Lukewarm coffee and endless roads are overshadowed by the audience's response.

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It was, to say the least, an auspicious beginning. A talent scout from the USO called to tell me, "I've read your application, and we would like to audition your group." I was ecstatic. For four years I had led the Jack Tales Troupe, a college singing group, from Boston to the Bronx, performing Blue Ridge Mountain folklore and music for schoolchildren, nursing homes, and churches. Now we had a chance to tour the world performing for American servicemen.

"When would you like to see us?" I asked.

"What about next week?" she said.

"I'll fly down."

Fly down to see us—I couldn't believe this.

"That would be fine." I hung up the phone humming "Thanks for the Memories" with visions of riding in a jeep beside Bob Hope as mortar fire burst over our heads.

Finally two months later, the day arrived. We had practiced and practiced and then practiced some more. Little was discussed around the theater that did not involve a trip to Europe. I doubt if our anticipation could have held off another day.

The nine of us with our checkered shirts, pressed jeans, tuned instruments, and polished boots waited for the recreation therapist to tell us what to do. All of a sudden a strange little lady began weaving her way in and out among us, and from a distance we heard someone babbling incoherently about Adolph Hitler being alive and living in this Veterans Administration (VA) hospital.

Everywhere we looked people in hospital gowns were looking at us, talking quietly among themselves. The strange lady continued to weave through us, while a chant of Hitler filled our ears.

We were tense as we auditioned, but considering everything, I thought we were pretty good. She was smiling—definitely a good sign.

"Very nice."

"Thank you." I couldn't figure her out. Had we made it?

"You have a very unusual show,"
she said. "Not exactly what we usually book." She glanced up from her notes. "But... can you tour over Thanksgiving?"

I tried to hold back my smile, but all I kept thinking about was going to Europe, riding around in the back of a jeep—me and Bob Hope. I wondered if I could alter fatigues to look a bit snappier.

"That's in the middle of the term," I replied, "but I know we could be ready."

"You would only be gone about 11 days. Do you think you can do it?"

"I guess." Maybe it was just a quick trip to Spain or a fast "fly in" to the Seventh Fleet. "Where would we be going?"

"To Pittsburgh, West Virginia, and upstate New York."

"What?" I stammered. This wasn't Bob Hope's USO.

"To VA hospitals," she replied. "I think your group would be ideal for the veterans in our hospitals."

Four years later, with some 22,000 miles behind us and 175 USO shows to our credit, I realized the insight and wisdom of the talent scout. We have traveled by van from New York to Los Angeles and from North Dakota to Florida. I no longer see myself beside Bob Hope and the work we do in hospitals has none of the glory I had earlier envisioned, but it has provided rewards that I never would have expected.

All hospitals are different, yet all are very much the same. They are filled with sick, injured, or lonely people. Whether the sickness is emotional or physical, or the injury is short or long term, all patients need someone to care—someone or something to get their minds off their own problems, to share in some kind of joy, either personally or collectively. That is our job. We train for it and believe in it. On a tour, we exert most of our effort toward that goal.

The Road

The day begins with the road and ends with the road. You climb into the van anywhere between 4:00 AM and 10:00 AM, depending on how far apart the hospitals are located.

There always seems to be a conflict between time and distance. Houses, trees, deserts, rest rooms, restaurants, souvenir shops, and tourist attractions—you pass them all by, because your constant nemesis "time" won't allow stopping. The miles turn in semidreams with a clock always in the upper right corner reminding you that the show is in two hours. And then you see a road sign stating clearly and with no emotion that your destination is 100 miles away.

The road. The van. They are synonymous. Hard seats, no space, the radio, and the constant moaning of tires, the whole situation puts you into a dreamy state interrupted only by lukewarm coffee, a cigarette, or the newspaper from the town you stayed in last night. Once you arrive in the city where the VA hospital is located, the search begins.

The Search

There never seems to be a map pinpointing each VA location, and local residents can never quite agree where it is located. And so your search begins. The first rule to remember is that the first three people you ask will send you in opposite directions. The hospital is located on a one-way street that you can't get to.

Once you find the hospital, your next task is to find your contact person, usually the recreation director. When we arrive, this individual inevitably has just been called away to a family emergency or hospital crisis or some other errand of mercy, and no one else in the hospital has the authority to tell us where to unload or set up our equipment.

When we first began touring, I tried to outfox the recreation director by arriving 20 to 30 minutes ahead of schedule, hoping to arrive before the crisis. No luck. Crises always seem to coincide with arrival times.

The Set Up

Our stage show takes about 90 minutes to set up. The space to perform in is never the same. Theaters will vary from a 1,000-seat, fully equipped auditorium to a corner in a rec room where you perform around pool tables. It makes no difference: Versatility is the rule.

I learned from past tours to be completely self-contained. Before beginning a tour, we spend hours rehearsing not only the show but also unloading and setting up. Everyone has a job, and everyone must do only his or her job. If time is your enemy, efficiency at this point will save your show. The faster and easier your
In true down-home style, all kinds of instruments are put to use.

stage show is set up, the more time you will have to prepare for the performance in the wards.

The Wards

It is in the wards that you have the opportunity to meet with the patients. They live here and you are their uninvited guests. A rapport must instantly be established to create joy and a sense of fellowship that will make the performer "one" with the residents.

Since our second show, I have been convinced that in the wards a USO college group can outshine all other types of performers. The others may perform better—most have nicer costumes and more polish—but we care. We care on an individual basis. In the wards, that contact between two individuals, the patient and the performer, is the payoff for the van rides, cold coffee, and fouled up motel reservations.

The Nurses

Before entering the wards, we always stop at the nurses’ station. This is because the nurses usually have not been notified of our visit; No one bothered to inform them that eight strangers with instruments would troop down their halls. However, no matter when we arrive (usually right in the middle of a meal or when medicine is being administered), the nurses not only welcome us, but change routines, literally working miracles to accommodate our schedule. I have never worked with a group of professional people with such flexibility.

We depend on the nurses. They know the patients, not only medically but personally. They tell us, “Visit Mr. Johnson in 212, he was raised in North Carolina; he’ll like your music.” Or “Please visit Mrs. Windom in room 313, she has a granddaughter about your age.” Other comments, such as “this patient is hard of hearing” or “that patient hasn’t had a visitor in a couple of weeks,” are the type of suggestions that help us do a good job.

The Objective

There isn’t any place in the hospital where we have not been: lock-up, psychiatric, detox, drug abuse, ambulatory, general surgery, intensive care. We see more agony and misery in one day than most people see in a lifetime. We sang “Amazing Grace” for a man who drew his last breath, saw men who appeared almost lifeless start singing when they recognized a familiar tune, and once played for a surgical team between operations.

Performers must be the ones with the smiles and cheer, no matter how the pathos of the situation clutches at their hearts. If they can’t do that, they are of no value to the group. We try not to get involved with the suffering, and we usually succeed. But that doesn’t always happen.

Once when we were playing a ward in Memphis, the nurses asked us to sing and talk to a young Vietnam veteran who hadn’t moved in several years. So we sang. As we were leaving, some performers whispered good wishes in his ear, and he blinked. BLINKED! Nurses were ecstatic; before long the hall was crowded with nurses, orderlies, doctors, and janitors, all crying and laughing and patting us on the backs. That young man had shown his first sign of recognition in six years. We cried too.

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I am sitting in the Huck Finn Motel in Elmira, New York. It is now 10:00 PM, and I haven’t eaten. Earlier, I was excited about spending the night in Elmira because Mark Twain is buried here and there is supposed to be an excellent museum. But by the time we arrived, everything was closed and tomorrow we must leave at 7:00 AM. I am hungry, tired, hot, and lonely. Why do I do this?

We finished a show this evening, one I did not feel was particularly noteworthy. A few of the numbers got mixed up, and we lacked polish. But when we were finished, the recreation director came over to shake our hands and tell us that we were all wonderful. I couldn’t believe it.

As we were leaving, a nurse said to me, “You know the part of the show where one of your performers asked the patient to dance the “Tennessee Waltz” with her?”

“Yes,” I replied, “Did it go okay?”

“It was better than surgery. You see, the patient she picked had convinced himself he could not walk; we believed it too. But because he was asked, he tried. And that’s something we couldn’t get him to do. God bless you.”

The endless road, the cold coffee, the cigarettes, the crummy motels, these certainly are not why I do it. The patient who couldn’t walk, the blink, the surgical team—the people. That is why I do it. GN