

## **WOMEN VETERANS HISTORICAL PROJECT**

### **ORAL HISTORY COLLECTION**

INTERVIEWEE: Sandra Van Neel Ross

INTERVIEWER: Therese Strohmer

DATE: April 29, 2015

[Begin Interview]

TS: Today is April 29, 2015. This is Therese Strohmer. I'm at the home of Sandra Ross in Fayetteville, North Carolina, to conduct an oral history interview for the Women Veterans Historical Collection at the University of North Carolina of Greensboro.

Sandra, could you state your name the way that you'd like it to read on your collection?

SR: Sandra Van Neel Ross. I probably was known as Sandy in the early years and Sandra later.

TS: Later, now? Okay. Well, Sandra, why don't you go ahead and start by telling me a little bit about when and where you were born?

SR: Okay, was born [14 January 1946] in Rochester, New York; lived in Spencerport in a rural—very—just a rural area. I was my mother's only child.

TS: Oh, you were?

SR: Had four step-brothers and sisters, and I would have considered us, kind of, a lower middle class family, so we had enough but my dad worked in—had his own business and it was very—it was seasonal, so.

TS: When did you get your step-brothers and sisters? At what point in your life?

SR: Well, I'm the youngest.

TS: Oh, you're the youngest.

SR: Yeah.

TS: Okay.

SR: Three of them I was raised with and we're all still close, and close to the oldest one, too, that was raised by her grandmother, but anyways.

TS: Oh, okay. You lived in, kind of, a rural part of Rochester?

SR: Well, outside of Rochester.

TS: Okay.

SR: Spencerport, Churchville. I went to Churchville High School.

TS: Okay.

SR: But the address was Spencerport.

TS: What kind of things did you do as a little girl growing up in that area?

SR: It was a farming community; I used to help the neighborhood farm a great deal. I loved horses, so when I was able I got a horse and another horse and then they each had a horse and I had no place to put them, and [chuckles]—

TS: Oh, where—

SR: —had to keep them in neighboring places and go take care of them, but I did that and it helped raise a little bit of money for my nursing school later. So raising hor—having horses and working the farm and—

TS: Where you an outdoors kind of girl?

SR: Yes.

TS: Yeah, you loved to be outside?

SR: Wandering around. At that time you could wander around the woods by yourself when you were young and never think anything about it.

TS: Nobody would say, "Oh, where's Sandy?"

SR: No. Not all day. [both chuckle]

TS: You had all day to play. You had your step-brothers and sisters, they were older than you?

SR: Yes.

TS: By how many years?

SR: One brother's four years, and six years, eight years for my sister, then the oldest one is ten—Let's see—she turns eighty this year so she's almost eleven years older than I am, and they're all still living—

TS: Yeah.

SR: —in different places, but—

TS: You had a big gap of years, then, so were you more by yourself? That four years can be, like, a long distance when you're, like, six to ten.

SR: Yes and no. Other than we were—it was a one room schoolhouse converted that we lived in and we all—

[Speaking Simultaneously]

TS: That you lived in?

SR: —three of us—three of us were in an upstairs unheated attic that was not divided into rooms until I was ten.

TS: Oh.

SR: I'm thinking not so far away because my sister's, like, next to me. [both laugh] My brothers are across the room.

TS: Oh, all in the same area.

SR: All in the same area. It was just a one—attic, unheated, in upstate New York.

TS: How did you end up in a converted schoolhouse?

SR: Well, my dad dug the cellar. It was—they could afford it, moved it back onto that and begin to build it, and then eventually turned the upstairs into four rooms and an apartment, actually.

TS: Oh, okay.

SR: Four rooms and a bath upstairs, but that took a—like I said, I was ten before that happened. They had a neighborhood—or a friends' roof-raising.

TS: Okay.

SR: So you raise the roof—

TS: Right.

SR: —and made it into an apartment.

TS: Oh, that's kind of neat.

SR: Yeah. I went back about two years ago to see it and I thought, "Oh, this is terrible."

TS: Oh, no. Really? [both chuckle]

SR: But it was great then.

TS: Yeah. We didn't know any different, right?

SR: Right.

TS: It's what you knew.

SR: Right, yeah.

TS: You played outside. Did your mom work outside the home at all?

SR: She did. Yeah, she worked at a Gloucester[?] coat factory, she worked at—and then in later years she drove a school bus for deaf and handi—and special needs children for long enough to retire, so I take it about twenty years; a small school bus, and lots of stories about that.

TS: I bet, yeah.

SR: And as I said, my dad dug cellars with, what we would call, like, a steam shovel that was a diesel shovel. He had his own business and so he would—It would depend on the weather a little bit.

TS: Yeah.

SR: I always think about being—in later years we had a movie about *You Are What You Were When* you—at the time you grew up and so this was, like, post [Great] Depression and money was tight but we had enough. So I think I've always been money conscious because of growing up at that time, but we had—my dad had a boat, we went to—extended family went to the lake every Sunday, water-skied, had picnics. Went

to—up into Canada for vacation, went camping down in Florida when I was fourteen, so when I look back I think that's—that was pretty good for that time.

[*What You Are Is Where You Were When* is a motivational employee/management relations video created by Morris Massey in 1975]

[Speaking Simultaneously]

TS: Sure, you got to do a lot of things.

SR: A lot of people never got to do those things.

TS: Right. That's so true. That's neat. You enjoyed outside. Now, what about school? How did you feel about school at that time?

SR: I enjoyed my school. I'm not a great student, despite the fact that I've managed to get two masters. I've never been a great student. Better as I got older probably, but I—but I enjoyed it; I enjoyed school.

TS: What'd you like about it?

SR: I think people and learning and trying to—It was just what you did; you never thought about not going to school. [chuckles]

TS: So the social environment was good.

SR: Social, yes.

TS: Now, did you do any extra-curricular activities?

SR: Well, later on the nursing—student nurse—Future Nurses Program, I guess it was. I remember doing a play one time. Not that I was very good at that, but played a professor, so—[chuckles]

TS: Oh, neat. There you go.

SR: And can't think of—

TS: Any sports?

SR: No, and we didn't—I tried out for cheerleading and was not—that was not my thing. And I think probably just attended sports events. It was—My graduating class was only about forty-six, forty-eight, and they got very large after that.

TS: Couldn't really field many teams for things.

SR: No, no, and it just wasn't—You went and watched basketball, that was—[chuckles]

TS: That was it, huh?

SR: That was it.

TS: Yeah. Now, did you have a sense as a young girl, like, what you thought you might want to do in later years?

SR: I always wanted to be a nurse.

TS: How come?

SR: That's the only thing, and I don't—my mother had wanted to be a nurse, I don't know if that was influential. She never was—She had graduated too young to go into nursing and then the next year got sick and so they—she couldn't go into it the next year, and whether knowing that, but that was just always the sense, and I feel bad for young people today because nobody ever knows what they want to do. But I just—That was the only thing. While I was in high school my guidance counselor told me I better pick something else, that I wasn't qualified to be a nurse, and—

TS: Why did they say that?

SR: I suppose [unclear] text—test—the—

TS: Like ACT [American College Testing] or SAT [Scholastic Aptitude Testing] or—

SR: Well, no, not even those. When they just do what might you feel you might be good in, and I can't think of—

TS: Like an aptitude test?

SR: Like an aptitude test. And all I could think of later was that I also had sort of a business sense and he tried to steer me toward secretarial, because that's what—nursing, secretarial, that was—when you think of business at that time. Well, I've never been a good speller; absolutely would have failed shorthand if it hadn't been for going in every day trying to learn it ahead—before school. Absolutely would have hated it.

And then I'd had a home ec [economics] teacher who was like, "You can be anything you want to be," sort of person—very, very upbeat—and so I—after taking a

few secretarial courses that were disasters for me—typing is still diffi—slow—I went back and took the courses I needed to get into nursing and was able to get into a three year diploma program, not a four year degree program, and that worked out fine for me.

TS: Yeah.

SR: Did not have a problem with that, but—and I have always loved nursing and, obviously, can handle—I'm just getting ready to retire from civil service and I will have had fifty—a good fifty years of nursing, and it's been wonderful.

TS: Oh, that's good. Well, where did you end up going to school for your degree program?

SR: I've never gotten a degree in nursing.

TS: The certificate program.

SR: I have a—I have a diploma from Genesee High School School of Nursing [correction: The Genesee Hospital School of Nursing] in Rochester, which no longer exists. Later in the military I—Well, I was here at Fort Bragg the first time—I got a bachelor's [degree] in management from Golden Gate University on post, and then applied to go to the Baylor [University] Health Care Administration Master's Program, got selected, wondered, "What have I done?" [both chuckle] But—

TS: But you made it through?

SR: But I made it through.

TS: Yeah.

SR: I made it through, and then after retiring used my GI Bill for a master's in counseling from Liberty University [Lynchburg, Virginia]. And then ended up going back—because of [Operation] Desert Storm, really—ended up going back to nursing just part time on Fort Bragg, and that's way down the road because it's, like, "You want to come back? Are you sure you don't want to come back?"

Well, when the president goes on television and says, "We're at war. This is where you report to."

And I thought, "I better go get my foot in the door."

TS: Oh, okay.

SR: And so I went back in '91 as civil service, just one day a week.

TS: Have you been doing that ever since?

SR: And I've been doing that for twenty-four years, twenty-four and a half years.

TS: Wow. That's pretty neat.

SR: It went up to nearly full time because—when everybody was deployed later on, I was even acting head nurse just to fill in and keep things going till they could get some coverage, and then dropped back down to my two days a week for the last number of years, and it's—that's been great.

TS: That's what you've been doing, then.

SR: That's what I've been doing.

TS: Well, that's neat.

SR: And I tell many, many peo—many nurses that having retired from the military gives you options. I've never had to work full time since then, and so encourage them, if they can hang in there you've got to work someplace you might as well work and get a retirement. [chuckles]

TS: Get a retirement out of it. Well, let's go back to when it started then.

SR: Okay.

TS: When you're in nursing school you found out at some point about the Army Nurse Corps.

SR: Right.

TS: How did that come about?

SR: Well, they have a recruiter to come and present. Of course, it was during—Well, I was—The first year there you went to community college, and while I was sitting in class was when President [John Fitzgerald] Kennedy was assassinated.

TS: Oh, okay.

SR: So—

TS: You remembered that?

SR: Yeah, those types of moments impact you. You almost know how you feel and, of course, they immediately dismissed class, we walked backed to—it takes nearly a mile back to cla—to the hospital; we walked back and forth. And walking back and all the news things, and I've always had a patriotic streak. I'm not—I wouldn't say I'm really into politics or I'm really well-versed on world events or things, but you grow—when you



grew up in a time where you saluted the flag, and God and country were important, that was just sort of always with me, just like the wanting to be a nurse.

And so, I don't kn—I don't remember if I thought about the military before she came but I knew I wanted to travel and I wasn't brave enough to do it on my own. Concerned about money, so that was—When—You get paid a little bit and the fact that it was—it was what was going on, it was serving our country, and so I had no qualms immediately. And when you're actually enlisted for the year you got paid private's pay. I think it was ninety-eight dollars a month; I was rich. [both chuckle]

TS: Yeah, of course.

SR: And that counted toward my retirement—that year—so I actually could—retired at thirty-nine, and that was helpful too. But I was very excited about being able to go someplace and do something, kind of the first in the family. Now, my brother had been in the Marines and he'd gone to Hawaii, but I was the first to go to a school—graduate from a school, have a profession type thing, and then to begin to travel, and so—

TS: And you're youngest, right?

SR: And I'm the youngest.

TS: Yeah. That's pretty neat. Well, what did your family think about you joining the Army Nurse Corps, then?

SR: I have no idea.

TS: Really?

SR: And it really never crossed my mind that—even when I volunteered for Vietnam and it was like it was just what I'd do, and I now—as a mother and grandmother, I think, "Oh, my goodness." [both laugh]

TS: That's really interesting. So you had, like, an independent streak in you.

SR: Yes, yes. And I think my parents were particularly—I was very, very close to my mother—both—but I—she was just supportive. That, your life, you live it, and it's great that's what you want to do, and there was never any, "Maybe you should think this through again." [chuckles]

TS: You just made your choice and she supported it—

SR: Yes.

TS: —and you went forward.

SR: Yes.

TS: What about your friends? What did they think at the time?

SR: I'm sure there were some that thought I was—"Are you sure about that?" But there's not—not really. And again, I was kind of independent, and although I wouldn't say I didn't have friends, I wasn't close with a lot of people. I was too busy working, going to school, just making it through, I think, and waiting for the next thing. And I think many of us were waiting for the next—to graduate and do our next thing.

TS: Well, did you do the nursing program through the army where you got paid to just go to school? That was a ninety-three, eighty-three—I forget how many dollars you got.

[Speaking Simultaneously]

SR: Yes, paid private's pay.

TS: Okay.

SR: So whatever it was, somewhere in the nineties at that time, you got paid private's pay. That was it, they didn't pay any other toward schooling, but that did count toward retirement.

TS: I see. Okay.

SR: Now, there were—When I got in the military there were a lot of people—nurses that had gotten four years through, like, the—what they called the WARIN [Walter Reed Army Institute of Nursing] Program at Walter Reed; got all four years paid for and that counted toward retirement. So they had a real bonus.

TS: That was nice. What year did you start?

SR: I graduated '66.

TS: Sixty-six, okay.

[Speaking Simultaneously]

SR: And [unclear]—

TS: So '65 would have been, like, the year that you started with the army then?

SR: Yes, yes. In September of '65 I joined. I had to take the bus trip to Syracuse and raise my hand and sign in and start receiving pay. You didn't put a—you didn't wear a uniform, you didn't do anything else with the military, just—once you got signed up they sent you a monthly check and waited for you to take your boards [certification examinations] and get your license back and that happened in the fall of '66. So I worked at the hospital that I trained at until I got my license back and then went to basic training in Octo—I think in October.

TS: October of '66?

SR: Yeah, of '66. Might have been early November.

TS: Now, was the Vietnam War going on? Yeah, it was going on at that time.

SR: Oh, yes.

TS: Did you have any thoughts about that at that time?

SR: I'm at the very beginning of the baby boomers, so I think the thought was our country needs to be doing what it needs to be doing. I didn't think about—And I wasn't in an environment where people really opposed the war yet.

TS: It was early.

SR: It was early. And didn't really understand a lot of the draft issues, and there were some—there were even some race riots in Rochester at that time while I was in school, and I was a little surprised at that, I think. In my high school there was only one black family, one gal in my class, but I was always friends with her, and I've seen recently that she's a judge in Rochester. [laughs]

TS: Is that right?

SR: Yes, I'd love to be in contact. But [unclear]—

[Speaking Simultaneously]

TS: So that was, like, outside your world view of—

SR: Yeah, a little outside, because I—I think because of not having a home environment where there would have been a lot of in-depth educational conversation or people that—

TS: You weren't talking about it.

SR: So it didn't make you think and stimulate and it was just, "Well, this is what's going on now." There had been some other different types of conflicts. I can remember, from high school, books—oh, I should read this book or that book and I never got around to doing it, but it was—so I must have had a little bit of interest in world events and why we were places, but I think that all—It was very surface at that time.

TS: Right.

SR: Very surface.

TS: You had other things going on.

SR: Just other things and—but, of course, watching the news and—as you could—

TS: Right.

SR: —in school.

TS: A little different there too.

SR: Yes. But then I was very happy to go to basic training, and it's a whole new adult environment life[?]. It was very short. Medical basic training, particularly at that time—

[Speaking Simultaneously]

TS: That's at Fort Sam Houston [San Antonio, Texas]?

SR: —at Fort Sam Houston—it was nothing like what it is today. It was nothing like what the general army population—probably much easier. They just wanted you to kind of be able to salute, wear your uniform, know the code of—the military justice code. [chuckles]

TS: Right. You had, like, an introduction to the military and the army.

SR: Yes.

TS: Did you do the marching and any kind of field exercises?

SR: Very little bit of the marching, and we did have a field exercise toward the end, and while I was at that my dad had a serious accident and so they just—we were close to graduation, they graduated me, got my stuff together, and put me on an airplane, and I was able to go back home and be with him while he was injured, and then go on to my next duty station a little bit early, which meant I went just before Christmas. [chuckles]

TS: Okay.

SR: Instead of being home for Christmas I got to go to Fort Knox [Kentucky] at Christmas and nobody was around.

TS: Oh, so you're, like, off by yourself. Well, I wanted to ask you a little bit about the training at Fort Sam Houston because I've heard a little bit about—recently, they've talked about using goats for, like, training?

SR: Yeah, we didn't do anything like that.

TS: You didn't do it?

SR: No, ours was strictly an introduction to the military.

TS: Okay.

SR: It was nothing to do with the medical.

TS: You didn't have any of that.

SR: No, no, no.

TS: It was just, like, how to salute, when to salute.

SR: To understand what the military code of jus—what you should—an officer—

TS: Okay.

SR: —what's expected of you, that type of class. Nothing medical at all.

TS: Okay. When you went to Fort Knox, that's, like, your first duty station?

SR: Yes.

TS: Were you assigned to a hospital?

SR: Yes.

TS: Tell me about that. How was that?

SR: Well—And I had asked for Fort Knox.

TS: Okay.

SR: I was—It was horse country. [chuckles]

TS: Oh, okay.

SR: That was one thing.

TS: That's right. You have that interest.

SR: Yeah, that interest, and a gal—my roommate and I—Well, actually when I arrived there, because I arrived a little bit early, and I was assigned—and that roommate was gone home—everybody was gone home for Christmas. There were only a few older army nurses and they invited me over for martinis at Christmas, which I had never had. [both chuckle] In fact, I'm not sure I was even old enough to drink in Texas at that—Well, by then, I guess. No, I don't think I was but—

TS: You weren't twenty-one yet, yeah.

SR: Yeah, yeah, I wasn't twenty-one yet, which—New York had an eighteen age [legal age for drinking alcohol].

TS: Okay.

SR: And so, going from there to Texas, it was twenty-one, it was—it was—and I wasn't twenty-one yet. But I remember thinking, "This is terrible. [both chuckle] This is just awful."

TS: The martini?

SR: Yes. And all the nurses and being so scared if you're going to say something. But anyways, another gal that I—either just arrived—it must have been basic with her, I can't think about knowing her at that time—but we both were interested in intensive care, which intensive care was a new concept.

TS: Oh, it was?

SR: It—My hosp—The hospital I trained at in Rochester had no intensive care, so when—if they were to monitor somebody cardiac, they would sit a monitor on a chair and you'd walk by and see if it was bleeping, because you really didn't have any training in monitoring and that was the extent. So IC was a totally new concept and we were both interested in it, and they had an ICU [Intensive Care Unit] at Fort Knox, supposedly, and—what was called an ICU at the time—and we were both interested but worried. We've got very limited experience but they assigned us both. We—I felt so grateful that I had—they didn't make me work someplace else for a year or whatever. So I walked right into intensive care, they were just beginning—they were just putting monitors in—

TS: Okay.

SR: —cardiac monitors there. Their intensive care was a few semi-private, might have been one private room, and then bays. And you'd go back, there were three bays—it's built exactly like the old hospital here at Fort Bragg—but three bays, so you had four on each side; four and four, another bay, four and four, another bay is four and four. And, I mean, I can remember when we nearly trached [tracheotomy procedure] a patient on the back ward, an auto accident. Nothing like you would do today.

TS: Oh, really?

SR: And there was no cardiac monitoring there on the ward areas. That was only for a couple of rooms up front. We were just beginning to be trained in doing any kind of cardiac monitoring.

TS: What kind of patients did you have?

SR: Well, it would have been any kind that was a higher level than the—than the—another ward could take care of. I mean, they could be accident victims, they could be diabetic.

TS: Okay.

SR: Heart problems. So it would have been a med/surg [medical/surgical] mix pretty much since there was no other ICU, and the medicine patients would have been more up front than the surgical—appendecto—Well, I don't know if they'd put them on intensive care.

TS: Appendectomies?

SR: Yeah. But if they had any kind of complication type things, and because it was a training facility you did get orthopedic injuries and stuff, and it might not have been what an intensive care would be—would take today, but it might have just been a little higher level—needed a little higher level of care, a little closer watching, say, than another ward might have provided.

TS: You're just trying to figure out what would work in the ICU, really; what the need was at that time.

SR: Well, anything where they'd need any kind of close watching because of the injury or surgery they would go to intensive care. Unlike today where you've got intensive care, and step down, and then probably some of the patients I'd take care of on a ward today would have been patients in intensive care then.

TS: I see. Right.

SR: Just to—or—but then you also had patients with chest tubes and Stryker frames [metal frame that secures the patient in position and permits turning].

TS: Are they mostly soldiers?

SR: Yes.

TS: Any dependents?

SR: Mostly—It could be dependents. Mostly young military soldiers but certainly could be dependents. Could be retirees.

TS: Where did you live at? What kind of housing conditions?

SR: Lived in the—in the officer quarters. It was in walking distance of the hospital. It was a two bedroom apartment, so the other gal that worked intensive care and I were there. Nice by my standards. [chuckles]

TS: Yeah.

SR: And most of the officers—I think there were maybe three sets of buildings as I remember, so all the—

TS: For the housing?

SR: For the housing. For—and mostly—and they would be nursing and medical people that would be in those attached to the hos—close to the hospital.

TS: You walked to work mostly?

SR: Yes.

TS: Yeah. Now, what kind of shift did you have to work at that—

SR: Probably mostly nights.

TS: Yeah. [both chuckle] Being—

[Speaking Simultaneously]

SR: And eight hours—

TS: Oh, okay.



SR: Evenings and nights at that time I think we did mostly eight hour shifts, five days a week, and I don't remember a very long orientation.

TS: No?

SR: It was kind of on-the-job training, sort of. Actually, I remember one—I do remember one patient with malaria and black water fever was one of my first patients and I did total care and they were like, "You don't have to do the total care. We have—We have orderlies." Well, they had—I didn't have that at the hospital I trained at, I was used to just taking care of everything.

TS: Doing the whole thing yourself, yeah.

SR: Yes. I do remember that. One thing I really enjoyed, because of being in the military you get a little more freedom, and like—and it was also at the time when they were just thinking about doing heart transplants, and there was a baby being born that was anencephalic and they allowed—and I just asked and was able to go to the delivery room and help during that delivery, or just be there and actually just kind of stayed with the baby a little bit. They were transporting the baby to—we thought—the plan was to go to Louisville Hospital. We didn't do transplants or anything like that at our hospital, and they were going to trans—send the baby to Louisville. It was not expected to live, it was going to be a heart donor if possible. That didn't happen. He had other abnormalities and—but I thought just that—made me remember the time; that this was at the beginning of the—of transplanting. Heart transplant particularly. So I had that opportunity.

Got to ride a helicopter in a snowstorm because there had been a bad car accident; I think somebody was out on the [unclear], some young [person?] that shouldn't have been and got hit by a tank. There were two young men with severe head injuries not—really not expected to live. It was a bad snowstorm. We airlifted them by helicopter to—into Louisville and I got to ride in the helicopter in there, help keeping them alive until they arrived, at which time they, kind of, pronounced them dead and I thought, "We've come in a snowstorm." But they had really—brain matter—

TS: Maximum injuries.

[Speaking Simultaneously]

SR: —exposed and—but we kept them alive until we got there to see if they could do anything.

TS: But then they couldn't?

SR: And they couldn't. But that opportunity to go on a medevac [medical evacuation] like that.

TS: What was that—

SR: Things you wouldn't do in the civilian—

TS: Sure. Did you like the ride, even though it was a terrible experience for the accident?

SR: Yes, and it's the thing you remember. I mean, I don't remember being frightened or anything, just that this is what I needed to do.

TS: Kind of exciting.

SR: I have an opportunity; it was an opportunity.

TS: Yeah. You're enjoying the army, then?

SR: Oh, yes.

TS: Are you? Yeah. Now, did you travel at all around that area or just, kind of, working?

SR: Maybe a little bit into Louisville, not too much. I bought my first car and took the long drive home to New York by myself.

TS: What kind of car did you get?

SR: I had a '66 Olds[mobile] Cutlass Supreme sports coupe. Metallic gray with a black top and wire simulated wheel hubs. [both laughing]

TS: You remember that car.

SR: I remember that one.

TS: That's awesome.

SR: And the fact that I could buy my first car.

TS: Yeah. Pretty exciting.

SR: Pretty exciting. I don't remember at what point it was at—it was probably, maybe a little later—but I remember thinking at one point when I was making ten thousand dollars a year and I was only a few years into nursing. And that would have been the top amount that my dad would have ever made in a full year at the end of his career. And we talked

about that, how—and I just thought, "Oh, I'm so fortunate. I am so fortunate. I can't believe this."

TS: You felt that right away when you were first in, that you had these opportunities that—

SR: Yes.

TS: —other people in your family had not had.

SR: I had—Well, and I had—I mean, I had opportunities in nursing of learning and atten—because there were all these classes and things they were training you in, and you have the opportunity of travel, and then of having more financial security. All of those things. And meeting people from all over, which I hadn't really met people from other areas or other cultures or—and as soon as you come in the military you're meeting people from around the world, and it was—it was just always interesting to me.

TS: Yeah. Sometimes I think something civilians may not really appreciate—that when you're in the military you immediately are immersed into all these different types of cultures. Just the friendships that you make.

SR: Right.

TS: Somebody from the South, somebody from the West, maybe lived overseas, so you—

SR: I—Just after I got on Facebook [social networking website] a couple of years ago I got kind of reconnected with some of my high school people, and it's a small class but it just amazed me that at least a third of them had never left the area, and some of these were the top people in the class. And I remember one fellow said, "I've never gone anyplace and I've never done anything."

And I thought, "How sad." I mean, these were really bright, much more—I thought they would have gone on to be well-educated, have great jobs, and do wonderful things. Others did, but it just—it was—it was just amazing to me to see how many stayed in that same area, and some of them I knew had a lot of potential but just never really did anything, and I always felt like I probably didn't have so much potential but have—

[Speaking Simultaneously]

TS: But you took advantage of every opportunity.

SR: —but have had a wonderful life and a very interesting career.

TS: Very interesting, yeah.

SR: And I tell a lot of the young lieutenants now, I said, "If you're—You just have to be flexible and don't take things personal because the military, the government, and most jobs can—if you take everything personal you can be ready to pick up and leave," and I was always just, "Well, I'm just going to stay here as long as it works for me." [chuckles]

TS: Right, and the military, you have the advantage of leaving.

SR: Eventually. Or they leave.

TS: Yes. Whoever's making your life miserable is going to go to their new station or you get to leave. That's true.

SR: Yeah.

TS: That's something I hear commonly.

SR: I think because I've worked as a very young child picking fruits and working at the neighbor farm and stuff that I always had a work ethic. Because I was always trying to make money to have—to pay my own way.

TS: Right.

SR: And so, I had developed a strong work ethic and that makes it—so that's always carried me through to just—I'm here to do my job and I'm being paid and I should do my job and I should do my job as well as I can, and that's kind of part of my character. It doesn't matter if it's—today, if it's stripping beds or taking somebody out with a wheelchair or cleaning up. Whatever it is it's all the job, there's nothing—Things were not beneath me.

TS: Right. Right.

SR: And if you put in as much as you can.

TS: No matter what it is, the task you're doing.

SR: Right. And you work with—you work as a team with people and that, I think, makes a difference and it made it more enjoyable.

TS: Well, you're at Fort Knox '66 through '68.

SR: Well, I put in to go to Vietnam.

TS: Right away?

SR: I requested it. Well, within a few months because I knew it would take—so I was there—probably after I was there a year I put in to go to Vietnam.

TS: Why did you want to go?

SR: Because I was ready for the next thing. I wanted—And that's what was going on. It was—As I look back it's, like, that was history; that was what was going on. I think today when the nurses are deployed—I said, "You may not enjoy it when you're there, you'll be glad when it's over, but you'll always remember it; that you were a part of history." And I—

TS: Just, like, the place to be?

SR: The place to be; to see what it was. And I don't think I—I mean, I didn't realize till years later actually how few—what a special group of nurses or women; it was a low number that were over there all together. And so, you were in a select group, so to speak.

So I had put in for it, of course I got it. That was a busy time. [chuckles] And because I knew I'd be moving probably in a couple of years anyways, so rather than just wait and see where they sent me, it was—

TS: Thought you'd just go to Vietnam.

SR: Yeah, put in for Vietnam. I came in the military to travel and that's what I wanted to do.

TS: Tell me about that, then. You go to Vietnam. Do you have any experience, like, with the flight over? Was it really long?

SR: [chuckles] I have a lot of—Yes, I have experience with the flight over. At that time you had to wear your army greens and heels. Now, this is almost a twenty-four hour flight, I believe at the time, and I don't—

[Speaking Simultaneously]

TS: You're coming from the East Coast?

SR: From the East—from San Francisco [California]. I remember at a bus stop in San Francisco I met a couple of lieutenants that were also going and we're all on the same flight.

TS: Male or female?

SR: A couple of men. There were only—I was the only female nurse and there were, I think, three—two or three other women that I didn't even talk to; enlisted women on the flight—full flight. I just happened to meet these two guys when we were waiting for the bus to get—to take us out to the airport. And I'd caught cold right then, so this long flight

with stockings and heels and things over there, but fortunately these two guys kind of looked out for me. I had somebody to talk to and—because they were officers. And no movies on the flight.

TS: Was it a commercial flight?

SR: Yes, but it was before—I'm sure it was a commercial flight because when they—I don't remember anything military about it other than just being a very full plane, and you didn't have any entertainment or anything at that time, and with my cold I couldn't sleep very well. And we stopped in—I know we stopped in Guam [unincorporated territory of the U.S. located in the western Pacific Ocean] on the way. I can't remember if it stopped in Hawaii first and then Guam, or you'd just be off for a short while and walk around and then get back on.

And because I was the female officer they—once we arrived in Saigon, at Tan Son Nhut airport, they were going to take—not the two lieutenants but the people there would look after me; "Here's your bus, here's your—Going to send you out to the replacement company on Long Binh." And I arrived there and no luggage. No suitcase. They had just left it behind, that they had—were taken care of.

So after traveling for twenty-four hours in stockings and all, and at the replacement company, which is right on Highway 1 and right next to the ammo dump that got blown up occasionally, and it's all encompassed with concertina wire, the female officers—and I was the only one—you walked down a wooden thing[?] past all the other barracks, and at the end was a guard with more concertina wire and protecting me and one female nurse—teacher—older teacher who wasn't there at the time. So I was completely alone and they—completely alone for—overnight. I think I went back to—

TS: Without your luggage.

SR: Without my luggage

TS: Okay.

SR: No soap, no nothing. [chuckles]

TS: Nothing to change into.

SR: Nothing. Nothing to change into. I had to go see the chief nurse the next day. I think I went back to the club, had a beer, wobbled back—wobbled back there, and finally the other teacher—the teacher came and I got a piece of soap from her so that I could go take a shower, put my same dirty clothes on for the next day. And I'm looking—I could look through the slats and see Highway 1 and walking on wood slats out to the shower I'm thinking, "Probably tarantulas." [both chuckle]

TS: Oh. Yeah.

SR: But I'm not a terribly frightened person and so I just went on, and I don't know why I didn't think to ask any of the men or something for some soap.

TS: Oh, right, right. You just waited for the woman.

SR: But I got thinking, I guess, that she would come. So the next day they did end up bringing my luggage. But I went to see the chief nurse for assignment, and I was interested in neurosurgery and that was right at Long Binh. That was my first choice and I got it. And again, I just feel like I have been really blessed, I guess. These were the higher end things that were available and different and I'd already—just came from ICU so—

TS: Do you think that helped you get into the neurosurgery?

SR: [unclear] where they had openings, maybe other people didn't ask for it.

TS: Right. True.

SR: I mean, I had no idea about where in country—

TS: Where it might be.

SR: —other things might be or even to ask anything else. I don't even know why that came—I don't know how I knew to ask for that; I can't remember now. But anyway, so I got that and that was right at the 24th Evac [Evacuation Hospital] —

TS: At Tan—On Long Binh.

[Speaking Simultaneously]

SR: —on Long Binh. So I didn't have to move again. That's where I stayed for the year.

TS: What were your accommodations like there then?

SR: We had Quonset huts, which are the metal—curved metal buildings; that was the hospital. The barracks, or officer's quarters, were wood-framed with sandbags around them where they—I can't even think—in case of attack.

TS: Bunkers.

SR: Bunkers, yeah, you had a place to go, but I don't think—I may have once had to go out there but never—we were not normally—At some of the hospitals the nurses would be out of clothing because every time they'd hang their clothing out they'd be attack, they'd be in the bunkers, the clothing would get full of holes.

TS: Oh, goodness.

SR: We had some stories like that where they had troubles because of—We never got—We had more problems from friendly fire.

TS: Oh, you did?

SR: Until right—about the week before I left and then—or maybe it was a few weeks before I left was the Tet Offensive of '69 and they at that point—the Viet Cong actually attacked Long Binh, cut out a twenty foot wire—

[The Tet Offensive was one of the largest military campaigns of the Vietnam War, launched on 30 January 1968 by forces of the Viet Cong and North Vietnamese People's Army of Vietnam against forces of South Vietnam, the United States, and their allies]

[Speaking Simultaneously]

TS: Section of the wire?

SR: Because this is the headquarters for Vietnam.

TS: Yes.

SR: And they cut out—And there were bodies, I guess, on the wire, not that I saw but people told, and some of them were people that worked on post in the daytime that were VC sympathizers or Viet Cong. Might be your barber, your hairdresser that was attacked. And that time we got some shrapnel things up under the helicopter pad and I remember thinking, "How come everybody isn't diving under their bed or under their cots," that's—I'd always heard that, that when they heard incoming that they would dive under their beds, and all these soldiers were, like, "Nah." [chuckles] Nobody seemed to be terribly excited and it was closer to us than anything we had before.

TS: But not so close for them to be worried about it?

SR: Apparently not, or they were just so war weary that they were not going to get out of their bed.

TS: Did you want to dive under the—

SR: Sort—Well, I mean, I knew this was different than what we'd had before. I mean, the helipad is—was probably not—this whole complex is kind of in a U shape and the ER



was just across the walk—a walkway from us and a helipad outside of that, so we're talking a fairly close—

TS: Pretty close.

SR: —close area that you would have gotten a little bit of action.

TS: Yeah.

SR: And the year that I was there I said "friendly fire" because the other hospital, an officer's quarters near the hospital, because the 93rd Evac was on Long Binh, and they were hit and four officers were killed. Not—I don't think they were medical people but [unclear] close to that hospital so—and that was from friendly fire, and—

TS: How did that happen? Do you know? The friendly fire.

SR: Misdirection.

TS: Who's shooting? I mean, what part—

SR: Friendly is our troops.

TS: Right.

SR: Whoever they are in the area—ours—and they get coordinates wrong.

TS: Like artillery or something like that.

[Speaking Simultaneously]

SR: Something hit artillery—

TS: Okay.

SR: —and lobs in a round that hits those quarters and devastates them. And I guess after I left that they had built a PX [post exchange] just—I was—my officer quarter was at the very end; the last one; called it the party quarter. [chuckles] Because that's where the picnic tables were and—

TS: Apparently the party.

SR: —the parties, the cookouts, and everybody would gather because it was at the end of the walkway. And then across the street they built a PX and I had heard that the PX was hit

after—sometime after I left. And I—but I don't remember if that was friendly; I think it was friendly fire.

TS: When did you get there in '68? What month?

SR: March 4.

TS: March. Was it right after Tet?

SR: It was after Tet.

TS: Of '68.

SR: Of '68. So we had a post-Tet very busy time and there was still a lot going on and we stayed very busy. The ward I worked on had had one—and I don't remember just how many patients—but one that was very—for the most acute patients and then a second ward that were for, like, concussions or spinal bruising or whatever. And it was not un—we were usually full all the time. It was not unusual to have four or five Stryker frames of patients with spinal injuries, it might also have head injuries, might also have chest tubes and things, and you were turning those frames; something not done since then.

Even I think one time we had the circular framework, where it kind of looks like a big wheel, to turn patients, but most of the Strykers look like you're on a cot and they—you put a top on and you grab it—you secure it and you grab them and flip the patient over.

TS: And they're, like, upside down?

SR: Yes, for a while. So they can be off their back and they're looking down. They never liked it much. And then every two hours you're—

TS: Flipping them back?

SR: —turning, turning, turning.

TS: Yeah.

SR: Things like that. And some of the injuries—We had a series of two or three that I remember that were from—where somebody'd walk into a helicopter blade and [unclear]. At the [unclear] picture of reunion from twenty-five years later, I don't remember that man but he—and I may—he said he was there for about six weeks so I'm sure I took care of him—I might have been on R&R [rest & recuperation] for part of it—but he was a general's son, came into the ER expected to die, was placed behind a curtain, he said—and we had glass IV [intravenous therapy] bottles at the time—he said, "I

remember thinking, 'They're putting me here to die.'" And he rattled his IV until it fell over and broke.

And the doctor said, "Oops, there's more life in this guy than we thought." He had been completely shot down, particularly the left side. And he was now a—twenty-five years later he was a hospital administrator in Virginia. And lost an eye, had a lot of maxillofacial work done, a lot of internal injuries, lost his lower left leg. But after about eighteen hours of surgery he survived; he was there a long time.

And for many, many years after I came back I never—never got to talk to any patients or just anybody that had been there. I talk to more people now that were in Vietnam and—than I did for the first few years coming back. So talking to him—and then there was a—there was another patient that had brought his chart, and found a nurse, and she was a nurse that had arrived before I left, I knew her, and he was there about four months later and presented her with flowers and chocolate and stuff, and then getting to see your name on somebody's chart twenty-five years later was really amazing.

TS: Pretty emotional too, I would think.

SR: It was very emotional.

TS: Yeah.

SR: And I just did not expect that from the reunion, but that's way down the line. Of course, never thought about—really never thought about—because I hadn't been a history buff—to say that, "Oh, they're going to—Oh, the names of these people will be important," or anything like that. Because I've often thought since I wished I had kept a diary. I wished I had paid more attention to things like that.

TS: Maybe that would have been harder to cope with at the time, though, if you had done that.

SR: It might have been; it might have been. We had a wonderful group of neurosurgeons that were constantly training us, teaching us. You had mentioned about things you weren't allowed to do back here. I mean, I did a spinal tap with the neurosurgeon. Oh, it was—we always were sewing up delayed primary closures [the surgical closing of a wound several days after injury because the wound was initially too contaminated to close]. He taught us how to do that. The spinal tap was just a—with him and this is what it feels like. It's something I wouldn't have had an opportunity somewhere else. But—And we could—I could go into surgery and watch surgeries to see some of the—some of the brain surgeries or what they did and having that kind of opportunities.

TS: Did you have, like, a real interest in learning about those kind of things?

SR: Everything.

TS: Yeah.

SR: Everything.

TS: You just wanted to absorb as much as you could?

SR: I still do.

TS: Yeah.

SR: Anything—

[Speaking Simultaneously]

TS: Sounds like it, yeah.

SR: Anything medical I'm interested in.

TS: It just kind of fascinates you to see.

SR: Yeah.

TS: Well, you went from a place in Fort Knox where you're getting a lot of accidents and medical type of things to a war zone where there's really disfiguring and terrible—how, emotionally, did you deal with that? I mean, were you shocked at all, I guess?

SR: You just think about these being such young people and—because eighteen, nineteen years old. I mean, not that I was that much older but—and you think some about their families, but I don't think I dwelled on it because—and knew, like, the Civil War, wars are always bad but you hope that there's some purpose, that's there's some—that were here to do something good. Probably on the other coping side we had the officers club, we had an above ground swimming pool when it wasn't being—when it didn't get shrapnel and get deflated. [both chuckle]

TS: Oh, it was plastic.

SR: That was nearby. Got to sneak off on a few illegal—took a flight once to Vũng Tàu, just down and back with—got invited—

TS: Where was that at, Vũng Tàu?

SR: Vũng Tàu is on the coast. It was probably what *China Beach* [television series set in an evacuation hospital/USO center in Vietnam] looked—

TS: Oh, okay. The TV show.

SR: Yeah. We didn't go to stay but there was a pla—somebody was flying down. Of course, they were always happy to—if they could get a couple of nurses to go along just for fun. So hopped on the—got to fly over the country and back. Very illegal but did that. A couple of other—the lieutenant I had met on—at the bus stop would stop by, oh, every three or four months and got to—He and [unclear] take a Jeep and go into Saigon and go to a French restaurant. Again, very illegal. [chuckles]

TS: You weren't supposed to go off the post?

SR: Not supposed to go there. I didn't ask any permission or anything to do that just—it was an opportunity.

TS: So you were living on the edge a little?

SR: Just a little bit, not greatly. Like I said, I'm not brave to do a lot of traveling at all on my own, like somebody'd do today, but it was fun. And we had MEDCAPs [medical civil action program] which were—and that was probably about once a month maybe—where—and sometimes there were—the dental people would be along so we'd have a MEDCAP, DENTCAP [dental civil action program], go into a village and provide a clinic type thing.

Well, that was—It was great because, well, there was a lot of—a lot of protection. Sometimes we went by boat and you'd have your gunboats around, and go into a village. Other times it was maybe the local village that we would drive to; might take half an hour, an hour or something, to go to this village. And the local mayor often would have us to his home for a meal afterwards, so you got a lot of culture type things.

And what you saw in the clinics was always—there was always a few things that were just different or interesting, most of it. I loved the DENTCAPs because he just goes in and pulls teeth and teaches the kids how to brush their teeth, give them a toothbrush and stuff. They were—They were just a lot of fun. And a lot of times we gave out a lot of aspirin and methyl salicylate [wintergreen oil] because they had arthritic knees and stuff. Tuberculosis and malaria sometimes. Giving out medication, wondering if they're going to take it like it needs to be. But it gets you out into the—out into the countryside and to see how people lived and what they were like a little bit.

TS: What did you see when you were in the country for—

SR: Well, I mean, mostly the people come to the clinic, what the clinic looked like, but just the palm tree—the vegetation, the kind of homes or huts or whatever—

[Speaking Simultaneously]

TS: Like thatch roofs sort of?

SR: Yes, yes. And then when you went to the mayor's house, that was—I mean, his children had gone to school in the U.S., France. They did French cooking; the strong French influence. They had a stucco-type house with—the furniture had a lot of mother-of-pearl inlaid. The kitchen would be like in the South; you have your kitchen—summer kitchen that's out and away from the house so that the heat doesn't—so you have a kitchen separate.

TS: It was like a class divide.

SR: Oh, yes.

TS: Even within the village.

SR: Oh, yes. Yeah.

TS: Oh, I hadn't really thought about it.

SR: Or providence [province?].

TS: Okay.

SR: I mean, the mayor's over a providence —

TS: Oh, a providence.

SR: —for mile—I suppose it would be several villages, but.

TS: Interesting.

SR: Oh, I think you're going to find that any place you go, that there's got to be some class difference; some poor and wealthier and—

TS: I hadn't really heard that before though. Nobody has really described it in that way, I don't recall, so that's interesting.

SR: Well, I know even when I was seeing the things about leaving Vietnam, they would—they showed a lot of these different generals or political Vietnam—Vietnamese people that would have been up in government and stuff. And, of course, Saigon was a very busy—a very busy city, lots of people. You've got tons of motorbikes and jeeps and things and nice buildings and the embassy and French restaurants, like any city, and you could drive right outside and see houses where their bathroom facilities would be hanging over a water—creek or something and the sewage would go directly there.

TS: You had the whole gamut of—

SR: The whole gamut of things.

TS: Some people have described, like, watching the war from their room or from somewhere in Long Binh. Did you do things like that?

SR: Yeah, we sat out at our—because it was the party [unclear] sat outside and watched the fire fights on the perimeter because they had tracer bullets, so you could see—at nighttime a helicopter in the tracer bullets going down because there was no front to a war like—Vietnam, I think, was the first war that there was no front, it was everywhere, and everybody was really at risk because you couldn't say, "Well, I'm behind the lines." No, you're behind some concertina wire. [chuckles] But they could lob in something, attack there if they wanted to.

TS: Yes.

SR: So it made it quite a different type of war I think, and probably where they realized that they weren't totally protecting—or they couldn't totally protect their female off—female personnel, and by keeping them back in a safe area because there was no [unclear], and so there were people that lost their lives there. There were nurses, and I'm sure that there were some WACs [Women's Army Corps] and Red Cross. I remember—I know when I was in Denver there was a ward named for Barbara Lane [correction: Sharon Lane], I think, who was the—maybe the first nurse that was killed in Vietnam. And I've heard of other people at the time, so I don't know what the numbers are, but it was a little—Although other wars, certainly there have been POWs [prisoners of war] and women that were put in very difficult situations, but I'm just saying there wasn't a front to this—

TS: Right, this was a different type of war for sure.

SR: Different type of war.

TS: Were you afraid? Were you worried about those kind of things?

SR: Not that I remember. I've always—I've always had faith as a Christian and felt, like, "Well, God's going to take care of me or take me, one or the other." [chuckles] So I didn't—I'm not a nervous person, I didn't dwell on that, and I'm more of an action, I think, of just being involved. And I think that sustained me too. I'm not saying that I was in church all the time or that—but it's just that inner strength and feeling like, "Well—"

TS: A certain faith that kept you—

SR: A certain faith. Not a feeling—I sometimes see young people today like—on the other hand, many times they think, "I'm not going to survive till I'm such and such an age," and

that—I hear that a lot today. I've heard it from my own son when he was a teenager, "Oh, I'll never live to be—" Because he—Because they see so many people die. People they know. I never did. That never happened to me till—really, till I was in Vietnam, of seeing people die. But they're seeing people—class—I have a granddaughter who—a young man that she went to a prom with was shot in a drive by shooting. Somebody else was killed in a car accident. They've seen a lot more death and don't think they're going to live. I didn't think I would not live, but I mean, I—it wasn't like I couldn't be touched but it just wasn't that—wasn't either extreme, I guess. And—Or whatever.

TS: Well, the social media expands our world, too, in a way that you have contact with so many other people.

SR: Right.

TS: Maybe that opens it up where you see more of the world and more things are—like death and dying—

SR: Yeah, right.

TS: —is maybe more visible to us in ways that it wouldn't have been back in the sixties.

SR: Exactly, yeah, that part too. But they're just more endangered. I—One thing I was thinking about. The ward I worked at—back to the POW [unclear] hospital so we could look through, and I had one picture that we were looking through at the barbed wire encircling for the Viet—the Viet Cong hospital and then occasionally we would get a person—I think I have a slide of a female Viet Cong that had a head injury, and so we had her on our ward. I think I remember reading about this, and one of your other nurses saying you might have a Viet Cong next to a GI that had been injured, and I thought about that when I looked at the—at that—

TS: Did you have to take care of some of the Viet Cong, the prisoners of war?

SR: Yes and—

TS: Did it bother you at all?

SR: Oh, I—Yes and no. I mean, I think you do—you just deal with nursing; you take care of people. It wasn't like, "Well, I hope you'll roll over and not make it," but—that type at all, but you're glad when they're taken care of and gone, and realizing that how they grew up, what they're exposed to, is greatly affecting why they're in the situation they are, what they're thinking. I mean, if I had grown up in North Vietnam I might have been there fighting the Americans, too, and—

TS: Their circumstances.



[Speaking Simultaneously]

SR: Just like we have people around the world now. They don't understand the other cultures, other possibilities; strong feelings to preserve what they think is right.

TS: Yes. Well, did you see any of, I guess, the drug culture that was happening? Would that show up yet in the time that you were there?

SR: Maybe a little bit in the—of the—in the military. People—Not—I didn't see that so much. Your Vietnamese were—they chewed the betel nut which was—I understand it was some kind of an opiate; teeth all stained red with the betel nut. Or they might be out there smoking something. You're, like, "Hmm." [chuckles] He was squatting on the sidewalk smoking something and—but I remember—again, I was very, very—although I lived on the edge a little bit I still was not into the drug culture at all, and I walked into my—back to my room during—one night during a break and I smelled some marijuana and somebody had been in my—and I was, like—I was so irate that they would endanger me, my career, that somebody was in—had smoked marijuana.

TS: In your room.

SR: In my—around my room or in my room, because I didn't know those people. That was not part of my—alcohol was more of a—the group that I was with, everybody drank and—

TS: The drug of choice.

SR: That was the drug of choice. We did a lot of Mateus [brand of rosé wine] and our theme song was "Tiny Bubbles" [song released in 1966 by Don Ho] [both chuckle] And for a while I dated one of the enlisted guys that worked in the club at night, so after closing they would open the—three or four guys would open the club back up and the girls that were friends with them would come back in and we'd listen to music and we'd stay—

TS: Have your private party.

SR: Have our private party, be able to stay a while, so. I say the other nice thing about Vietnam is you got to go on R&R.

TS: Where'd you get to go?

SR: I went to Hong Kong [China] the first time and had clothes made. [chuckles]

TS: Clothes, yeah.

SR: But the whole time going back and forth to—for fittings to have some clothes made because you didn't get anything when you were in Vietnam. And then the second trip was to Bangkok [Thailand] and that was just wonderful. It was such a different environment, Bangkok, and the areas around, and having—getting jewelry made; that was fascinating. I almost would have extended for another six months just to go someplace else like Australia because that was such an opportunity.

TS: That you never would probably have again.

SR: Oh, no. The expense of going from this side of world there is—I mean, not that you couldn't do it, but you've got to really—

TS: Plan.

[Speaking Simultaneously]

SR: —want to plan and purpose. So I had those two trips, and then got to go to the Bob Hope show.

[Leslie Townes "Bob" Hope was an English-American comedian and actor, among other things. He made fifty-seven entertainment tours for the United Service Organization, USO, between 1941 and 1991]

TS: How was that?

SR: Fantastic. And see Bob Hope and that whole show and be in with the—in with a few patients but then hundreds and hundreds of GIs that were there. And then the celebrities that would come and visit the patients. That was always a big deal.

TS: Who do you remember?

SR: [James Maitland] Jimmy Stewart and Fess [Elisha Parker, Jr.] Parker [American actors].

TS: *Daniel Boone*, right? Fess Parker.

[*Daniel Boone* was a television series from 1964-1970 which starred Fess Parker as Daniel Boone]

SR: Yes, *Daniel Boone*; Fess Parker. And Jimmy Stewart without his toupee. [both chuckle]

[Speaking Simultaneously]

TS: Jimmy Stewart, of course. Without his toupee?

SR: Without his toupee. I saw something recently and his wife was talking about going with him most of the time, and then something about him being in Vietnam and when she said that I thought, "I was there at that time." [both laugh]

TS: What were they like?

SR: They were very personable, friendly. I mean, they were both—pretty quickly from ward to ward, talking to patients, so [unclear] don't stop. But that was kind of a highlight, actually all through my military career, because people have visited, particularly if there was a war time going on. So it happened here at Fort Bragg again in the last few years where—actually be—in the old hospital, I think it was maybe twenty years ago, [Dame] Elizabeth [Rosemond] Taylor [British-American actress] came through. We had—When we had the big plane crash on Pope [Air Force Base, Fayetteville, North Carolina], President [William Jefferson] Clinton came to see people, and so there—it wasn't unusual—I mean, it was unusual, but you did get to see some celebrities without having to go and pay a ticket for a concert. [chuckles]

TS: That's right. There you go. Well, did you write home or use any of the audio recordings or anything like that?

SR: I did. I sent my folks a tape recorder and then would send them tapes. I don't even know whatever happened to it, but—and wrote, and I was always glad to get some message back, and you think about the communication differences, because we had—it would take a month maybe or so to get the communication back and forth. We had—Like, at Christmas they would hook up a MARS [military auxiliary radio system] phone and let patients call. I mean, I never got to call anybody.

TS: Oh, you didn't?

SR: But I remember particularly we had one young man who had a spinal injury, his spinal cord was severed, he was not going to walk again, his wife was pregnant, and he calls her on Christmas Day and he's telling her, "I'm fine. I'm here. I'm coming home. I'm fine." We're all balling [crying], just balling.

TS: But he didn't tell her his real condition?

SR: No, he didn't tell her his full condition and—

TS: Didn't want her to worry.

SR: No, not with the pregnancy, I think; wait till I get home.

TS: Right.

SR: And then we'll deal with it. I'm sure she got some report. But when I look at today where they're Skyping [video chat service] on a day-to-day basis, telling their kids, "Good night," and reading them stories, as opposed to what we were—I even looked—the pictures I did were not very clear, often not very good pictures, not taking videos, so the recording of things was so different. Of course, cell phones. [chuckles]

TS: Yeah. Totally different.

SR: Totally different. And then—But also you didn't understand what was going on in the whole country; you didn't understand the whole political environment and what that was all about. At least I didn't at the time. You just—Communism and—

TS: Bad.

SR: Bad. [chuckles]

TS: Capitalism, good.

SR: And—

TS: Democracy, I guess. I think of it more in those terms.

SR: And, I mean, the people—the South Vietnamese people that I did meet were very glad to have us there. There were still some French people and different things. I just remember now also getting a chance to go into a hospital in Saigon for—a Vietnamese hospital. It was run by nur—by nuns and—because that would have been very much the environment. A lot of Catholic nuns had been there and supported hospitals and orphanages, which there were a lot.

But looking at that hospital, one thing where they cooked they had these huge, huge, huge pots where somebody would almost stand up on the stove and stir the rice, because there's going to be rice and fish and rice and fish and rice and fish [chuckles] pretty much. And then in a delivery room with the windows open and the flies all over and a table that did have stirrups and a bucket at the bottom was the—and we're, like, "Oh, oh." And, of course, in the hospital itself patients would be on a mat on the floor with their family around them taking care of them.

In orphanages you might have three or four kids in one crib and hardly ever taken out of it; probably just to be cleaned up and stuff, not be held. I did get to be involved later on, about '71, when I was in Denver and they had the [Operation] Baby lift. Had to be one to go on a plane, take a child, carry it off the plane.

[Operation Babylift was the name given to the mass evacuation of children from South Vietnam to the United States and other countries at the end of the Vietnam War, on April 3-26, 1975]

TS: Oh, you did that?

SR: Yeah, I did that in '71 for the Babylift project. And now, again, I see things on television more about that. In the booklet I had there, there was a—it showed a little baby that was raised in our ER. The mother had twins and that was a bad omen, a bad thing, so she left this little girl—one of them—at the hospital and left, and she was there when I got there in a playpen in the emergency room. That's where she grew up, in a playpen in the emergency room basically, and being, kind of, looked after by the staff. And then one sergeant, I guess, really kind of took care of her and then eventually got permission to take her home—

[Speaking Simultaneously]

TS: Adopted her?

SR: —and adopted her. She was at the reunion; the twenty-five years later. Had gone on—Had gotten her master's in something. Just a delightful, delightful young woman and had had a wonderful life.

TS: I've heard a few stories about that recently where little kids are, like, just kind of abandoned, or orphans, and then they're taken in by the GIs. Nurses, too, though. Very interesting. You don't really think about those kind of circumstances, of having a little child in this environment.

SR: Exactly.

TS: Like a little mascot almost but it's a child. Very interesting. Well, as you are in Vietnam, did you have any thoughts about the war? Did you ever think about the political aspect of it at all, or did you just nose to the grindstone, just do your job sort of thing?

SR: Mostly, like I said, you didn't get a lot of information. There was no news feed, no television, no phones. It wasn't until after you left that—began to get a little bit more of the political—Did know when I went back to—I remember that—knowing that you need to put on civilian clothes to fly back across, that—

[Speaking Simultaneously]

TS: When you arrived back in the United States.

SR: —people were being harassed and spat on and when I got back to the U.S. to change just so—they told you to change into civilian clothes for your flight across country; don't identify yourself as a soldier, you may be in jeopardy. And I thought, "How sad. How sad that is."

And I just think—because I always felt like everybody should serve their country. Some countries you have a mandatory for women and men, some type of service, whether—It may not be actually military, but some type of service and I always thought that was a good thing, that you should serve your country in some way if at all possible. So I could understand them maybe not wanting to go to war but not quite what was happening and the—but I was going—I went from Vietnam, I got a inter-theater transfer to Germany so I just came home—

TS: Oh, you did?

[Speaking Simultaneously]

SR: —visited—visited—Oh, I went right to Germany. So I just visited with my parents, basically. Came home across country, visited with my parents and friends, who were all supportive, and then went on to Heidelberg, Germany, for two years. And so, again, was sort of out of—out of the U.S. culture for a total of three years. There's, like, songs and movies and things that people would talk about and I'd say, "Huh?" [chuckles]

TS: Right. You missed, like, the '68 and '69, and a big part of the counterculture.

SR: Up to '70, '71. A lot of that that was going on. So, I mean, you'd hear of it secondhand but you're not right into—you're not—it's not on the news every day in the middle of it watching things.

TS: Like Woodstock [Music & Art Fair] you missed out on?

SR: Yeah, but—Yeah.

TS: You heard about that?

[Speaking Simultaneously]

SR: That would not have interested me in the least. [chuckles]

TS: No? Well, '68 would have been the year—so you had gotten there, you say, March—

SR: Because I wasn't in the drug culture, that's when Woodstock went on [August 1969].

TS: Yeah. Right.

SR: And that kind of music and all. So I got to New York—

TS: Well, no, I was thinking about that first year you were in Vietnam, Robert F. Kennedy and Martin Luther King, Jr. both were shot in the beginning of the months you were in Vietnam. Did you hear about that?

SR: Okay, so, yes, yes, I think we do hear the news, which is not like you're—you've got your TV on and you're immersed in it all the time, or that peop—you're calling—I mean, you do get news, major news, but it's not anything like what—

TS: If you were here.

SR: —it would be today.

TS: Like, if you had been in Fayetteville at that time or something.

SR: And, I mean, I know I'd seen TV things about Robert Kennedy but it was probably later on after coming back.

TS: [unclear]? Or when you heard more about it?

SR: Right. Because I don't know that we would have seen anything—

TS: At the time you were there.

SR: —at the time. I don't remember any way of having—other than things just being discussed. There wasn't a paper, there wasn't a—

TS: Well, they had the—

SR: Maybe a radio.

TS: Right. Well, also they had the Kent State [University] shooting. Nineteen-seventy, you would have been in Heidelberg then, I guess.

[The Kent State shootings occurred at Kent State University, Ohio, on May 4, 1970, and involved the shooting of unarmed college students by the Ohio National Guard. Four students were killed and nine others wounded.]

SR: Yeah. That really bothered me that we were shooting our own young people when they were being murder—killed overseas. I just said, "Oh." That gave me a real sour feeling, I think, about our own country.

TS: Right. Turning the weapons around on the students protesting

SR: On the students, and was that necessary and stuff. I probably had more of a negative reaction to that than—

TS: Than the other things going on.

SR: —other things.

TS: What about the women's movement, because that would have been, like, in the culture at that time?

SR: A little bit yes and a little bit no. Yes, in that—probably at that point it was yes for me. Later on I would say it was just equality. It didn't have to be—I don't quite know how to say this. I think some—well, it's like some of the freedoms people fight for today. I could say from my religious viewpoint I'm not in total agreement. I can understand it can be very difficult, and that maybe changes need to be made, but it doesn't mean I agree with everything.

TS: Is that, like, for gay marriage or something, you mean?

SR: Yes, today.

TS: Okay.

SR: So back then the women's movement, I couldn't totally agree with Gloria Steinem and some of the things going on, I'm a little bit too conservative for that, but being—having the equal pay, I had that and I was very happy for that and I thought, yes, I was glad to have that awareness where—my awareness raised about that—that wasn't available to everybody and it should be, and opportunity should be available, and even opportunities in the military because, again, there was no front so how could you say you weren't putting people—you were protecting. But I understand where that comes from also.



[Gloria Steinem is an American feminist, journalist, and social and political activist recognized as a leader and spokeswoman for the feminist movement in the late 1960s and early 1970s]

TS: When you say there are some things that you didn't agree with, more specifically, what kind of things would you say that the women's movement or feminism was associated with that you would, like, say, "No, I'm not for this."

SR: I was trying to think of that. As I was saying, I can remember just sort of having a reaction to some of the women's things that I heard, and then, like, "You're a little overboard," but I can't remem—I can't really remember specifics now.

TS: Yeah.

SR: Maybe it was just the kind of people they were that—

TS: Abrasive, like—

SR: —a little—I thought was a little too abrasive, but maybe some of that was necessary to make a change about—I always felt out of everything bad something good can come; that everything good something bad can come. It's, like, cellphones are very good but there's a lot of bad stuff that happens because of them. Same with the internet, the same with different movements. Different things that happen, people mean something for bad then changes come—

TS: There's gains and losses.

SR: Gains and losses, and it always happens. There's the yin and the yang, whatever it is. There's changes—that nothing at all seems to be completely bad if you look for some good. I mean, either you meet somebody or you change your thinking about something or you become more open or you got some kind of opportunity, there's always something, and the very best thing, if misused, will have a bad side to it, so.

I just remember kind of reacting to the—like I said, I was at the very—I'm the very beginning of the baby boomers so I didn't have quite that—Now, I may have gone bra-less a few times [both chuckle], because after all, I was in Germany and that was the style; that was the style. But I think the bra burning [image of the 1970s feminist movement], I thought, "Oh;" it just seemed kind of strange to me, all this bra burning. Well, are you really making a point? Now we're back to underwire.

TS: Yeah, that's right. Why don't you tell me about your tour in Germany a little bit? What was that like and where were you at; where'd you go for that?

SR: I got to go directly—after going home, go directly over to Heidelberg, Germany, which was, again, the ideal assignment. I was just blessed. Heidelberg, again, was headquarters

for Germany. They had a—Originally I worked for just a few weeks in the recovery room and then went in to the ICU there which was—the medical ICU—which was actually a total of four beds, and became the head nurse of the medical ICU and that was my first head nurse position. Because at this time in the military you were automatically promoted to lieutenant one [first lieutenant]—first year, automatically promoted to captain the next year, and then we started to get the slowdown from Vietnam and they tried to get people back into the [unclear] group that they would have been had there not been such rapid promotions, but—so at this point I'm a captain with just a couple of years in. It's, like, "Why aren't you head nurse? Why aren't you a head nurse?" So then you become a head nurse. [chuckles]

And—But, again, the schooling. I got some good help there, got head nurse classes [unclear] for the head nurse course.

TS: Did you have some mentors, do you think, that helped you in your career?

SR: Well, you've got older—you've got a variety of nurses on the wards themselves. Among the military, here and there some. I want to go back to Vietnam for one second.

TS: Oh, yeah, no. It's fine. We can jump around.

[Speaking Simultaneously]

SR: You made me think of something.

TS: Okay.

SR: I had—My head nurse in Vietnam, Mary Lou Kinabell[?], was tall. She had this blonde long hair kind of piled up—I've got a picture of her—piled up in this [chignon hairstyle] and I always was, sort of, afraid of her a little bit [unclear].

TS: Is she the one shaking your hand in the one picture? No?

SR: No, no.

TS: Okay.

SR: But never felt close to her. I was just kind of scared to death. And when we had the reunion she read a letter she'd written to her mother, and it was, like, "Oh, there's incoming and we've got casualties and there's shrapnel on the—," and this and that, and, "I've got to sign off. I've got a hair appointment." [both laugh] And she talked about being so scared so she put on this providence[?]—a front of just being in charge and being so secure because she was so scared and she was so human.

TS: On the inside; she wasn't showing that to you at the time.

SR: But at this reunion she was so human, so likeable, and I just had to laugh because I thought, "Oh, I was so scared of you." [both chuckle] But I would never have written my mother that we had incoming and bad casualties. It was, like, "Oh, the sun's shining," or, "We got a little rain today."

TS: You didn't talk about the war too much.

SR: I don't think so.

TS: No.

SR: I don't think I really put in the—would have put in the frightening and the bad parts if it, just—

TS: Didn't want to scare her.

SR: Yes.

TS: I'm safe. Everything's fine.

SR: Yeah, yeah. Or had an opportunity to do some things or this or that.

TS: It's interesting that it wasn't until the reunion twenty-five years later that you realized that she was just as probably scared as everyone else but—

SR: Yeah.

TS: —had to do, like, the take charge kind of demeanor.

SR: Yeah. Take charge but a little bit almost above—she kind of carried[?] herself above and she'd always look so pristine with this hair up.

TS: Yeah. [both chuckle] So the letter described that, too, that's interesting.

SR: And she was probably only a year or two older and she just seemed to me to be so much wiser in some ways. But anyways.

TS: So when you got to Heidelberg and then you're made head nurse, how many nurses were you in charge of?

SR: With a four bed unit it was probably only—because we worked—in Vietnam we worked twelve hour shifts, six days a week. Most other—every place else it was a eight hour, five day a week, and so you've got to have at least two nurses on each shift 24/7, so maybe

eight, nine, ten people all together. And it was a nice group. There was a gal from Australia and maybe an older nurse—civilian nurse—that was the wife of somebody, so you had a good mix. And then a few lieutenants coming in. And because we were a small unit like that it wasn't—we didn't stay extremely busy with extremely bad patients all the time. They would get sent out to Landstuhl [Regional Medical Center] if they were that bad. Not that we didn't have heart attacks and—

TS: Right.

SR: —pulmonary problems.

TS: But it wasn't constant.

SR: It wasn't constant and it wasn't to the degree that you would see in some of the ICUs today.

TS: It was probably a good, like, decompression tour to have after Vietnam in some ways. Did it feel that way at the time?

SR: Yes. I think so because, again, there were new places to go visit. I was in a pretty relaxed and almost touristy—Heidelberg is a college town. There was a castle on the hillside and very scenic, very—

TS: Fairybook, kind of like.

SR: Fairy—Yes, and you're on the Rhine river, and I did want to, again, travel some and—

TS: What did you get to see?

SR: Didn't get to travel maybe as much as I'd like to have.

TS: Yeah.

SR: But I went to—with that other gal to Ireland. We'd go into England and then over to Ireland and took a little driving tour around Ireland. And then I had met my husband who was enlisted at the time. He got out, I came home, got married in January of '71, and he came back with me for the last few months of—while I was there. And we took a tour, went to Spain and Portugal. I took a couple of other trips. My parents came over before I was married and we went to Berchtesgaden [German town in the Bavarian Alps]. Actually we went to Holland, to Amsterdam, because we were of Dutch ancestry, and drove up there and then down to Berchtesgaden in the southern part of Germany, so got to go to both ends. And I also took one—and then we flew into Italy, to Rome and Florence.

TS: You got around a lot I think.

SR: And I went—And I went to Italy one other time with another lady who—one of my nurses who had taken [unclear] trips with a gentleman[?] before and knew exactly where to go and what to get. We had a little Volkswagen station wagon just stuffed full. [both chuckle]

TS: All the right places to pick up stuff.

SR: Yeah, so pretty good traveling for two years, but I—

TS: Never can see everything, sure.

[Speaking Simultaneously]

SR: So many places I would like to—Yeah, I wish I'd gotten over near Russia and [unclear] but that was—

TS: How were the German people at that time when you were there in the late sixties, early seventies?

SR: I lived on the economy [army slang for living within the German community].

TS: Oh, you did? Okay.

SR: I lived on the lower—a very nice apartment, the lower half of a house, in a town about two miles from where the hospital was. They were very pleasant; people I knew in and around the hospital or something. And Heidelberg, again, it's a tourist city so it's not like they're not used to having Americans or that they felt anti-American at all. I think that they were pretty gracious, and I just very much enjoyed the time there, and did as much as I could and be involved in the econ—in the economy, and going around the towns, the stores, driving to Rothenburg [ob der Tauber] and seeing that.

TS: The medieval city.

SR: Yes. Got in car accident on my second trip there and lost that nice Cutlass Supreme. [chuckles]

TS: Oh. Had you had that shipped over?

SR: I'd had it shipped over. I'd only had it a short time before this happened.

TS: Oh, before you went to Vietnam.

SR: Then it sat for a year so I had it shipped over. And in '70 it got hit by a German on a little country road and smashed up, but we were okay, so.

TS: Well, that's good. You were enjoying the army, too, and the Army Nurse Corps.

SR: Yes.

TS: Now, had you decided how long you were going to stay in or were you thinking about that at all at this point?

SR: I think I always had the feeling—Well, I—Probably right then is when I actually went regular army.

TS: Okay.

SR: Which would have been—

TS: Regular commission.

SR: Yeah, I'm career committed. And that was before—I was in about five years when I got married, so I was already career committed, and after I got married it worked out to stay in and our philosophy was, kind of, as long as it works for us. And I didn't take things personal because the slowdown from Vietnam, I didn't have a degree in nursing, and now I'm married, and then eventually I had children. I am not on the favorite list. [both laugh]

TS: You mean in the Army Nurse Corps you're not?

SR: In the Army Nurse Corps I'm not on the favorite list from those things, but on the other hand I've had good assignments and I've done okay at them, and I'm a team player, and so it depended, I guess, on who backs you a little bit. But I did get passed over for major a couple times even though I was trying to get a degree in something and couldn't get the army to send me at that time.

TS: You needed to have your master's [degree] for that?

SR: I needed to have a bachelor's [degree].

TS: Oh, your bachelor's, that's right.

SR: I didn't have a bachelor's at all.

TS: That's right.

SR: Yeah. At this point they were beginning to push for the nurse corps to have their bachelor's. You didn't have to have a bachelor's but probably fifty to sixty percent had

their bachelor's at least. And of the bal—there was—Maybe twenty-five percent of the corps was now male nurses, which was changing as time went on.

Now, when I was in Germany and got married, my husband could receive—he could go to the PX and he could get medical help over there; if I had been in the states he would not have. As a male dependent he would not have had—he might have had medical, he wouldn't have had P—something like that. By the time we got back in the states he had them. When I had children, with the first one I had to ask to stay in, the second one I would have had to ask to get out. [chuckles]

TS: You were right at that transition when—

SR: Everything's—

TS: —everything was changing, and again, the women's movement kind of pushed some of these things along.

SR: Probably. It probably did push that through and I may not have thought about that [unclear].

[Speaking Simultaneously]

TS: At that time.

SR: At the time. But I did realize that it was not right that he shouldn't have the same benefits.

TS: And that you couldn't have the dependent—like, as him being your dependent, if you had been a man and he had been a woman it wouldn't have been a question.

SR: Yeah.

TS: But since it was reversed then—

SR: Or the fact that having a child could have been an automatic—

TS: Out for you.

SR: Out for you, yeah.

TS: Even if you had married someone who had children—

SR: Right.

TS: —you would have then had to get out—

SR: Yeah.

TS: —at some point. So yeah, some things were definitely—

SR: And I don't think you could have been single and had a child at all at that point. I'm not positive.

TS: There was a period where they could adopt, like, in the early seventies but it was really—it had—

SR: Real—

TS: —just started; before they could be pregnant and have a child. It was just a tiny little time frame when that happened and that might have been in the more—less so in the Army Nurse Corps, which I think was more conservative than some of the—those. Well, actually, no, because they had—they were really trying to keep nurses—

SR: Yeah.

TS: —and had some of the changes.

SR: Although the slowdown from Vietnam, they could have been letting some go.

TS: Letting them go.

SR: But that would have probably been after '75. At this point it's still—things are still going pretty strong, so, yes, they were trying to keep people in.

TS: Your husband had been enlisted and then he got out of the military?

SR: Yes. He was a draftee and was sent to Germany. He got out—We got married after he got out. Of course, I wasn't supposed to date an enlisted man. [chuckles]

TS: Right. That's right.

SR: Terrible thing. And he came back with me to Germany. He worked on the German economy; he was a mechanic and he worked on the German economy. Had the flexibility because of his profession and the fact that financially we were—could have made it or have been okay. And so, from January to—we didn't leave till June, I think it was, and it was about six months there before we went to Denver.

TS: That's in Fitzsimmons [Army Medical Center], where you went next.



SR: Right, and I had requested the ICU Corps, so here I'd been an ICU nurse for all this time, now they have an ICU Corps.

TS: Oh, okay.

SR: So I requested the ICU school—the six months school in Denver and got it. And so, went from Germany to Denver to that course for six months, and then got stationed there which was only, like, one or two out of the class would have—

TS: Been able to stay.

SR: —remained there, and so I was fortunate to get selected to stay there. And we loved Denver.

TS: Yeah.

SR: We did a lot of Jeeping [riding around in Jeep vehicles] and camping and ice-racing and just really enjoyed Denver. Getting—the bike trails, everything. And then my—So I did the ICU course, and then worked on a medical ICU which—there was a medical ICU, there was a dialysis unit, which I'd never worked in but became head nurse of—had never worked in—and then they built a coronary care unit and had just—opening that up and we had some really good doctors that did a lot of classes on reading the monitors. It was the first time we used Swan-Ganz catheters; it was new while I was there. And as I mentioned I got to take care of Jim—or I showed you a picture of Jim Irwin who was Apollo 15 astronaut that landed on the moon [in 1971], and he was our patient for his first heart attack, and he passed away several years after that. But that was one of my more [chuckles] famous people. So there were actually three units there and then I became head nurse of those three units, and so that was a lot going on in, like, three sections. And there was another nurse that—it was like an assistant head nurse that did the dialysis because that was—that was crazy trying to be head nurse of something you had no idea.

TS: I bet. I'm sure.

SR: A lot—

TS: But then she, kind of, took care of that.

SR: Well, they took care of their own, but there was a lot of pressure to cross-train all of my nurses in dialysis. That was an impossible [chuckle] situ—

TS: Not enough time to that.

SR: Well, not enough time, and then if you're out of there for six months—

TS: Yeah.

SR: —are you really going to get floated [temporarily assigned] into dialysis? I don't know. But like I said, since I never did hands on it just seemed to me to be much more involved equip—I mean, you really had to be—to know that equipment, know those patients, know the care of everything was—

TS: Pretty intensive?

SR: Very intense. Not that it wasn't on the intensive units but if that's what you're working with all the time you know that.

TS: The technology for that was something, like, more a skill—that particular skill had to be—

SR: Skill, yes, yes.

TS: —like, learned really carefully.

SR: Well, and I think it would have been, like, a six month orientation—

TS: And then you're—

SR: —to really be good on that, but you can't cross-train people in a week or two—

TS: No.

SR: —and have them go back in there. So there was a little tension there for that but—and then the surgical ICU was just beyond us, and so occasionally if there was something major we could—like, there was an explosion of a—of a fuel tank—underground fuel tank and there were lots of burns and bad chest injuries, and so we could zip over and give a hand during a mass cal [casualty], which that was.

TS: That happened when you were there?

SR: Yes.

TS: So you had your daughter here, right, in '73?

SR: I did. I had my daughter at Fitzsimmons and was there till she was about—I was pregnant with my son when they—when the assistant head nurse called me to say—and I'd been there about four years now so I know it's getting close. I did try to apply to Loretto Heights School of Nursing, which was where a lot of military were going to get their bachelor's. Got turned down for that. I was right there in Denver; that's where it was, but I got turned down for it. And I was kind of thinking maybe Hawaii but it's a big medical center. I don't know if I want to go to a big medical center now that I've got a family.

And she called and said, "Are you sitting down?"

I said, "Where am I going?"

She said, "Okinawa."

I said, "Well, are you sitting down? I'm pregnant." [both laugh]

She said, "Don't you know what causes that?" And she was serious.

TS: Yeah.

SR: But anyways, I did go on and—so my son was born in Okinawa and—but that turned out to be great because in Okinawa you have maids.

TS: Oh? Okay.

SR: And workers that you can hire and come in your house and—

TS: So that was helpful then.

SR: Oh, it was wonderful for me. My husband was—he was not a great—although he had the kind of job he could pick up and go, he always—it was always difficult for him to—

TS: Transition.

SR: —make transitions. He wasn't as flexible that way. And he's, like, "Well, maybe I should just stay here."

"Let's see, we have a toddler, I'm pregnant, and you want to stay here?"  
[chuckles]

TS: In Denver?

SR: Well, he came.

TS: Okay.

SR: And—But like I said, you can hire—and I did have somebody in the house to clean house—they took care of the house, they took care of the laundry—so basically all I had to do was take care—supper and take care of my kids when I came home.

TS: Did you have daycare?

SR: And then when we—when I had a son—because my husband was working evenings at the auto craft[?] shop, so he could be there in the mornings, but the maid would come in, and then we got a maid that did child care.

TS: Oh, okay.

SR: And—

TS: Stayed more during the day.

[Speaking Simultaneously]

SR: As well as the house—Our maid was there every day and they loved children. And they—my daughter was blonde and that's special. I mean, she'd go out—the papa-san [Japanese term of respect for a male] that took care of the yard, she'd go out and sit down and have lunch with him. And they just—they packed a little—it's good luck to pat the blonde-headed children so everybody was just treating her like a princess. And of course, they liked boys, too, and my—The maid carried my son around and he was a big child.

TS: Was he?

SR: He grew fast. She was probably less than five feet tall. He didn't walk till he was fifteen months old and hung to her knees. [both chuckle] And on her back.

[Speaking Simultaneously]

TS: Well, I saw him out here just when I came up.

SR: Yeah. On her back.

TS: He's tall.

SR: She's carrying him around. And they had a—in Okinawa our housing was real nice and the island is, like, three miles across and seven miles long. We were across the island from the hospital in a nice big ranch-type house and beautiful lawn that the papa-sans take care of; lots of flowers and things. You've got the ocean around you if you want to go down to the ocean.

So for me, I started working emergency room when I was pregnant, and it's a Marine base nearby so you've got lots of Marines and the navy base there. Then after—Before or after he was born I was moved to be head nurse in recovery room and stayed in the recovery room area. And that was nice and self-contained and a good place to work. I was there when they announced that Elvis [Presley; American singer and actor] had died.

TS: Oh.

SR: I remember that very well.

TS: Where you an Elvis fan?

SR: Oh, yes. Yeah. Not to the extent of wanting him—I liked his music.

TS: Right. [both chuckle] You're not going to go to his gravesite—

[Speaking Simultaneously]

SR: Not all the memorabilia[?].

TS: —and throw yourself on his grave.

SR: No.

TS: Okay.

SR: And then the navy took over. The army was moving out, the navy was taking over the hospital, and because I was one of the last people in and was supposed to have had a three-year tour, I was going to be toward the tail end of moving out and ended up being—working with the navy for six months. Which is interesting; I was a captain. A navy captain was really like a full colonel.

TS: Colonel, right.

SR: So as a captain I got lots of—lots of attention. [both chuckle] The navy nurses worked quite differently; they didn't do the hands-on that we did.

TS: Oh, they didn't?

SR: No. They were more involved with budgets and things like that. And the corpsmen, some of the wards didn't even have a nurse; there would be corpsmen that did everything. But also, they pulled 24-hour supervisions so I would pull twenty-four hours of nursing supervision and sleep at the hospital and [go around] and talk to everybody. And I always tried to go into—like, go into areas that I wasn't as familiar with so that if I was needed—like, I'd go into labor and delivery and give them a hand—go just anyplace—but that was the one that made me think, because I had experience personally but not professionally.

TS: Right.

SR: And so, I could go in and help them—watch a patient that had just delivered, or [perianal?] massage [chuckles]. Do the things that needed to be done to—and hone my

skills up a little bit in case there was an emergency, that as a supervisor I could come in and give them a hand, or an arrest [of dilation?] or something. And so, that was—that freedom to move around, again, I don't think you'd find that on the outside. I've not worked civilian since I went in the military so I don't know, but I just had more freedom to go into ORs, to go into labor and delivery or nursery and help out; just different areas that I think others might have. So I think that added to the interest of being an army nurse.

TS: Right, because you're not just limited to a particular section of the hospital or—

SR: Right.

TS: —something like that; staying on this ward the whole time, yeah. Well, that's real interesting. You said at Okinawa you were the last army nurse there?

SR: Yes. So everybody—I think there were three of us but not—the other two were not nurses, and so when I left it was all navy and—

TS: They gave you a certificate.

SR: They gave me a little certificate of being—owning a brick in the building. [both chuckle]

TS: There you go.

SR: So to speak.

TS: Now, did you travel when you were in Okinawa?

SR: I did. I did a little bit. I went with another nurse, we took a hop to Korea and into Seoul and did a little shopping there. My parents came over when my son was born, or when he was about a month old, and my parents and I left [both chuckle] and left the baby and my husband behind, and the neighbor women that were going to help take care of him, and went to Taiwan.

TS: Okay.

SR: And spent a week in Taiwan. So I got to—

TS: Was probably a nice break.

SR: Just those—Yes, that little break there. And they—I think they—I'm not sure if they spent a whole month over there or not but certainly a few weeks. That was—They had traveled to Germany when I was there and that was the first time they'd ever gone out of the States.

TS: Okay.

SR: So I felt like I had given my parents—enriched their life as well by them being able to travel to see me.

TS: Sure.

SR: And, of course, then when they chose to come they came through Japan—toward Japan, and came to Okinawa, as well as in the States, that they had gone to Texas and Kentucky.

TS: So they visited you wherever you went.

SR: Pretty—Yeah, pretty much. I'm not sure if they came to Kentucky because I wasn't there a long, long time. It was really—

TS: Denver, maybe. Colorado.

SR: But certainly Denver when my daughter was born and they were—and when I was in San Antonio at the end of my career they came, but probably my mother was retired by then and—

TS: Yeah.

SR: —had a little more flexibility.

TS: Well, that's interesting how you say that, like, it affected the world view and the traveling that your own family could do.

SR: Yeah. Well, they took a family farm and developed it into a campground that had square dancing as a theme, and they took—then after they'd been to Europe they took a group back to Europe and danced on the Rhine and in castles, and also took two plane loads out of Rochester—the biggest group that ever left Rochester—to Hawaii and square danced—arranged the square dancing in Hawaii. I don't know if they would have done that had they not taken—Now, a lot of that was my mother because she was—

TS: Yeah, wanted to go and do.

SR: That's where I get my little go from. But had they not taken that first trip I don't know if they would have even considered doing that.

TS: Because they then became comfortable—

SR: Yes.

TS: —with going and doing. That's really interesting.

SR: "This is a possibility."

TS: Yeah. That's pretty neat.

SR: And I—Before this I asked my kids, I said, "Alright, so how did—what do you remember. How did it affect you?"

TS: Oh, before the interview?

SR: Yeah, before. Yeah, a couple of days ago.

TS: Okay.

SR: Because they're adults, late thirties, early forties, and my son says—He was more like his dad. He said, "Well, I really didn't like the moving around and stuff but it's good to work near a military base because it gives you more opportunity and stuff." So that's how he's viewing it. Of course, he was nine, I think, when I got out.  
My daughter says, "I still feel like I should move every two or three years." And she did this as a teenager the first time we were—when she was about twelve, thirteen—because I think she was eleven when I got out—when she was about thirteen she said, "Mom, I don't want to leave the neighborhood and my friends but can we move down the street?"  
"How about we paint your room?" [both laugh]

TS: That's funny. She did get it in her bones.

SR: Yes, yes, but neither one of them have married military or had any interest in going into the military, but I don't think they see it as a bad thing because they got to experience some other cultures. My daughter went to pre-school in Okinawa; she remembers a little bit of that. My son, of course, doesn't. He remembers he went to kindergarten in San Antonio and that's probably where he begins to remember and then—

TS: Yeah. They were still pretty little.

SR: Yeah, but remember a little bit of the moving and camping. So we were in—Let's see, Okinawa was the last one, I guess, and I had requested Fort Bragg [North Carolina] and got Fort Bragg.

TS: Oh, you got Fort Bragg.

SR: Yeah, and mainly I think because it was on the east coast. I had parents and family in New York, had some family in Florida.

TS: It's in the middle, sort of.



SR: This is a good military post to be on. It's near the ocean, it's near the mountains, it sounded—so I came here and I worked a ward for the first time I'd ever worked a ward. And I'd always said I really preferred male patients and this was a female med-surg ward at the time and I loved it. I said, "Maybe it's just the age I'm at."

TS: [chuckles]

SR: But now I can really communicate with women and have something to offer them about life, get us talking, and I really enjoyed that. It was, kind of, short-lived because I got pulled to—the medical supervisor had some illness so I got pulled to be medical supervisor, then I got pulled to be—then I think I went on evenings and nights supervision—supervisor for a while. And then they had a nursing methods analyst but we were undergoing a complete mechanical/electrical upgrade at the old hospital here at Fort Bragg and they needed somebody to help him—or he was asking for help with some of the regular nursing methods analyst things and they asked if I'd be interested.  
"Sounds good to me."

TS: Yeah.

SR: It gets me out—I—that was the only evening and night I'd had to work since I had children.

TS: Oh, okay.

SR: And it was interesting but the—could make life a little more difficult too. So I assisted with him and his nursing methods analyst job, which is resource management basically.

TS: Okay.

SR: And it's a—really a master's prepared position from Baylor healthcare administration courses, is what you're supposed to have to do this. I'm still working on an undergraduate—

TS: Getting your bachelor's

SR: Well, no, an undergraduate, I think, at that point. Or maybe I had just gotten it because I was taking—I'd al—starting in Denver before my daughter was born I was taking classes.

TS: Right.

SR: I was taking classes, taking class—trying to get some credits, trying to work toward a degree. And when I got to Fort Bragg I thought, "What's the quickest degree I can get? Because I can't—this is not—" I couldn't get a nursing degree in Okinawa. I just need to get a degree—will be helpful.

TS: Right.

SR: And I could get a degree in management from Golden Gate University, and took classes, night-time, whatever, on that, and got that degree. Now, whether that was before or after they—

TS: Put you in this position?

[Speaking Simultaneously]

SR: —whether they even knew I had it. I don't know if they even knew I had it when I did this.

TS: Yeah.

SR: So they pulled me in. So then I—and I had an interest in the Baylor course, so then I applied for that.

TS: Okay.

SR: And I still was a captain.

TS: Oh, I see. Okay.

SR: At some—

TS: When you were at Fort Bragg.

SR: When I first got here I was still a captain, but—and I was a captain for, like, ten years, but the head nurse that was here really pulled for me and I think it was with her help that I got my bachelor's, I got selected for maj—I got promoted to major and then when I put in—I think I got selected for Baylor before my GREs [Graduate Record Examination] were even back.

TS: Is that right?

SR: Which were okay. Got selected for Baylor and I thought, "Oh dear, I must be a substitute or something. What have I done?" But eventually went on to do the Baylor course at Fort Sam [Houston, San Antonio, Texas] and then was a nursing methods analyst the rest of my career.

TS: Oh, okay. So that was '80, '81 that you were in—or '81, '82 you were at Baylor [University].

SR: At Fort Sam [Houston, Texas].

TS: Fort Sam for the masters.

SR: Which is an all military, all services class, of—it might be Medical Service Corps or Nurse Corps. There were three of us from the army and one navy nurse.

TS: Did your family go with you there?

SR: Yes.

TS: Oh, okay. [So accompanied?]?

[Speaking Simultaneously]

SR: Yeah. Family always traveled with me.

TS: Okay.

SR: I never had to be separated from them. Would like to have stayed there; that didn't happen. That was one time I didn't get to stay. That was a year—a full year there. I went to Columbia, to Fort Jackson, for my residency and then was stationed there a year, and then the place where my husband had worked here at Fort Bragg, the gentleman had died, the wife was interested in selling the business, I was close—getting closer to retirement, and it was a good opportunity for him, so—

TS: For him.

[Speaking Simultaneously]

SR: Well, for us.

TS: So he'd been following—Yeah.

SR: He'd been following me and working as a mechanic or in the hos—different things. Craft shops and stuff like that; auto craft shops. Did a great restoration on—Learned how to restore vehicles and did a great one on the cheap in Okinawa, so he had some fun too. [chuckles] But anyways.

So we got the business and then I requested to come back, sort of a—not a hardship request but requested to come back up here, and so after being stationed a year in Fort Jackson I got to come back up here, which ended up being the last—my last year. I'm surprised that they didn't make me stay a little bit longer.

[Speaking Simultaneously]

TS: Stay an extra one. Yeah.

SR: But came back up here, got picked up for lieutenant colonel, but family situation was such I just felt like it was more important to not have to move again.

TS: Right.

SR: And to be available for my children, as well as my parents.

TS: You would have had to stay in for, like, another three years—

SR: Three years.

[Speaking Simultaneously]

TS: —at a different assignment.

SR: Another move, and I just thought they were nine and eleven, it was—they were eight and ten at the time or something, that—

TS: It was a good time to get out.

SR: —it was a good time to get out.

TS: Yeah.

SR: It was a good time to get out. And some times since then I've wondered—because they offered people to come back in but—and I even checked into it but they wouldn't bring me back in as a lieutenant colonel because I didn't have my orders in hand.

[Speaking Simultaneously]

TS: You actually hadn't pinned them on, right?

SR: I didn't—I had a number but I didn't have my orders in hand, and I said, "Well, I'm already working civil service; why should I give that up to come—"

TS: Right.

SR: "—to come back and have to work full-time," and I didn't really want to have to do that.

TS: How was that transition for you when you got out, then? Was that difficult?

SR: Well, a little bit at first. You, kind of, feel like a fish out of water. My husband had a business so I was doing the bookwork for that. My children were nine and eleven and so I'd volunteer at the school to do some things, and try something—well, no, this isn't—try this group or that. Got involved in—not [Bible study fellowship?] but Christian women's luncheon group, so met a nice group of people and had established a church here by then and some—enjoyed the—some fellowship, and my parents came to live with me.

TS: Oh, they did? Okay.

SR: They had always—Like I said, they'd always come to visit; it would be a month, and then two months. [both chuckle] When I was in San Antonio for—working on my master's from Baylor I was like, "I have no company this year."

TS: [chuckles]

SR: I can't do anything.

TS: Right.

SR: We had just arrived there and my husband went to work and his boss's wife kicked him out and she—he invited him in. [both chuckle]

TS: Oh.

SR: He lived with us for a month or two. Then my parents were coming and when they arrived they said, "Well, we plan on staying."  
And I'm, like, "Whew", but—

TS: Was that in San Antonio?

SR: In San Antonio. But it was wonderful because my mother loved to cook, great—they were both great with the kids. My dad would take the kids to school and back. They were there for after school. My mother cooked and puttered around. If I needed to stay at the library it was never a worry.

TS: So you just kept focus on your schooling.

SR: I could just focus on it, it was really wonderful, and I did have lots of company but—and they would do that; they would come like—they came to Okinawa for a month and they came here. And then just before I retired my dad basically said, "Well, we sold the house." [both laugh]

TS: We're moving.

SR: Yeah, he wanted to make sure my mother was settled in case something happened to him. And so, we—the house we had we built an extended bedroom and—on the end of that, and, let's see, I retired in '85 and he passed away in—my mother passed away in 2000; I think he passed away in '88 or something, was only a few years.

TS: Few years after he retired.

SR: Few years. And then she was with me for the rest of her life and, again, I used to say, "Oh, I need a wife." [both chuckle] I can't keep up with the housework, but I tended to do the yard, the pool, the house, the kids, and work.

TS: Right.

SR: My husband worked but I was—at that time women did it all.

TS: Right.

SR: That was the "bring home the bacon" and do it all, that—we hadn't been liberated from that; I think we did more of that. And when my mother came I said, "This is better." It's like having a best friend and she likes to cook and sew and when my—eventually when grandchildren came along she'd be down on the floor playing with them, and so it really worked out very, very well. I always thought my children would marry and move away like most kids do and I would go visit them, and they are twenty minutes away and thirty minutes away. And seven grandchildren in the area and now one great-grandchild in Charlotte. [chuckles]

TS: Oh, wow. You definitely have a family around.

SR: Yeah, and right now they're ranging from two to twenty-four.

TS: Oh, my goodness.

SR: And just—

TS: Yeah. And you're around like your mother was around for you then—

SR: Yes.

TS: —in that way.

SR: Yes, yes.

TS: That's really, kind of, come full circle for you in that sense.

SR: And I even had a house with my daughter at one point where I had—with her first husband and they had, like, an in-law apartment [A small apartment attached to or carved out of a nominally single-family house, ostensibly intended for occupancy by a mother-in-law or other relative] when I—after my parents had passed I said, "I don't need this big house; I'm going to do something." And I had actually looked at a condo like I'm in now and she was wanting—kept wanting to—

[Speaking Simultaneously]

TS: Have you move in.

SR: —either a bigger place, or move together, different place, so after two years of looking we—and thinking about it we found a house with a full in-law apartment and we lived there for a couple of years. And I had her children that would come running in.

TS: Yeah.

SR: Make cookies, crying[?]. [both chuckle]

TS: So you did do the same sort of thing then that your mom did.

SR: Did do very much the same sort of thing although I always told her I was not her grandmother; I was not nearly as good at getting down on the floor.

TS: Oh, okay. So, it wasn't that. Well, let me ask you some, like, general questions about—You've covered, actually, many of the things that I have to ask you. Do you have any memorable decorations or awards that you're especially proud of?

SR: Just—I mean, you've got the normal things, the meritorious service type thing. There wasn't anything above that. I think being proud would be that I made it through Baylor and I—

TS: Yeah.

SR: —got that degree. [chuckles] That was not easy for me and—

TS: I think that's very memorable for sure.

SR: I think I had the record as having the longest oral exam. [both chuckle]

TS: But you made it, that's all—

SR: Because I called back in twice but I got—but I made it through.

TS: There you go. That's great.

SR: Made it through, and it took me a little bit longer to get through my residency but I made it through. Perseverance.

TS: That's it. That's important.

SR: Perseverance.

TS: You have described some of your relationships with your supervisors and some of your peers, not so much with your peers—a little bit—but how would you describe that, like, in general? I guess it would depend on where you were at too.

SR: Well, I think I've always gotten along with people pretty well, and still occasionally in contact with one of those gals from Vietnam that—I think I'm more apt to now as I've gotten older and more sure of myself. I didn't keep—I was too bus—and I was just so busy with family situation that I really didn't take the time to make female friends. And it wasn't until probably after I was retired, maybe after—even after my father died, that I said, "I have to purpose to make female friends." About that time—by that time I was either divorced or very close to being divorced and I knew it was important for women to have female friends. And so, with the church or whatever I said I really purposed because I'd just been too busy with work, family, kids, parents, that—and I've always had maybe one or two friends but not—You have to nurture a relationship to make it grow. And now I've got several—a couple good friends because I've taken up painting; I've got a group there. I love to take classes and go to classes. I get along well with—they seem to like me at work even though these—some of them are the age of my grandchildren.

TS: Right.

SR: But they're very sharp, they're very—I mean, I love them to death. I think they're so smart; they're so sharp. They're so—They're much more military-oriented that I ever was.

TS: [chuckles] Well, they came through a different system, really.

SR: Yes, they came through a different system entirely.



TS: I always say that when I'm teaching my nursing students—students that are in the nursing are, like, very competitive, because it's such a competitive field academically now that they really work really hard, even in the history class.

SR: Yes. And so—

[Speaking Simultaneously]

TS: They're sharp, for sure.

SR: And I think because I'm at a stage in life where I don't have to worry about things that I can be pretty open with my supervisors and stuff. And I said I've always tried to work and do my part so I don't think they have a complaint there—

TS: Well, do you feel like—

SR: —with the patients.

TS: Well, do you feel like you were treated fairly in the Army Nurse Corps? You had some issues with getting into the master's program.

[Speaking Simultaneously]

SR: Well, getting—

TS: And Bachelor's too.

SR: —getting a bachelor's. I never did get a degree in nursing. Now, I'm not good at languages and nursing now they require you to have a language. That always did scare me a bit in later years because I'd thought—two things in life I wish I'd done: I wish I'd learned to speak Spanish, which is one of the harder languages and I'm not good at languages, and I sort of wish I had gotten my degree in nursing. Just—Not that it would have made me—that I would have done something different but it was just one of those things you sort of like—even having two bach—two master's doesn't seem to quite—

TS: Make up for not having that.

SR: —make up—yeah, because nursing is my field.

TS: Yeah.

SR: And to be able to say, "Yes, I have my bachelor's in nursing." So I'm a little sorry but I've always felt, again, that I was sort of guided in the right places and so it—what I ended up doing worked out very well for me and I've really enjoyed it. Working as a nursing methods analyst you're kind of in a comptroller division and you're under the chief nurse but you're kind of at a distance and you don't have anybody under you to supervise which was great; you're going around on projects. As long as you do your projects and—

TS: So you have some autonomy. Seems like you always kind of liked that too.

SR: Yes, a little autonomy.

TS: You're a team player but want to be able to do your own thing a little bit.

SR: Yes.

TS: Interesting. Well, you hear, kind of, in the news about these issues of sexual harassment and sexual assault and things like that. Was any of that kind of going around at all when you were in the Army Nurse Corps?

SR: I didn't find that to be a problem and I've always felt like I could conduct—Now, not that people brought it on. I don't mean it that way. I may have once or twice just had a catcall kind of thing, but—which I kind of stop and say, "That's inappropriate in the setting." I think something in my mannerism I was able to not invite that or not get in situations. You kind of make it clear from the beginning and maybe that wasn't going—I don't know. I was going to say because some of it happens with very young people who get into situations and certainly with alcohol or things, that can add to it. I'm not saying that it couldn't have, I just wasn't in a situation where it did, and maybe getting married within a—Well, I was almost twenty-five when I got married so it wasn't like I was super young but—

TS: But that helped maybe.

SR: It helped. Or having a boyfriend or whatever that protected you from other people; that may have helped, I don't know. And I was kind of in groups of people. In Vietnam particularly was—I always said that you were friends with people you wouldn't normally associate with. You beca—Because of the situation you kind of became close friends and you always thought of them—or at least I did—always thought of them as being connected and close. And there are people that in another situation you would not have even thought about making friends with them.

TS: Can you describe, not necessarily a particular person, but why that would be; why wouldn't you be friends with them in another situation?

SR: Maybe their interests, their personality—probably personality as much as anything—or—Like I said, one gal—say you've got somebody you call them a little bit ditzy and you just would sort of ignore them otherwise, but here you're working with them, you're in a—you're going to—you're at the clubs or you see them in their whole social life, their whole life, and they're in need of somebody to befriend and talk to, and so—at least I do. I befriend people. I've always been the counselor kind of person, too, and like I said, although I've not been one to have big groups of friends—most people they either have a few close friends or they are, like, friends with everybody, and I'm not always friends with everybody but I still enjoy a little bit of some group activity—group things and just sitting around talking and stuff like that. We'd always try to include—I think we made more of an effort there to include other people, and watching people, that they weren't too stressed in some way.

TS: Withdrawn, get depressed.

SR: Right.

TS: Things like that; you'd watched out for that kind of—

SR: Yeah, or even things they'd say, even before we knew a lot about post-stress [post-traumatic stress disorder].

TS: Right.

SR: And I always said there was a lot to post-stress that we just didn't know, just like everything else. Just like women's issues. They say they're not there because they don't know enough about them, not that they aren't there or that post-traumatic—or things that people were exposed to chemical-wise and syndromes from that. It's just our knowledge is still quite limited, and the more we find out, we find out there is something to these things.

TS: I remember talking to one woman, I don't remember who it was, but she was saying how we were there when the copters came in and we're taking the clothes off them and they might have Agent Orange on their clothing.

[Agent Orange is one of the herbicides and defoliants used by the U.S. military during the Vietnam War]

SR: Yeah.

TS: So the nurses actually had contact in ways that we didn't think of with the chemicals like that. That's the first time I'd actually heard it, in how they might have gotten it, because they're not out in the field necessarily.

SR: Yeah, but they're exposed.

TS: But exposed in a way [unclear].

[Speaking Simultaneously]

SR: And I hadn't thought about that until you just said it.

TS: Yeah.

SR: Yeah, how the ER nurses would have been exposed to that.

TS: Yeah. I think there's many things, like you say, we don't really know or understand about how things transferred in that way.

SR: And also when you're taking malaria pills and you're taking shots and you're—and then you're exposed to these certain chemicals, how can they ever sort all these things out?

TS: Right, yeah. Well, what about the PTSD [post-traumatic stress disorder]? Have you ever had any suffering from that or?

SR: Not that I—I don't think so. I did a long survey a couple years ago with lots of questions about that. I've never had flashback type of things; I've never had severe emotional anything. I drank like everybody else, [chuckles] and then some, and then later in life decided that it wasn't necessary. I'm not a strong party person anyways. But, I mean, that was a way of coping. I've often thought about some of the women that I knew did have problems, because when they did the Vietnam Women's Memorial you begin to hear a little bit more stories of different people and I wondered on some of them if—how much—if they had some issues beforehand of [unclear]. And even—well, not just the women, but anybody. That so often things from your childhood, things that are there but they may not be real evident, and then you get into a situation like that just—

TS: It draws attention to the surface.

[Speaking Simultaneously]

SR: —accelerates things, yeah. Brings it to the surface, accelerates it, causes some—who—but why one person and not another?

TS: Right. Have you ever had to use the VA [Veterans Administration] for any of your services?

SR: I've not used the VA because I work at the military hospital. [chuckles]

TS: Oh, that's right.

SR: So it's very—I'm very comfortable with it there and have gotten all my care there.

TS: Well, that's handy. That's good.

SR: Till I was sixty-five and they kicked me out of family practice. [chuckles]

TS: Oh. What about issues of discrimination like sexism, things like that? In the nursing corps it might be a little bit different from, like, the WACs or something.

SR: Like I said, the only thing I think of, and again it was the time, was having children. So maybe sometimes even being married, depending on which group of leaders were going—were in charge at the time or who was around. And I don't think so otherwise. I've really had—I think been extremely fortunate over all.

TS: Right. You said that in the assignments you've had mostly.

SR: Assignments and schooling and—I mean, not only physical assignments but the assignments once I got there were all pretty good. And maybe it's, again, my more easygoing [chuckles] personality and not so much "in your face."

You made me think about when—I can remember in Germany when the—it was probably mainly enlisted—I mean, it was for anyone—when a black woman couldn't wear cornrows and that was such a big deal; that they couldn't wear cornrows. I thought, "It's so neat. [chuckles] What's the big deal?"

TS: Why not let them do it, right?

SR: Why not let them do it? I mean, their hair is neat.

TS: Yeah.

SR: So what—I just—I remember thinking that I don't understand that. And when I was in Vietnam one of the corpsmen wanted me to shave his head and I did—it was a black corpsman—and I did, and it was really kind of after that some of the shaved head—here it is, and for a while that was—for men that was kind of a "no" and then a "yes" and now "yes" everybody.

TS: Just different styles going through.

SR: Right. I thought some of the things that they hooked on that—

TS: You were also in at a time when there was a lot of racial unrest in the military altogether.

SR: Yeah, and I didn't see that in—like I said, there had been the race riots in Rochester within a mile of our school but it was kind of like disconnect; I couldn't understand and didn't really identify or associate with what was going on there, I guess, enough. And once I got in the military I didn't recognize it or realize it. I think as I keep going along I can maybe understand a little bit better, but sometimes today I think some of the things that are—and it's not in the military—but that are—Well, okay, there's a lot of—We're in the South and so I think about slavery and slavery has been in the world forever. Slavery was in Egyptian time. There's always been a need for and—of course, the cruelty was never good but it was a way of helping the poor people to survive. Not that I'm—I'm not for slavery but I'm thinking, "It's always been. It's every culture. It's not just here in the South in America." And I don't think—sometimes I feel like people think it was only here in America in the South because of the Civil War and stuff. So I don't know where I'm going. [chuckles]

TS: Well, here, I'll ask you a question specifically. In the Army Nurse Corps did you work with very many women who were minorities, African-American—

SR: Absolutely.

TS: Yeah.

SR: Absolutely.

TS: That were nurses?

SR: That were nurses; that were good friends of mine. And what I really think about, when I was in Denver and head nurse we had to take a cultural survey of our staff and write down how many blacks, how many Hispanics, how many Oriental [Asian], and by that time everybody—these were my—this was my staff and they were friends. I had to stop and think. I really had to stop and think.

TS: About who was what?

SR: Who was who?

TS: This is '71 to '75.

SR: Like I had one aide, a male aide, who was a big, very dark black guy, really kind of intimidating to other people, but he was the one that walked all of the nurses out to their car at night; made sure that everybody was safe. And I even had to stop and think about him and I thought, "Now, you can't get much darker than James is." But your first

impression of people is what is—and that's what often stays with you, but as you get to know people the personality comes out and the differences fade, I guess, and—

TS: It's not like you immediately think, "This is that race. This is—" You think about the personality.

SR: Yeah.

TS: And what kind of work they did. More along those lines.

SR: You do. I mean, when you first meet somebody you might classify them. And I still think it's hard to describe somebody when you're trying to be—"This is a—Yes, it's a black female person." [chuckles]

TS: You mean to describe someone without—

[Speaking Simultaneously]

SR: Without—

TS: —getting into race and ethnicity.

SR: Yes, yes, because that was very—considered not a good thing to do for a while but you've kind of gotten past that a little bit. I mean, I don't—I expect people to consider me a elderly white female. [both chuckle] Maybe a little bit overweight when they're trying to describe—and she's got this color hair, and that is just what we do. But when I think back to that first girl in my grade that I grew up—

TS: Oh, right.

SR: —went to school with a long time. It was just one. I found out my sister went to school with her brothers. I can remember at five [years old] we stood in the playgr— and I was in the playground and we put our hands together and we kind of looked at the difference. It was, "Okay." But it was just—it was—I always felt like she was a friend. Never was—I [never really] had opportunity, it was never discussed in the home, anything about making a big difference. The difference was more in people who were—obeyed the law and supported—and got a job and did what they were supposed to, and those that went into the prison system. I mean, that's—that would be the difference of the people who are trying to make something of themselves and those that are just trying to make trouble.

TS: Right. So that would be more of the classifications; the difference.

SR: Yeah, that would be more of the classification. I think I still see that here in Fayetteville. People I work with in the nurse corps or the wards, they are just well-educated, dedicated people.

TS: Have you ever considered yourself to be a trailblazer at all in your profession? I mean, your experience in Vietnam in particular?

SR: I don't know that I'd say a trailblazer because I think of that as being somebody who's really innovated new and different things. I probably didn't go as far maybe because of busyness with the family, of really trying to study and get on to advanced life-saving, and now you can get the critical care indicators and there's lots of things that you could study and go further and I wasn't as aggressive in that—in that area as just doing nursing and learning as I went along, but not—I wouldn't say a trailblazer.

TS: But you had said how you were one of the first ones in the Army Nurse Corps to get into the ICU, right?

SR: Not to get into that; I said the ICU was a new concept.

TS: Well, right.

SR: Yeah, so—

TS: A concept.

SR: So there was an ICU but when I tell that to nurses today—that we didn't have monitors.

TS: Right.

SR: We had an ICU with no monitors.

TS: Right, different—

SR: Yeah.

TS: —way of looking at it today.

SR: It was—So I was assertive as far as going to try to stretch myself into ICU and to neurosurgery, emergency room, recovery room, trying different things like that.

TS: How about I ask you if you feel like you're a bridge to the past for the women and men who are going in nursing in places like Iraq and Afghanistan? Do you see yourself as some sort of bridge to the past to—



SR: Probably not so much now. I mean, I may have talked about it a little bit in those things that I said that—like, friendships are not liking it as well[?]. But I look at and see what those hospitals are like now, it just amazes me.

TS: Technology-wise?

SR: Technology-wise. And they may have to do much of the same but the technology and things is so advanced, and it's just amazing how they save much more extreme injuries and get them back sooner. That flow[?] is still much the same, and I do still talk to the lieutenants I worked with quite often about just different things in the career that have happened or different things in nursing, and they seem to enjoy—well, of course they always want to know, "How do you do this? How do you do there?" whatever.  
Then I have to go back and say, "Now, wait a minute. I might be doing it the way I did fifty years ago and you need to tell me—you need to bring me up to date." [both chuckle]

TS: Things have changed in a lot of ways, but in some ways nursing is about care and patients, right, so that hasn't changed.

SR: Yes.

TS: You talked about your children haven't been in the military. If they had wanted to go in would you have encouraged them to join?

SR: I think so. I think so, yeah. My son was just saying his son who's eight has decided he wants to go in the military and he's deciding whether to be a soldier or whether to be medical. Oh, now he's decided maybe he'll be a nurse. I thought, "At eight." [chuckles]

TS: He's started to think about it.

SR: That may or may not happen.

TS: That's interesting. Well, what would you say to a young woman today who might want to join?

SR: I've often encouraged them because, I said, I think you get so many more opportunities, as long as you're a little bit flexible and don't take things too personal, because it's an organization and everything that happens isn't about you, and—like, my getting passed over for major. I mean, it's—I could easily have wanted to up and quit after a time or two, and I said, "Well, I stay in and they can throw me out but I don't have to leave."

TS: That's right.

SR: And just to persevere. And I said, "But you—But the education you can get, you can get student loans paid for, get back—" I'd never had big student loans at all; I never had

student at all but to think of what they have today. I've got a granddaughter that's in college now; she's nineteen and she's in her senior year of a five year OT [Occupational Therapy] program, so she's doing pretty good. She could actually walk [graduate] in December but she'll have an internship after that and go on to graduate. And I said, "Don't totally discount the military," but if it was public health or something.

TS: Right.

SR: Because you get a different experience, you don't have to stay in forever.

TS: Right.

SR: The ones that are in and they get upset with the military side sometimes, well, I don't think any job is perfect. [chuckles]

TS: Right. It happens in the civilian world as well, it's true.

SR: Yeah. There's always ups and downs, and if you've got to work, and the benefits later are still pretty nice, and, yes, they may be changing but they're a little more dependable. and they are pretty nice.

TS: Well, do you think there's anything in particular that you want a civilian to know or understand about the military that they may not understand or appreciate?

SR: I think there's more teamwork. Like I said, I've not worked in civilian hospitals but when I talk to those nurses, and particularly if they're a travel nurse [a nurse who is hired to work in a specific location for a limited amount of time] that's come through or something, they'll say they often feel—and even the ones that are there—sometimes feel like they're kind of out there on their own or that other people won't—Everybody's competitive for their job. Now, I don't know that that's everywhere but—

TS: More individualistic?

SR: More individualistic and don't help each other, and I have always felt within the military that we do more with team effort, and that I can—and maybe part of it's my personality—if I need somebody to help me I can get them to help me, because they know if they need help I'll come help them.

TS: Right.

SR: And if we've got questions or if we want to discuss a patient—and I'm at the place that even if they're not my patient because I'm still often charge nurse [a nurse in charge of a ward in a hospital] —but even if I'm not charge, if I'm a little concerned about something that's going on with a patient I'll talk to them about them and—"Think about this, or think

about that, or what's going on here? Make sure you get them up and move them."  
[chuckles]

TS: So communication is a little bit more open, maybe, in that sense?

SR: Yeah. Well, for me it is and—but that's part of a team—

TS: Concept.

SR: —concept of caring for the patient on our—all the patients on our ward.

TS: What does patriotism mean to you?

SR: To me it means supporting the foundation our country started on, the beliefs of our country. Well, I shouldn't say beliefs because that's quite varied now, but I mean, I think we started out on a included foundation and a good intention, and I think because we're a bigger, stronger nation that we do have an obligation to the—in world situations. There's so many people that—like, "Why are we there? We just need to get out." I don't feel that way. I just—I feel like the—those that have more, more is expected of them. And sometimes it's a big sacrifice and I hate to see that. I said, "You know what? Without wars—without wars we would not have had the medical advances that we have and that's the good that comes out of wars."

Because you look at prosthetics today, you look at the number they're saving that they didn't save before—add the prosthetics, add equipment, and you've got countries that they don't have wheelchairs, they don't have—they don't have crutches yet. People haven't been to third world countries and they're trying to make these decisions. I've done some other traveling after the military, too, and when I travel with people that have never been to a third world country they're, like, "Oh, they're smoking!" [chuckles] "Oh, there's sewage."

You have it really, really good, and we should just do something in your own life, in your own way and your own ability to leave a little legacy, make it a little better. I mean, if everybody did that this country would be phenomenal, instead of trying to drag down, trying to tear apart. And I realize some of the tearing apart is done so other building up can be, but often it's not—the people tearing apart are not the people that are trying to build up.

TS: Right.

SR: The riot—the things, the rioting that's going—

TS: The Baltimore rioting?

[The Baltimore protests began April 18, 2015, following the hospitalization and subsequent death of Freddie Gray, an African-American man, after he sustained injuries to his neck and spine while in transport in a police vehicle following his arrest]

SR: Yes. And our own police chief saying people are getting out of police work and he can't fill the slots he now has funding for. And he's a—I've talked with him, he's a good guy. And I thought if that's going to—If that's happening here in Fayetteville it's happening all over, and you're not going to have your police, just like you're not going to have OB doctors because they get sued and they can't afford the—These things that have happened and have been allowed to go on are really harming us in the long run.

TS: Interesting. I forgot to ask you a couple questions earlier, just two really. when you were in there was no "Don't Ask, Don't Tell," right, for homosexuals if they were found out?

SR: Right.

TS: They had to get out.

SR: We were just aware they were there.

TS: Right. So what's your experience with that and what do you think of that whole issue of homosexuals in the military?

SR: Well, my negative experience would be, like I said, some of the senior nursing groups that made decisions and helped each other out but didn't necessarily help the rest of us out. Okay.

TS: You think there was a homosexual clique or something that could have been?

SR: Yes, I do. [chuckles]

TS: Okay. Some scholars have written about that a little bit.

SR: Yeah, yeah, absolutely, absolutely.

TS: Yeah, and so they were helping each other out, but if you didn't fit into their—

[Speaking Simultaneously]

SR: I think helping each other out more.

TS: Okay.

SR: And I don't—I'm not saying it would have been detrimental, but I think that's human nature, too, is who you're going to try to pull up.

TS: Right.

SR: And just like within the black communities today, or as all the—actually it's all the countries have done, is they've immigrated here and you've had little groups of people. They help each other to get a foot up, get going, get—help each other, get taken care of and to prosper a little bit, I would probably say the same thing there. I mean, I don't understand that whole community. I think I have a lot of empathy because I think any time—just any time anybody is out of our "norm" [chuckles], and I probably felt a little out of the norm sometimes too—

TS: Interesting.

SR: —there can be difficulties and pressures and it's hard for other people to understand. Like I said, I now have a special needs granddaughter. I—Her mother and I talked and there's already concern about how she'll be perceived, how she'll be treated. And then every time I go to Duke [Medical Center in Durham, North Carolina] and I see all the other children and I think, "Oh, wow." But we're so much better off because that child, those parents, they are really stressed. And everybody is turning around to see what's going on, and are they going to be able to get the help that they need?

So back to your original question, I guess, no—I mean, there's—always needing our awareness raised as to what the real issues—I watched the thing about the draft last night and I never—Well, I won't say—

TS: This is the show on the PBS [Public Broadcasting Service]?

SR: Yes. And I guess maybe I had heard something about more blacks, more la—but it was really emphasizing how the college—people in college—the upper class was so protected, and then all these people that couldn't avoid the draft were going and dying off in huge numbers, and so I could see the resentment. And our awareness has to be raised that these—what has happened, how to be more equitable, whatever. I still think the milit—but all those that were dra—people that were drafted, I think there were a lot of blacks that ended up staying in the military, finding a great career and a great income. And I mean, to me there's a much heavier black community in the military today than there was back then, even though there always was, and maybe part of that came out of Vietnam, when they said, "This is my way out."

Just like I thought, "This is my way out. This is my way to travel, to have a profession, to be—learn and grow and be recognized in something, to contribute in some way." That's what I say to other people. "You're going to be—You've got to work someplace. Things are going to be hiring—flipping hamburgers isn't the greatest way to go forever. And depending on your personality you can make something of this or not."

TS: Well, I want to get back to what you were saying about the good and the bad of the issue of the homosexuality. The bad side is that there's this support group that you're excluded from, really, in some ways.

[Speaking Simultaneously]

SR: Yeah, and I'm not—

TS: Not—

SR: —I don't know that that's—

TS: Yeah. Possibly.

SR: —the way it is today. I mean, that's the way I felt like it when I first came in the military.

TS: Well, you had to almost be single and have no kids and maybe there's a—

SR: And I felt like the higher-up in Washington was the gay community.

TS: Yeah.

SR: Yeah, not totally by any means but a lot of them; people that had stayed in.

TS: Gotten senior positions.

SR: Senior positions and stuff and so they were making the decisions and things. And when they first talked about "Don't Ask, Don't—" I mean, I have reactions to people staying in, but then on the other hand, I'm like, it's—If people do—If anybody—they do a good job they're—to me in the gay community, there are those that are very in your face and there are those—they didn't—this was just their life. I don't understand why—it's one of those things I ask God—how [it started?] [chuckles]. "What happened there?" And one of those other things that we don't know a whole lot about. But to me if people come and they work and they want to—I might not—I might not like their lifestyle and some of their choices, doesn't mean I don't like the person, or that I don't appreciate the person or the qualities or the profession or whatever.

Now, if they've got to be very, very flamboyant that's always a little hard to take. But then I thought the hippies were a little hard to take and I'm at the beginning of the—like I said, I was a—but I kind of missed that. Yeah, but I couldn't have run around doing the hippie thing and blowing marijuana. That wasn't mine, either.

TS: Right, right. So you're saying if they can do their job, and they just did their job, that should be the measure of how a person is accepted?

SR: It seems like that's where we are now. And I'm very—I'm concerned as it goes on to—of course, now it's gone on to the marriages and I have my Christian views on that and how it's going to affect us long run. At the same time I'm empathetic. I'm thinking, "How difficult to be told that you can never be married or you shouldn't have children." I have an empathy toward that, but I don't know legally and stuff where it's going to take us. And now I'm finding—I never realized how prevalent through other countries that are already doing this and that's— we're not leaders, we're following now.

But I'm more concerned—I think I'm more concerned—and it isn't just about gays—but just the overall—we've taken God out of school. People associate Christianity with religion instead of having—instead of their God, I guess. And religion can have a lot of negative connotations and it's been misused a lot. It's been used very abusively over the years throughout the world, and to me it's not the way it was ever intended, and I don't like the way our country is going. I don't think that being so much more liberal and removing God from everything, making that such a big deal, that we're—Christians are discriminated against—they are—that that is putting the country in a good direction, because when we look at how it used to be and how things are now, I feel like I have less freedoms. I'm not as comfort—I don't walk off to the woods and be gone all day today. I don't go to the park—I don't go to the mall at night. [chuckles] I don't even really want to go to the grocery store at night. I have to look around the cars and things because the crime situation—the "me-ism"; if I want it I should be able to take it instead of being concerned for other people. Now, I think there's a lot of concern for other people, I'm not saying that's all gone, but that's where I think it needs to be. The more—The more we are here to help each other and think about each other and encourage each other. And just the other day I was saying to someone at work that there's two ways of leading. Either—You've got those leaders that stomp on people as they go up and you have those that are pulling everybody up with them as they go. And those are the kind of leaders I want, are the ones that are—

TS: Pulling everybody up.

SR: —pulling everybody up, and then they reach back and help somebody else.

TS: I guess abuse of power, when you're on your way up, is not a smart way to go. Yeah. Well, the other question has to do with women. Are there roles in the military that you think women should still be excluded from; types of jobs?

SR: I mean, I realize there are difficulties but if they're qualified to do it and they want to do it I think they should have the opportunity to do it, and we've gone—I mean, we've gone—even just looking at helicopter pilots and things. I realize it adds other potential problems but you can't—you're not protecting everybody anyways, so there's not going to be horrendous numbers that are going to want to be qualified and go ahead and do some things. There are so few, and those few should have those opportunities. And those few I don't know what gender they are sometimes. [both chuckle] I'm not saying that that's what they are—

TS: Right.

SR: —but—by any means, but they may have different capabilities than I have. You can't say that everybody doesn't have the muscle mass to do this or that, and that's where—I mean, that and the foxhole situation, I can understand that being a problem, but those things are happening without people—We've had POWs. People are out and somehow they're managing. [chuckles]

TS: Right, it's happening now.

SR: Yeah. It's happening and somehow they're managing, so why should I sit back here and say, "No, they shouldn't—she shouldn't have that opportunity, because I don't think it's going to—maybe it would put him in jeopardy." Well, if she passes everything and does everything she's not going to put him in any more jeopardy than the other guy who's smoking dope. [chuckles]

TS: Right. That's interesting, yeah.

SR: There's somebody else there that may be [unclear]—

[Speaking Simultaneously]

TS: Flawed in a different way.

SR: Flawed in some way. Or be having some depression or—

TS: Something unseen that you can't put your finger on.

SR: Right. Not really want to equate those two things but—

TS: Right. But something could go wrong in other ways.

SR: Yes, yeah, but she's probably working harder and harder to do the good job and—rather than somebody who's putting in time.

TS: I see. That's interesting too. Well, looking back on your career, would you do it again?

SR: Absolutely.

TS: Yeah?



SR: Absolutely. I just feel so blessed every day in so many ways. I mean, even after I retired, I was out about five years when [Operation] Desert Storm came along and they were calling, "You want to come back, Major Ross? Are you sure you don't want to come back?" And they were calling on my daughter's phone and she was getting married. She's like, "Mom, you can't leave!"

TS: [chuckles]

SR: I said, "I'm going to Fort Bragg." We lived in [unclear], it was a few steps away.

TS: Yeah, not very far to go.

SR: No. I said I'd only go to Fort Bragg. And I had really considered it, but I was still married at the time and I did not want to have to go to work full-time. But I went—I thought, "Maybe I need to get my foot in the door so that when"—because I thought we were going to war, and when the president comes on television this is where you report to. And this is going to happen, it's been too many years. This is bound to happen and I want to have my foot in the door so I could say, "I'm here. You don't have to send me to "New Jersey Replacement Company" and then send me back here. I'm already here, I'm already working a job."

TS: So you were in the slot so in case you needed—

SR: Well, kind of, and to get my skills. I'd been out of nursing for five years.

TS: Oh, okay.

SR: For about five years. So I got—and it's the only interview I've ever done for a job.

TS: Yeah.

SR: So I did my resumé and I went in to the nurse recruiter, which they had at the time, and I said, "Do you have, like, a part-time [unclear] employed?"

She looked at me and said, "You retired from here, didn't you?"

I said, "Yes."

"When can you come to work?"

TS: [chuckles]

SR: That was—That was my interview.

TS: That was the interview.

SR: [unclear]

TS: "What about my paperwork?"

SR: Yeah, and—

TS: So then you started—

SR: I came back as a one day a week to relieve the head nurse so that she could do administrative things, because the head nurse has always worked the ward. I always did. And so, I worked between medicine floor and then surgical floor, medicine floor and surgical floor, or female, male, and then it was—it would be switched around. And then when we went to the new hospital they said, "You want to work medicine or surgery, because it's going to be one or the other."

And I'd worked medicine a lot but I was—things were changing in surgery and I thought, "I think I'd like to go surgical." And I'm glad I made that—

TS: Yeah.

SR: I like the kind of fast pace, the turnover, in a different—all the different—we do ortho [orthopedics], ENT [ear, nose, and throat], GYN[?] [Gynecology].

TS: Different types of surgery that you had.

SR: Maxillofacial, podiatry. You've got a little bit of everything so you're always learning; you're always learning something. And it's one of the best—and this has nothing to do with the Army Nurse Corps—but wound VACs [vacuum-assisted closure] are the best inventions that has come along and we've had them now for—

TS: What do they do?

SR: I understand it was a doctor in North Carolina that created these originally. What they do is they help with wound healing and they take away all the moistures and they pull—they remove the exudate [fluid that filters from the circulatory system into lesions or areas of inflammation] and stuff—[unclear] debris. They pull circulation to a wound so wounds heal up in about a third of the time; difficult wounds that used to not—out in the community in home health, diabetic stasis[?] wounds that used to never heal can now be healed up.

TS: Oh.

SR: And where we used to have to change it—sometimes change nasty dressings every couple of hours because they just leaked and leaked and leaked and leaked, now you don't have to do that. And they put these wound VACs on these people and [unclear] and bring them back, and that's been the greatest and best innovation that I've seen.

TS: I've never heard of it, that's really interesting.

SR: Other than getting rid of bedpan hoppers.

TS: Yeah. [both laugh] That's a good one.

SR: And they're not making nurses wear hats.

TS: Well, Sandra, I don't have any more really formal questions, but is there anything that we haven't talked about that you wanted to mention?

SR: Not really, I said the hats—all the changes of uniforms and how much nicer it is now to either wear scrubs or—

TS: Yeah.

SR: And sneakers. [chuckles]

TS: Oh, yeah, instead of the—

SR: Instead of having the—Well, not that the military can wear sneakers but—nice to wear combat boots but they're more comfortable ones than fatigues. They don't have to wear stockings, bright starch in their uniform when you had to bright starch and put the buttons in and put your cap on. It used to get sideways when you hit the curtain and make you look ridiculous. And the starched skirt, if you didn't sit really carefully then it would tip up and so you had the ducktail in the back and—

TS: Oh.

SR: —your hat on sideways.

TS: [chuckles]

SR: And you were trying to look very professional.

TS: So that's changed.

SR: Those things have changed drastically and greatly improved.

TS: Yeah.

SR: It's just—This has been very enjoyable and thanks for the trip down memory lane.

TS: Oh, thank you. Thank you for spending time with me.

SR: And I said after [I got out?] out of the service when they had that Vietnam—honoring the heroes [Heroes Homecoming] a few years ago—

TS: Here in Fayetteville?

SR: Here in Fayetteville, and it was—and they had a luncheon for army nurses. I mean, that was the first real recognition—formal recognition—and it was wonderful, and then—

TS: It's, like, fifty years later. Or more.

SR: It was fifty years later.

TS: Yeah.

SR: It was just like going to that reunion twenty-five years later and seeing everybody from—because it was organized, I had it in Washington twenty-five years after—from the 24th Evac and its entire existence and realized how much of that existed. A number of people were at the time I was there and that was organized by the people that were there when I was there. So many—Well, about seven hundred came.

TS: Okay.

SR: And the two patients that came really—

TS: Kind of tied it together for you.

SR: Tied it together and just made it—you feel like, "Well, yes, they appreciated and you contributed." And now that I still work at—still work at the military hospital, and I do my artwork and I paint the windows there and that's well-appreciated, so that's probably what I'll do as a Red Cross worker.

TS: Yeah.

SR: Continuing to give to my country.

TS: There you go. That's really great.

SR: And my community.

TS: Well, thank you. Thank you so much.

SR: Thank you.

TS: I'll go ahead and turn it off then.

[End of Interview]