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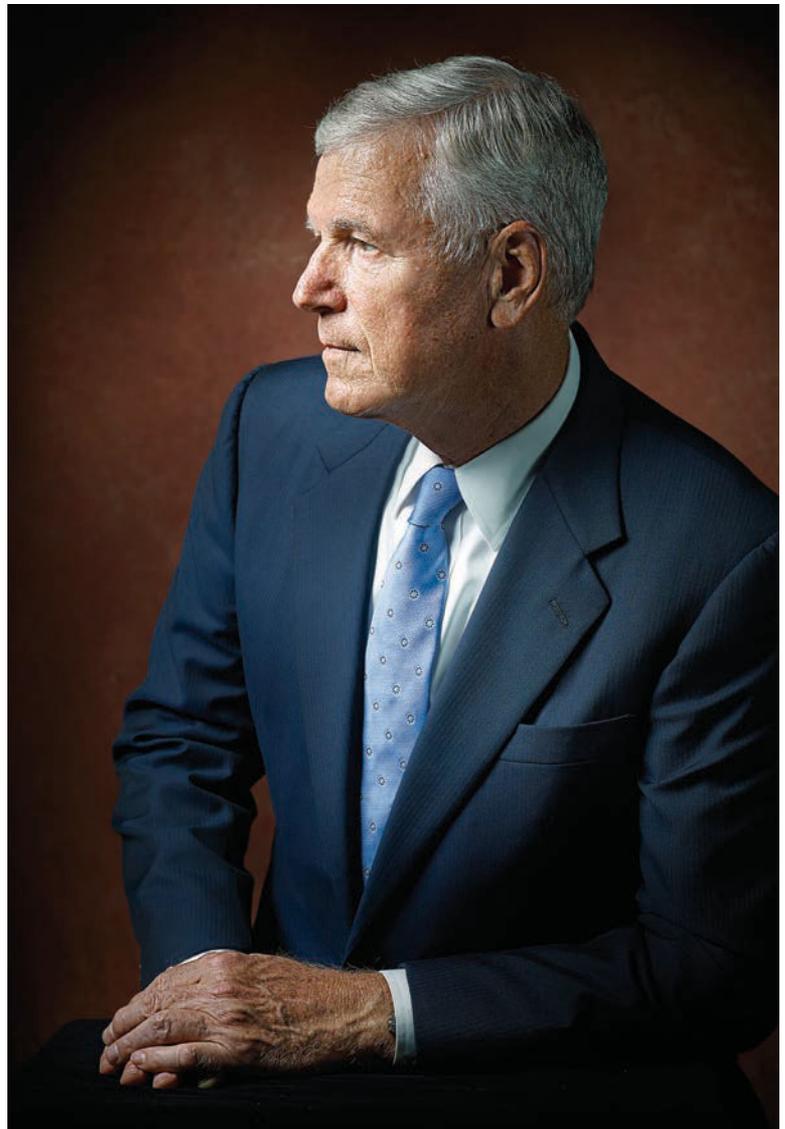
RICHARD B. MYERS, A RETIRED FOUR-STAR general and former chairman of the Joint Chiefs of Staff, has served in a position of command since the Vietnam War. His résumé is a litany of positions of authority and responsibility, having been the commander of the North American Aerospace Defense Command, the U.S. Space Command, the Air Force Space Command, the Pacific Air Forces, the U.S. Forces Japan and two fighter wings.

And then, in 2005, he retired. Just don't tell him that. "I am retired from the military, but I'm not *retired*," Gen. Myers stresses. "I probably travel more now than I did when I was the chairman."

Among his current contributions is two years and counting as the chairman of the United Service Organizations' (USO) Board of Governors. But his most recent endeavor has been spearheading the General Richard B. Myers Veterans Biomedical Equipment Technology Program, a new effort in partnership with nonprofit medical-supply company MediSend International that trains returning soldiers to be biomedical technicians. Myers recently reflected on his 40 years of service and explained the inception and goals of his namesake program in an interview with *American Way*.

AMERICAN WAY: What was your thought process about leaving the military?

Gen. Richard Myers: Gen. Bernie Rogers, when he retired from European Command, said, "I'm gonna have three priorities when I retire: One is make a little money, because we don't make much in the military; two, give back; and three, spend more time with family and friends." I said, "That sounds pretty good." I thought that was a pretty common-sense approach to it.



Some people do have problems letting go. But in the military, it's traditional up through all the ranks that your time in a command position is for a fixed term, and then it's over. I used to say when I was chairman [of the Joint Chiefs] that I was in the last few years of a dead-end job because there was no place to go after that.

AW: Is it hard to let go of a position of power?

RM: How do you spool back? I retired at 63, and the question was, do I want to take on the job of running something and make it a 24/7 life? And I said no, at 63, I don't want to do that. I want to be very involved in a lot of things, but I don't want to eat, sleep and work at one particular firm or whatever. So that was a decision I made. I think a lot of people go through that. And other people say, "No, I want to run something. I've got to be

SUPPORTING THE TROOPS: General Richard B. Myers is working to improve the futures of our returning veterans.

in charge of something.” I somehow feel very comfortable not being in charge of anything really, but being on boards, being in advisory groups and then trying to help where I can help — to me, it’s fulfilling.

AW: How did you get involved with the MediSend organization?

RM: Well, my wife did originally, while I was still in the military. One thing led to another, and pretty soon, on some of our overseas trips, we’d take a few boxes of medical supplies. I remember one of those trips into Kenya: We might have had eight or 10 boxes of medical supplies. And I’m not talking exotic drugs; just gloves and maybe syringes — I

mean, just basic stuff. And when the doctor came to our hotel to pick them up, he got tears in his eyes. When I got out of the service, my wife and I stayed involved.

AW: Where did the idea of training vets to be biomedical technicians come from?

RM: I think the light bulb went off over Nick Hallack, the president and CEO of MediSend, when he saw the U.S. Bureau of Labor Statistics data that says this is a career field that’s going to grow at 30 percent a year for 10 years. That’s huge growth. That, coupled with reading every day about the need to get our veterans jobs. He put those two things together a lot faster than I did.

AW: Why are veterans good candidates for careers working with biomedical equipment?

RM: Something like 70 percent of America’s youth [according to Department of Defense estimates] aren’t eligible to join the military because of either medical reasons, drug use or they’ve committed a crime. Employers are looking for the same kind of people that the military is looking for. The testing up front for this program is pretty rigorous because they’ve got to be comfortable with math and science, and if they’re not, then it’s probably not a good match. We make no secret: This is hard, and it’s technical, and your math and science skills have to be at a certain level or you’re probably not going to make it.

AW: How has the view of veterans changed over the decades of your career?

RM: I remember coming back from Vietnam and landing at Travis Air Force Base near San Francisco and being told, “It would be best if you got out of your uniform to get on a bus to go down to the international terminal in San Francisco, because if you don’t, you’ll be harassed from the time you get off the bus in front of the terminal all the way to your gate. People will be there to harass you.” That stands in stark contrast to the way our military is thought of today by the American people. And I think part of that [turnaround] was the decision to embed reporters in the Iraq conflict. I think that showed the American people what kind of men and women we have that are serving our country. 

JOE PAPPALARDO, a frequent *American Way* contributor, is a senior editor at *Popular Mechanics*, where he covers military and aerospace and is the author of *Sunflowers: The Secret History*. He wrote the July 15, 2013, *American Way* cover story on Medal of Honor recipients.

THE CENTER FOR REGENERATIVE MEDICINE A NON-SURGICAL TECHNIQUE TO FIGHT AGAINST ARTHRITIS AND SPORTS INJURIES



The Knee Diaries: SJ is a 60-year-old male with the chief complaint of knee pain who visited The Center for Regenerative Medicine over a year ago. He was diagnosed with bone-on-bone osteoarthritis of the left knee, causing much pain and discomfort; at that point he was told only a total knee replacement could help him. He is otherwise healthy. On exam he had point tenderness to the medial side of the left knee (medical lingo: inner side). An X-ray showed severe arthritis of the knee (X-ray on the left). Patient started receiving treatments at The Center for Regenerative Medicine. Today he is feeling better (X-ray on the right).

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For more information and to read more on “The Knee Diaries”, please visit www.arthritisusa.net or call (305) 866-8384.