect and appreciation they deserve.

# VA Voluntary Service American Spirit Awards

## Student Recruitment Category

*Todd Greenman, Battle Creek VAMC, Battle Creek, MI*



Todd Greenman, Dawn Craig, Brian Pegouske

In addition to successfully running the Summer Serve Program for the last decade, the Battle Creek VA Medical Center Community and Volunteer Program has also worked to develop partnerships with several universities to participate in student volunteer events and service learning projects including Western Michigan University (WMU), Kellogg Community College, Michigan State University, and Albion College. Central Michigan University also partnered with the Battle Creek VAMC to host an Alternative Weekend Break this year during National Salute to Veteran Patients Week. The Summer Serve students participate in group activities with Community Living Center Veterans and also learn about various healthcare career fields.

VAVS Staff continue to reenergize and enhance their student volunteer opportunities by leveraging community partnerships and events as recruiting tools, capitalizing on the strengths and perspective of their university students for the review and update of program materials and recruitment tools, and finding creative ways to recognize student volunteers that still include a Veteran service element and reach beyond the walls of the medical center. Student volunteers are regularly nominated for the HandsOn Battle Creek Community Volunteer Award, Volunteer Kalamazoo STAR Award, Governor's Service Awards, James H. Parke Memorial Scholarship, and Jesse Brown Memorial Youth Scholarship Award.

## Military Recruitment Category

*Stephanie Burns, Washington DC VAMC, Washington, DC*

The Washington DC Veterans Affairs Medical Center (DCVAMC) created a partnership with Joint Base Myer-Henderson Hall Marine Corps Community Service (MCCS) office, offering active duty Marine personnel volunteer opportunities throughout the Medical Center. Marines from Headquarters, and Service Battalion Henderson Hall, along with DCVAMC staff, have collaborated for over two years, providing innovative programs for Marine volunteers to support various events and activities at the Medical Center. Their "can do" attitude resonates when serving.

Assignments are a calculated effort, where Marine Volunteers are scheduled to wear their uniforms, directly support, and ultimately remind Veterans of their service while volunteering. Voluntary Service capitalizes on the Marine volunteers' strengths, and compassion, especially when selecting event manpower where Veterans are given the opportunity to interact with individuals whom share their military background, knowledge, and worldly travels. It is integral that Veterans understand that the Marine volunteers offer their time freely, serving them while also serving their county. Most notably, are the Marine volunteers' contributions to both the Cancer Survivor's Day Program and Winterhaven Homeless Stand Down.



(Back Row) Sergeant Alan Flores, Corporal Tahira Lawrence, Master Sergeant Jason Surratt; (Front Row) Cheryl Samples, Stephanie Burns

# VA Voluntary Service American Spirit Awards

## Faith-Based Recruitment Category

*Beverly Leneski, VA Ann Arbor Healthcare System, Ann Arbor, MI*



There is a long-standing tradition for the VA Ann Arbor Healthcare System of partnering with faith-based organizations throughout the community. These multi-denominational partners have been providing donations of clothing, blankets, holiday gifts, coffee, and other assorted comfort items to Ann Arbor Veterans, some for over 20 years.

VAVS staff have worked to develop innovative assignments tailored specifically for volunteers from faith-based groups. One such assignment is the volunteer Eucharistic Minister which currently has ten volunteers serving in this role. These volunteers of the Catholic faith assist the Catholic Chaplain by visiting Veteran inpatients who are Catholic at bedside to offer them daily communion. Volunteers also escort Veterans to and from Chapel Services and serve Veterans at the Toledo Outpatient Clinic.

VAVS staff continue to foster the spirit of partnership with faith-based organizations by attending services in the community to accept donations, recognize donors and volunteers, and to speak to congregations about the needs of Veterans served by the VA Ann Arbor Healthcare System.

## Corporate Recruitment Category

*Dax Allcorn, Jack C. Montgomery VAMC, Muskogee, OK*

Voluntary Service at the Jack C. Montgomery VA Medical Center (JCMVAMC) began a partnership with Indian Capital Technology Center, a technical school affiliated with the statewide Oklahoma Department of Career and Technology Education system, in 2013. Voluntary Service coordinates visits to the medical center for students interested in healthcare careers allowing students to explore the various career fields available at the medical center, such as Pathology & Laboratory; Radiology/Nuclear Medicine Service (including MRI, CT Scan, and Ultrasound); and also the SIM Lab through Education Service. Some of these students are also able to help with Patient Transport by assisting Veterans in wheelchairs throughout the medical center.

This collaborative effort has provided many unique opportunities for the college students involved. As the students rotate through the various service areas they are able to gain a better understanding of the mission of that particular service. For example, in Pathology & Laboratory, students learn about the Blood Bank and how to check for blood types. A volunteer Phlebotomist Assistant position has even been created allowing one trained student to assist the Pathology & Laboratory Service in drawing blood from Veteran patients.





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