WOMEN VETERANS HISTORICAL PROJECT

ORAL HISTORY COLLECTION

INTERVIEWEE: Jeri I. Graham

INTERVIEWER: Kimber Heinz

DATE: 12 November 2016

[Begin Interview]

KH: This is Kimber Heinz. Today is November 12, 2016. I'm here with Colonel Jeri Graham, U.S. Army, Retired, and this is an interview for the Women Veterans Historical Project at UNC Greensboro. Okay, Colonel Graham, would you go ahead and spell your name as you would like it on the interview?

JG: J-E-R-I—middle initial I—Graham—G-R-A-H-A-M.

KH: Great. Let's go ahead and just start off with your early life. Where were you born?

JG: I was born on Fort Jay, Governors Island in New York Harbor, on the 8 May 1943. My dad was a World—was in World War II, of course, and assigned and deployed over in Europe.

KH: What was it like growing up for you?

JG: I lived like many did in New York City, Brooklyn, and then out to Queens, and then out to Long Island—the big migration [chuckles] out to Long Island—and graduated high school from Bay Shore High School. I wanted to be a nurse and I wanted to go to college, and I needed, certainly, to find a place that was affordable, and so I went to Plattsburgh—

[Recording Error at 1:40] [Recording picks back up around 1:50]

JG: —with a bachelor's degree in education, and got my major in nursing as—and also a school nurse teacher certificate. So when I graduated I went to work as a school nurse teacher in Westchester County, the Bedford Public Schools, and shortly thereafter got—I was—got married to—it was during the Vietnam Era—and married a navy officer.

KH: Okay. Let's circle back to your dad being in the military, and then growing up with that—as a part of a military family. What was that like for you and what was the impact?

JG: I think probably being in the army during World War II certainly had a huge impact on my dad. He served—had two Purple Hearts. And so, what he did talk about was his medical care when he was in the army. I think what you know from probably reading about and listening to lots of World War II veterans, they did not talk about their day to day life in combat. And again, they all felt that they were doing what they needed to do to serve their country, and they followed orders, and they came back certainly affected by it. But he did—had lots of paraphernalia that he had collected. But I knew that the medical care that he got—I think that that probably had some impact on me deciding to go into the health care arena.

KH: Right.

JG: And he was very proud; probably one of his most proud moments. Again, I did not go into the army until I was thirty-five years old, but he always was so proud of my decision to go into the army, and at that time I was a single parent; I had two young daughters. And his proudest moment was when he helped to promote me to the rank of colonel. He just thought that that was absolutely phenomenal. He was a corporal in the army.

KH: Wow.

JG: So I think, if anything, I dedicated my career choices to my father.

KH: Who else was growing up in your household?

JG: I had a brother and he passed away at a young age from Parkinson's disease. We had a close family. My mother had a bunch of siblings and we grew up very close to my cousins and my aunts and uncles. I was the only person in that big group of cousins that went into the military.

KH: Oh, really?

JG: Isn't that interesting?

KH: Did you have any other family members who were in the military, aside from your father?

JG: Let's see. I had an uncle that was in the Marines, and another uncle that I think was in the [U.S.] Navy for a few years.

KH: It sounds like education has always been really important for you. Do you remember what subjects you loved the most when you were younger?

JG: I don't think I had a favorite. I think I enjoyed everything. And if you grew up—One of the things I noticed was that we had a lot of focus on history of the United States and the history of New York state, and that was really, kind of, drilled into us. So it was a lot of emphasis on history and where we came from, and geography, so I enjoyed that a lot.

KH: And you mentioned your dad, so what were the influences on you; why you chose to go to college and take the majors that you did?

JG: I think I had good high school counselors and they were pretty emphatic. I had been accepted for schools of nursing, because that was what—most of the time nursing education at that time took place in three-year hospital schools. So in 1961 when I graduated from high school there were not many college choices, but my high school guidance counselors recommended that I go that route. It was not until about ten years after I graduated—nine years after I graduated from college that I went back to Boston University to get my master's degree in Maternal Child Health Nursing.

And at that time I was very fortunate to get a federal traineeship, and therefore I had an obligation to teach nursing. So I got a position at the University of [Massachusetts] Lowell in Massachusetts and—because I lived in that area, going to Boston University. And so, I taught Maternal Child Health Nursing, but just for one year. And I wanted to go back to school again because I really wanted to become an absolute expert in OB-GYN [obstetrics and gynecology] nursing. So I decided to go to nurse midwifery school, and at that time I had researched all the different programs. I didn't want to get another master's degree so I went to a certificate program, and I looked at the programs that would be—have the least impact moving around, because many of the programs you had to go get your clinical rotations all over the map, [chuckles] and I couldn't do that with two small children.

So I applied to Meharry Medical College—M-E-H-A-R-R-Y—and that is a historically black medical school in Nashville, Tennessee. And we did all of our—most of our—let me say this—we did the majority of our clinical work at Fort Campbell, Kentucky, which was about fifty miles northwest of Nashville. And that's how I really got very experienced in army, military, health care delivery, and was very impressed with the work and the—my instructors were from the college—Meharry Medical College—and the clinical instructors were the army nurse midwifes at Fort Campbell, Kentucky. So I became very familiar with them and really liked that practice very much.

And then when I graduated I went to work in Florida at the University of Miami, Jackson Memorial Hospital, and it was the Dade County hospital. And we had about fourteen thousand deliveries—births—a year, and I had great experience there; phenomenal experience. Most of our patients were either from Cuba or Jamaica or Haiti. It was a very culturally mixed population. So I just had wonderful experience with the patients. And it was a brand new nurse midwifery service, so the faculty there, one was French, one was Haitian, one was Jamaican—two were from Jamaica—and the faculty from that school—from Meharry—were also all British trained, and many of them were from Jamaica, but their nursing, the nurse midwifery training was British. So it was a wonderful mixture of experiences.

And then I started to get heavily recruited by the air force. [both chuckle]

KH: Well, let's circle back, before we go into the military time. So one thing is, what was it like during the time period that you were going to school for you, as a woman, pursuing a career, first in general nursing and then as a nurse midwife?

JG: It was all wonderful. We did—Our clinical nursing college at Plattsburgh—We did our first and fourth year up in Plattsburgh, New York, which is near the northern border of New York, but our clinical work for all of our summers at the two—second and third year was at Metropolitan Hospital [Center] in Spanish Harlem, and that was a sister hospital to Bellevue Hospital [Center; now known as NYC Health + Hospitals/Bellevue] in New York City. So in those two very intense years, with that type of hospital setting, and the patients that we took care of, it was a phenomenally robust clinical experience, sociological experience, and there wasn't anything that we did not see or care for. Any patient with any type—I mean, it was—

KH: Describe a typical day. What were the kinds of interactions that you had that meant something to you?

JG: Well, I think just to be in that setting was —it was just an incredibly rich experience. The first year we lived on another island. I have my experience with islands in New York. But we lived on Welfare Island, which is now Roosevelt Island, and right underneath the 59th Street Bridge. But at that time that was another island experience, although a lot of history. At that time, the New York City Health Department ran a nurses' residence right on the island, and then the only other things that were there, or functioning at that time, I think we had another big rehab [rehabilitation] hospital. Now that island is all built up. I don't know if you've had an opportunity to see it, but it's lots of housing areas, and you can actually go on a—I'm sorry, I'm missing—you can take a tram from the 59th Street Bridge right down to Roosevelt Island.

But anyway, back to the clinical. It was an absolutely wonderful experience. I mean, you could see somebody with leprosy—you name the disease entity, it was there; name the type of clinical work, it was there. In fact, they also made a movie of it, you can check it—called Metropolitan Hospital [correction: *The Hospital*].

KH: Wow.

JG: So I felt very, very prepared. When we graduated from college we had a very robust clinical experiential background, which I think today is a struggle. So when you see nurses that graduated from school today, they all need to be—because they're clinical experiences are not as robust they usually now have to go into some type of internship or [unclear]. But we felt very confident, and I had no trouble transitioning into a civilian position when I graduated.

KH: Right. What about OB-GYN practice drew you to pursuing that?

JG: I think it was after my own personal experiences in childbirth. When we were in New York City as students the Lamaze method of prepared childbirth had just really come about in the United States. And so, we got to meet the very famous people who brought these techniques to the United States, by living in New York City and having the proximity to these experts. So we were very fortunate to have that experience, in learning about prepared childbirth, going to the different hospitals where programs were established in New York City. So I got very, very excited about that and I knew that that was something that I would want to be dedicated to.

Then I had my first child in a navy hospital, and that was in 1968, and at that time prepared child birth probably had not come into great practice in the military, but that was, again, early on. But that certainly encouraged me to become expert at that, and that became my passion and what I wanted to pursue.

KH: Yeah. So you had both of your kids before you joined the military, is that correct?

JG: Absolutely.

KH: Talk a little bit about what it was to have your kids. You said you were a single mom during some of [unclear].

[Speaking Simultaneously]

JG: Right, I was a single mom in graduate school, and then when I went to nurse midwifery school. So needless to say, my children grew up [chuckles] with a similar type of passion, with their mother only talking about that, so they benefited, I believe, from that kind of exposure, as they went about and had their own children. So that was fun. It was a challenge to be a single parent, and when I joined the army in 1978 it was shortly after they allowed women to not only be married in the service but also to come into the service as a parent and have children. So I was not the first but I was very early on.

KH: What kind of support did you get from people in your life, before you joined the military, as a mom?

JG: I think I came from a—both my mother and my father's parents were immigrants to this country, and at that time in history—not unusual—there was a place for women, and it was expected that you got married—engaged, married, start a family—at a relatively young age, and I was the first female—in all of my cousins I was the second oldest and certainly the first female to go to college. And even that—with my grandparent's history that was probably not so valued because the expectation was that you would get married and have children and be at home.

And so, it was a little bit of pioneering, [chuckles] as moving into this next part of history where it was certainly more involved. And at that time, honestly, if you—when you were graduating—wanting to go to college or pursue a career, the options for you

were to be a teacher or a secretary or a nurse, and those actually were not my first choices at that time. I wanted to be a helicopter pilot or a forest ranger, [chuckles] but they were not fields—but I didn't feel like I was doing something that I didn't want to do when I went into nursing. But it was just a different time. Of course, things are so much more open now.

KH: So you looked up to your dad, you were so close with your parents, did that time being a single parent affect your relationship with your parents?

JG: No, they were wonderfully supportive. I mean, I certainly—they didn't live with me and I didn't live nearby but I always knew I could count on them, and they were very, very supportive, whatever I did.

KH: So you chose nursing, and when you were in Miami you chose to join the military.

JG: I chose to not go to the air force because—even though I had been heavily recruited the officer that was the chief nurse at Fort Campbell, Kentucky, when I was there as a student, went on to become the chief of nurse recruiting for the army, and I called her to get some advice from her, and her advice, of course, was to lean toward coming into the army. But because the army at that time had more robust nurse midwifery services in larger hospitals, or where there was more OB experience, and she felt I could—it would be a better career choice. So I went in thinking that I would stay for three years, because that was the commitment, and love every minute of it, and stayed for twenty-four.

KH: Some of what we've already talked about, what drew you the most to deciding to join the army?

JG: I think it was because I wanted to be able to treat every patient the same, and my experien—earlier experiences were a lot related to insurance coverage—how they were going to pay their obstetrical care—and there seemed to be—at that time my belief was that there was a difference based on their ability to pay or—pay for their health care. And I found that that was not feeling so good to me. I wanted to be able to take care of people because they were in need of care, and help them without first worrying about how they were going to pay for their care. And I felt in my experience in the—as a student in the army was you could take care of everybody no matter what rank they were, and give them the same level of care. And I have continued to feel that way, and feel good about that, for all the time I was in the army.

KH: How did your family react when you told them that you were deciding to join?

JG: I think that they were very proud of that—my parents were—and I can remember my parents lived in South Florida, and so I was—it was good to be able to be near them and to see them. My mother came to the recruiting station in Miami where I was going to be sworn in, and she brought a great big cake [chuckles] and a red, white, and blue corsage, because her daughter was going to be in the army because I was recruit—as I said, as a

major, and she was very proud of that. They were very good. Wherever I was assigned they always came to visit, and they just thought it was wonderful.

KH: What were your early days in the army like?

JG: Oh, well, I think it was a challenge because it was a path—a path that was not the normal pathway. So usually army nurses would start out as a second lieutenant and become a first lieutenant and then a captain, and move up that way. When I came into the army I was, I would say, expert clinically, but I had to learn the army. So I went to basic but I would have to study very fast, and learning all the army regulations and my level of responsibility as a major. Okay, so I would say at that time it was not widely accepted. There were folks who were not so excited about my career path because—my response to that was, well, I paid for my own education, I came in fully educated in my—in the clinical nursing world. And so, I think I had to work very hard and fast to learn it, but I did just absolutely fine, however, it was not the usual pathway.

So one of the things that I learned in moving up my next two promotions was that it was—there are certain experiences you had as a junior officer or a company grade officer that prepared you for a next job. But I—All was good. I did move into—after two straight clinical nurse midwifery assignments, to leadership—into a leadership pathway, and I did very well in that pathway, and I went on to become the chief nurse of Walter Reed Army Medical Center, which was the Department of Defense's largest medical center.

I think a lot of that had to do with how I focused, clinically, on the care of my—let me see if I can explain this right. I think I got along very well with all the other department leaders, or senior—the senior docs [doctors]—all the docs—because they could see that my interest was really in the care of patients, and bringing together the teams, and so that it was a focus on the patient, and we were there, and I think I did well in bringing together the different disciplines so that we could really focus on the patient and it was very patient centric.

Now of course that's a wonderful model, but I learned that in the care of mothers and babies, that if you take care of the mother and—during her pregnancy, and the mother feels loved and cared for, she is probably going to model that in caring for her baby. And so, that was—became a very strong belief in how I cared for my nursing staff. If I wanted patients to get the very best of care, I felt it was—I was able to reach out to them through the hands—I was able to reach out to—if I couldn't put my hands on a patient, if I could demonstrate caring for my staff, then it would be the same impact, hopefully, that they would be sharing the love [chuckling] with their patients, if I could put it very simply. But I think that that has really worked very well in all the years that I was a nurse leader. I think that that was very rewarding for me, and I think it helped keep people in the Army Nurse Corps, and to model for them as they progressed in their leader development.

KH: I do chronologically a little bit, but we'll skip around, and I think this is really great, but you'll see me go kind of back in time a lot.

JG: That's fine.

KH: So basic training. You go in and you've had all this education, and the new experience for you.

JG: Right.

KH: What was basic like?

JG: Well, when I went in it was that time in history where I was not the only one that came in as a major. I think there were a couple of them in my basic class. But it was a challenge because, again, I had a lot to learn. I was thirty-five, I wasn't twenty-two, [chuckles] so physically I had to get—I had never run a mile in my life, but you have to do that, so—but that was great. I met wonderful people there and I kept in touch with them.

But when I came into the army and was first assigned to Fort Campbell, Kentucky—that's the home of the 101st Airborne [Division], and one of the things that made a very big impact on me when I was first assigned there was that I was dealing with a relatively young patient population, and young soldiers for the most part. The majority of them were young soldiers, or the spouses of these young soldiers. And I can remember that it was not easy to convince them that they needed to be supportive to their spouses during pregnancy and labor and delivery.

But I also understood that their days were filled with developing different kinds of skills—[those were?] soldier skills—and that it was a challenge for them to switch their hats and to become the kind of support of—supportive spouses that I felt they needed to be.

So I'm at Fort Campbell, home of the 101st Airborne, and everybody is air assault qualified. That is a tough, tough badge to earn for the army, but I decided to go and—because I felt I needed that army experience to really identify well with my patients and their families. So I asked to go to [United States Army] Air Assault School. At the age of the thirty-six, still never having run [chuckles] more than two miles in my life, I applied for that and I went into a period of real training—physical training to prepare for that, because it was very tough. But I was able to get through it, and I got my wings, and it was one of those great experiences in my life. I was the first female army nurse to get through Air Assault School. And at that time, in the hospitals—or in the clinics, we were wearing white uniforms—and I can remember this—I couldn't wear my wings on my white nurse's uniform, but I could wear it underneath my collar. And I would be sitting in the clinics talking to these young soldiers, trying to convince them they needed to go to classes and be supportive, and you could see that they didn't want to deal with that. But I would flip up my collar [chuckles] and they would see my wings, and of course they had all gone through the same schooling. And I would say to them, "Okay, do you remember when you went to Air Assault School? You remember how hard that was?"

"Oh yeah. Oh yeah, ma'am."

And then I'd say, "Well, how did you all help each other get through that, because you didn't do it by yourself?"

And they'd say, "Oh, no. We helped each other out."

"What did you do to help each other out?"

"Well, we supported each other—'rah rah rah; you can do it; you can do it.'"

I said, "Well, let me just tell you, having a baby is probably at least two times harder than going to Air Assault School, and this is what your wife needs. She needs that kind of support."

They could identify with that; never had an issue after that. It was amazing to me. It was their seeing that I knew what I was talking about, which I think made some difference. It's not the only way to convince people but it seemed to work, and they were just great; they were just great. So that was a wonderful experience for me, and it also helped me. And then I went on to get my Expert Field Medical Badge when I was forty-four and—

KH: What did that entail?

JG: Oh, it's combat casualty care and it's, again, very, very strenuous training and pa—getting through that. It's a very—not a high rate of com—getting through that type of experience. But from a soldier perspective, and from the army's perspective, those are very coveted experiences, and so I think that that certainly helped me to learn the army, to appreciate it, to appreciate training, to appreciate the safety—focus on safety, and it was all good. So I—those were two things that I think were a little bit unusual at the time. There's more army nurses that get those kinds of experiences now. But all of it helped me and I have—I've never felt that clin—even though I was not hands on clinically as the years went by I never felt that I was behind the eight ball [idiom for being at a disadvantage] [chuckles], because I kept studying and I kept engaged.

KH: When you came on you said you entered as a nurse midwife, right?

JG: Right.

KH: After you've gone through all this military training, what were your main responsibilities in your first assignment, as a nurse midwife?

JG: I was the chief of the nurse midwifery service, so I had a small number of staff, I ran a clinic; we had our own separate nurse midwifery clinic. My responsibilities were for their clinical competence and the care that they provided, and there was a scope of practice for nurse midwives, and so you had to be very much also connected with the obstetricians, because when you had complications, or sometimes we did co-management of patients if they had medical conditions that were medical complications, so we would work together. I also—Of course, we took care of the patients during their pregnancy, during labor and delivery, postpartumly, and then also care of the baby. We were all very well prepared for that. And then I did—you worked as a team. So you worked very closely with the physicians. And then we also did surgical assisting. So I—We performed normal obstetrical care, and then we worked—we were always on call to do surgical assisting for OB—cesarean births, or GYN emergency surgery. And so, that was good.

KH: Were most of the patients at that time, were they military spouses?

JG: Yes.

KH: Rather than active duty military.

JG: Active duty and spouses, right.

KH: Was there one more than the other?

JG: I think probably more number-wise were spouses, but certainly active duty. And then when I was assigned in Germany, again, we had a huge—Frankfurt Army Regional Medical Center was, again, a regional hospital, so we had a number of outlying clinics where we would take care of the—do their pregnancy care at certain intervals during their pregnancy, and then they would—we would be coordinating with those clinics. And they would come into the hospital to have their babies. And sometimes they didn't make it to the hospitals so they would be born in German hospitals, and then they would be transferred to us. So, again, that was always very, very busy.

KH: And you said when you entered it was—I'm trying to remember how you put it—but it was a time when women were now able to join the army as parents.

JG: Right.

KH: Is that correct?

JG: Right.

KH: What was that time period like to observe as a nurse midwife?

JG: I think there was a period of time where women were just—they were very few numbers of women serving, and there was a period of time where—as women were—they were increasing their numbers on active duty. It was not always 100% accepted by the male population, and that had to grow. And you can see that where we are now with women in combat roles. But clearly there was a time that it was not acceptable practice because that's—they didn't grow up that way.

KH: Yes.

JG: And so—But that just took time, and it took—I think the one thing that I am so grateful for is that I think the military service has provided to the rest of the nation a wonderful example of being open, or more open, to accepting women in roles in the military, and also from a diversity perspective, we became a very good model for accepting all races, all creeds, all cultures, and I'm very proud of that. I think we've set a good standard for

the rest of—I'm not saying everything in life has always been sweet, but we've grown, and that's great.

There was a period of time I can remember when I was assigned in Frankfurt, from '81 to '84, that it was not so accepted that women service members—when they became pregnant. There was not such a great acceptance of that. And in fact, there were some studies at the time that we had to collect data to show that women—female soldiers were losing too much time to duty because of their pregnancy, and—because they had to go to get their pregnancy care, and once and a while they had a normal complication of pregnancy where they had to be off duty, whatever.

KH: The military did studies on that?

JG: They did, and I think that clearly they showed that there was less time for females lost to [chuckles]—lost—duty time lost to pregnant soldiers than male soldiers who got into either sports or some fighting situations where they were injured in some way.

KH: So the study actually helped women.

JG: Yes, it did.

KH: [unclear] women and mothers in the military.

JG: Yes, it did. And I can tell you I can remember a heroic—for example, we had a number of female helicopter pilots who served in all these different little posts, and they would—once they got pregnant they had to get off flight duty and, oh my goodness, they just mourned that. They loved being pregnant, but, boy, they loved flying. And so, they couldn't wait till they had their babies and could go back on flight status. And then I had female pilots who would be trying to breastfeed their babies and pump and do anything that they could to do both; to be a mom and to prove that they could do it and be pilots. They were my heroes. They were very, very committed. So I have seen that growth over the years of women in different roles in the service, and their absolute determination to do well. And they've had to work harder. They have had to really prove themselves. But they did it, and they're—it's been a wonderful evolution, and I see it a very different world than it was in the early [nineteen] eighties, and it's good; it's all good. We can be very proud of that.

KH: And you were a mom yourself when you came in.

JG: Right.

KH: What kind of support did you find that you had from the military, at the beginning, or what kind of change did you observe in your own career, in terms of support, as a mother?

JG: I think it had to grow, because it wasn't that way for a long, long time. So you had to get—line up childcare; you always had to have a provision for the care of your children if you had to be deployed someplace. And you had to mix getting childcare—afterschool care, before school care—so it was different for many folks to—or many leaders to accept, I would say, but they did. Everything—It's a change, and you have to work through it, and, again, these young mothers worked very hard to make all of that happen. And some would have to make choices that it didn't work for them. They had to make career decisions, and it's not easy; it isn't easy. But I think that they had to learn to be able to communicate what their needs are to their chain of command—chain of supervision—and I would say in general it was an evolution but it seemed to have worked pretty well.

KH: Did you have friendships that were supportive of you in those early years in the military?

JG: I think I did. I think—Again, my kids moved, and there are lots of sociological studies about families—military families, and I think—I like to think that my kids learned to adapt, they learned to move, they learned to make new friends, and they both did very well with their lives. They both got through schools—all different kinds of schools—and they got all different experiences, and it gave them a broader look on life.

KH: Now, we're talking about your first assignment, Fort Campbell, going over to Frankfurt. So at what point did you enter this leadership pathway and what was that like to shift into that?

JG: I think when I came—when I came back from Germany and went to Fitzsimons Army Medical Center in Aurora, Colorado, I served as a—for a short time as the head nurse of labor and delivery, and then moved to a maternal child health supervisor capacity. And—Now, at that time my—the chief nurse at Fitzsimons Army Medical Center was—turned out to be the same person who was the chief nurse when I was a student at Fort Campbell, Kentucky, and she was the chief nurse at the recruiting command, and then she also had been over in Frankfurt. So when I went back to Fitzsimons, although I was not—my job was not as a nurse midwife she helped to facilitate getting my credentials there so I could keep up my practice, and that's where I officially started to teach physicians.

KH: At Fitzsimons?

JG: At Fitzsimons, because they had a OB-GYN residency program. So I actually—my capa—my caseload then became army nurses and army female physicians at that hospital. Because I could—had to do my day job as a supervisor, and then I would—I just had a small caseload, but took care of those patients at—I would see then during their pregnancy after hours. But I had a relationship with the chief of the department of OB-GYN, and so he assigned residents to me so that they could really learn normal obstetrics, and learn different techniques that were a little bit more non-interventional.

So we set up—I set up at that hospital the very first birthing center, in the hospital. It was a small scale, but I co-managed with the residents, and so the patients that I followed, they followed as well. So it just turned out it was a wonderful experience, and different, but I always appreciated being given that opportunity. It really helped these physicians to go, then, out after their residency to get a healthy respect for nurse midwifery care, and it was great for them. And I introduced this little birthing center. I actually was able to get—at that time this was new, so we purchased every bed as a birthing bed, so every patient there had the opportunity to delivery in a—rather than the usual [unclear]. It was very good.

And then I—When I went to Martin Army Community Hospital at Fort Benning, Georgia, as the assistant chief nurse, I was also able to get credentialed and keep up my credentials. And so, when necessary, I was able to keep up my OB credentials. And then—But then as it got—let's see. And then—I did the same, actually, at Fort Dix, New Jersey, where I was the chief nurse. But we—So I—But after that that—my jobs got much too complex to try to do anything else.

KH: So you couldn't hold onto your credentials because you had to shift into this more administrative role.

JG: Well, I—Yeah. I kept onto my credentials as long as I could but [unclear] awesome, awesome; not possible to do that.

KH: Right. How long was a typical day for you when you were trying to do both?

JG: My typical days in the army were never less than twelve hours. That's just—And then the more complex and larger scope—it was not unusual—you still have to do your PT in the army, so my usual days started at five o'clock, and I did my run, my PT, with everybody. And even when I was at Walter Reed, if I got home by ten o'clock at night it was really a miracle. [unclear].

[Speaking Simultaneously]

KH: How did you feel about that at the time; the long days?

JG: You didn't watch the—I didn't watch the clock. There was a job to do and you just did it. Fortunately my kids were not at home then, but they were used to—they were used to not having—I'm not saying it was easy, but my life was apparent—was not—I could not be very predictable for them. So—But again, we got through it, and I don't think that they resented me for that. It certainly, probably, impacted them, what they wanted to do when they became parents. But anyway.

KH: Did you talk about what impact it had on them at any time—

JG: Oh, yeah.

KH: —as adults, or when they were kids still?

JG: Oh, yeah. And we talk about that. But again, I think things today are different. There is a lot of—seems to be a lot of pressure for youngsters to be enrolled in every kind of class—afterschool class—every kind of sport, every kind of activity, and that's hard for parents. I mean, I watched my kids trying to juggle all of those things.

KH: Let's see. I wanted to ask you briefly about what it was like to come back from being in Germany, back to the U.S. Did you enjoy your time in Germany?

JG: I loved it. I think my children were used to—we lived for a year and a half of the three years there in a very small village outside of Frankfurt, but they were used to commuting to school. They would get on—There were no school buses, but they would get on the train, and they could—they were very independent, because ev—people didn't think twice about putting—kids getting on the subway, or the Strasse [German, meaning "street"]. And it was a great experience for them.

When we came back and we went to Colorado, they were not so excited, because there was not public transportation that could get them where they wanted to go and they weren't ready to be driving. So it was a little bit more of a challenge, and—but clearly we were all given the opportunity to learn about transitioning to a foreign country, and coming back. That was what you learned, and so it really came true. They always said it would take about six months to get acquainted with, moving to, and then another six months coming back, and it was pretty much on target. So, yeah, it was okay; we got through it.

KH: The birth center you started was the birth center in Colorado, right?

JG: Yeah.

KH: And you talk about that as—

JG: It was a very small operation.

KH: And it was sort of a pioneering operation.

JG: It was.

KH: Right.

JG: It was.

KH: Was that a culture shift for the military at that time, to accept having a birthing center there?

JG: It was, but that was part of the—It was a growing movement across the United States, so it gave the military an opportunity to experience that in a very limited way at Fitzsimons. And then of course all of that expanded. So it certainly is a way of life, and the care, I think, has always been wonderful. I would say that the—change is always—I don't care what you do, you have to embrace change, because things are always evolving; always new technology; new ways of doing whatever. That just becomes a way of life, and I think that we're pretty resilient, and I think that the military really helps you to understand that and embrace it. And I'm not saying everybody's always smiling [unclear] introducing new things but, again, that's part of leadership's focus, and when you are that way the people who you work with are probably going to be more prone to be that way.

But I wound up doing other things. As the years went by I wound up teaching a lot of leadership. For example, for at least ten years, three times a year, I would go down to San Antonio [Texas] at the—what they called—it was a chief nurse course—it was a senior leader development course—and I did a lot of teaching there, and in that capacity I got to really meet most of the folks growing up into senior leader nursing positions, and they would go through my portion of that. And so, I was very lucky to be able to have that time with them, and they remembered that time.

Also for ten years I taught leadership to the army pre-command—the medical pre-command course. So I worked with a fellow that was a social worker, and the two of us did team teaching for—and these were, mostly at that time, docs—physicians—so it was a unique experience to teach leadership to the doctors who were going into hospital leadership positions, or other leadership positions. But it was all good.

KH: What did you like the most about teaching?

JG: I liked the interaction part, and I think you can teach from a PowerPoint [slide show] presentation, and you can lecture, or you can engage. And I think I was very—I was always comfortable teaching because when I went to graduate school that was—part of my preparation was the education part of it, so I was—those principles actually did well for me as the years went by. But I liked having the opportunity to relate with the—whatever student, and I still do that. I still get invited to speak here and there, and I have some reputation left. [chuckles] But of course, most of the kids—I call them kids—that came into the army as second lieutenants, they're colonels now, so it's fun to keep in touch with them and to see them and to see how they progressed in their careers. It's very rewarding—let's put it that way—that you hope that something was able to stick. And they provide that feedback to you, so you know you've made a little impact somewhere, and it's great.

KH: What were the keys lessons that you were trying to instill in the people that you were teaching?

JG: I think it's how we treat each other as human beings is always key, and I think you can have as many slogans on a wall, on a poster, but it's how you live it. That is really the bottom line. And I don't think leadership is very difficult or very complex. It's a matter of

being able to relate to one another, and understand some good principles, and to demonstrate them on a daily basis—on a regular basis—and to treat—Hospitals are very complex, for example, and if you really believe that everybody who works there is important, whatever they are doing, I think that that is key to good leadership.

KH: Yeah. And you were obviously selected as a leader by your chain of command, and then you entered this pathway, so what was it like for you to learn about your own leadership, and then how did that take you all the way to Walter Reed?

JG: I think I was very much supported in all—in my clinical nurse midwifery role, and from there on I always had a physician in my rating scheme[?]. So I never worked just for nurses. And I think that that made a good difference in my career path because I was well regarded, because I think that they understood that I was just as dedica—doctors go in to medicine because they care about patients, and so that was something that we had in common, and my job was always to support them in their role, because we are a team, and to help them get the support that they needed to do their job.

And then in the larger facilities they all had residency programs, and so the physicians were certainly dedicated to the requirements for those resi—running a good residency program. And a lot of that had to do with the support that they got from the rest of the hospital, and I understood that, and they knew that I was there to help make that happen. And so, I don't think that I had too much trouble in that regard.

KH: Let's see here. I'm going to back up a little. Before you were at Walter Reed you were at Fort Dix.

JG: Well, just before I went to Walter Reed I was at William Beaumont Army Medical Center in El Paso, Texas, and I was the chief nurse there. And then before that Brooke [Army Medical Center, San Antonio, Texas]. And all large medical centers, all with residency programs, graduate medical education; all complex care. But I also had a great respect for their—for the similarity of dedication to their roles as physicians and as educators. So it was not a difficult—Each one of them were large, complex organizations, but somehow we made it work. [chuckles]

KH: So as you came into the work at Walter Reed, and then before that in Texas, and before that—

JG: In San Antonio.

KH —in San Antonio, are we still in the eighties? We're in the nineties.

JG: We're in the nineties.

KH: Okay.

JG: So I left Walter—When I left Walter Reed, I left to become the commander of the hospital at Fort Leonard Wood [Missouri], and that was just—a couple of years before that is when non-physicians were allowed to be—go before a selection board to be commanders at hospitals, so I was not *the* pioneer but I was—there were first two army nurses that I think were before, and then we had a group of, like, six of us that was selected in that one particular year. And that was—and that was a big change. Again, change is our friend, and I was certainly the first non-physician commander at Fort Leonard Wood. However, I loved that role. I absolutely loved it, because I could have—it was a small community, and you were—you're health care—I was responsible for the hospital and medical care provided all around the coast, and I was a Brigade Commander—an equivalent—and so I was one of the boys. But we did great care. We had difficult situations but we responded, and it was—to me it was a natural to care for a community like you would care for a patient. It was great, I loved it. I—It was a great experience.

And I was a little worried about it because I had just gone—come from the mecca to a very small—to a small community—rural community—in Missouri. But I got some good advice and that was that that would probably be one of the highlights of my life, and it really was; it was great.

KH: It's almost ten to twenty years after you joined the military, and after the beginning of women even being able to join the military as parents, so at that point, as a woman in this leadership position in the military, what was that experience like for you? Did you have any challenges?

JG: I don't think I had as many challenges as other—because nursing is more traditional female role, and—but certainly in other types of commands, or in other roles in other parts of the military, where women were more new to the—to assuming those positions, or being involved in those occupational roles, I think that that probably was more of a challenge. But I think we—in general I think women have been supportive of one another. There's a little—There's an understanding of what is [unclear].

And it's a different world today. I mean, my goodness, when we had Lieutenant General [Patricia D.] Horoho become the Surgeon General of the Army, I mean, let's talk about it. That was great. But these are people that were prepared, and they were very successful in their—in their work, in their roles, so it's good.

KH: So you always received support from your subordinates, or people you were commanding over?

JG: I think so. I think so, because I treated them well and I respected what they did as a team member, and I think I never felt I was more important than anybody else. I had maybe huge responsibility but I expected them to do their—to be competent and dedicated and treat everybody else well, and I think it worked fine.

KH: And you said earlier, I think before we started recording, that you served during two conflicts; the Gulf War and 9/11 you were still in the military. Is that right?

[The Gulf War took place 2 August 1990 to 29 February 1191. Codenamed Operation Desert Shield for operations leading to the buildup of troops and defense of Saudi Arabia, and Operation Desert Storm in its combat phase, it was a war waged by coalition forces from thirty-five nations led by the United States against Iraq in response to Iraq's invasion and annexation of Kuwait]

[The September 11 attacks, or 9/11, were a series of four coordinated terrorist attacks by the Islamic terrorist group al-Qaeda on the United States on the morning 11 September 2001. The attacks killed 2,996 people and injured over six thousand others]

JG: Yes. But again, I was not de—out of the country in either one of those.

KH: Right. Do you want to just share a little bit more now that we're able to record this; about why you weren't deployed to those areas?

JG: During the Gulf War, I was the chief nurse at the hospital at Fort Dix, New Jersey, and at that time in—when there are periods of conflict where medical resources need to be deployed in support of the troops, wherever they are, the military has a system of when you send out, you also have to receive backfill. And so, somebody has to be in the position of making that transition and making sure that health care delivery continues to take place. And so, the chief nurse at the hospital is one of the very few positions that was never going to be deployed.

So I was responsible for getting my folks ready to be deployed, and ensuring that their family members were cared for when they were deployed, because you just don't care for the soldier; you have to put your arms and embrace the soldier's family. So—And then when the Reserves came in, or hiring other people on a contract basis to provide care, that was a huge responsibility. And then also during the Gulf War it was how you cared for their families; made sure that you kept in touch with them whenever possible; and that there were people on my staff that were assigned to look out for their families—the families of those soldiers that were deployed. So that was—Family support was very, very important, and soldiers who are being deployed need to know that their family is cared for; that's really critical. And they have to—That makes them leave easier. So—

And then helping them to come back, and to get—transition back into the role, and all of that is—it's pretty complex, and—because the patients—your patients don't go away, they still need to be cared for, and you've got to figure that out, because there are often times—I know during the Gulf War that—when my folks—a big portion of our hospital—left—boom—over night—we were all at a wedding one night—one afternoon, and got a call that they had to go. They never went back home, and they had to stay. Now, they didn't get deployed, they had to go to their deployment hospital someplace else, and then go. So they—It was quite a time.

And then there—I remember at Fort Dix we also became a place that other services would—we would help with the navy and the air force, getting them ready to be deployed. So all of that was one of my big jobs as a key person that was not to be deployed, and I was very grateful to have that experience.

KH: Yeah. Even though you didn't yourself deploy, you certainly felt the impacts of deployment.

JG: Oh, absolutely. It was a huge responsibility and—because the care has to continue.

KH: Okay, well, I just have a few more questions on this very long list of questions. I just want to try to talk about the actual conflicts themselves, and the impacts you were seeing on the hospital side of things. So Vietnam War, Gulf War, and 9/11. I mean, I think now we talk about PTSD [post-traumatic stress disorder] and experiences that soldiers were having as a result of going to war.

JG: Right.

KH: Did you see any of that as a medical practitioner?

JG: Oh, absolutely. I think, from my eyes, it's not just the soldiers but the health care folks who go and are often in—were in very tough situations. Any time you send people off for the first group that goes—that gets deployed—into whatever scenario—it's not going to be perfect. You just can't plop down and establish a hospital and have everything that you need, all together, all—it takes a little bit of time to get established. And as expert as we are in that business, it's like anything else, you don't just turn the key and everything is perfect immediately. And then especially when you're in—when you have folks in theater and there are lots of casualties, whether military or civilian, I think you have to be very sensitive to how they are affected by that. They're human beings; they have left their families—their loved ones—they're in sometimes very harsh conditions; and I think we just have to be respectful of the impact on them—on the health care team. That has been certainly studied, and I think, again, it's how you treat people; how you care for them; how you demonstrate your caring; how you have the sensitivity to what they may be feeling as they come back; because that is—that's critical.

So there's lots of emotions, and you have to remember that the Reserve, for example—the Reservists who have been activated to come to you, they're leaving family behind too. So wherever they're coming from around the country you have to be respectful of that whole cycle of what happens to your team. And we certainly have had almost fifteen years of very frequent deployments for a lot of the team members and it has an impact on them, as professionals, on their families, and it's a—it's all a very challenging situation around the—across the board, and we just have to learn from that. We always have lessons learned, but then it's how you take those lessons learned and how you pass them on, and how you make sure that everybody is looking at all aspects of the dynamic of providing that care to folks that are deployed, and taking care of the caregivers.

KH: Yes. In terms of patient care, are there unique struggles or things to keep in mind for women in the military, women patients who are active duty now?

JG: My sense is that those who are on active duty often don't want to be distinguished because of their gender. They're all part of the team, they've all got a job to do. Many of them are parents, and I don't care whether you're male or female, or a mother or a father, if you're deployed you're without your family and that worry never goes away; that caring never goes away. We're just in a different position now where in the more recent times they're able to be on a phone, they're able to Skype [online video chat service], they're able to do email; they're able to connect in a different way. But I think that they are—we're always cognizant of the many roles that we assume, whether you're a male or a female, you're a mother or a father, or whatever. Everybody has their unique challenges, and I would not venture to say that a female service member who is deployed, who has children, is any more touched by that situation than a male, because I think we're very responsible people. And so, trying to balance, trying to keep touch, trying to make sure that your life is—and your family is cared for. I don't care really who you are, you feel it. I hope I described that okay.

I think there's a real—the family dynamics are well—I think they're well researched and well-studied and well-supported. For example, I'm very involved in the Military Officers Association of America and they are right there helping the services provide support to those family members, and they have lots of family member initiatives that are geared to helping to support them; all the services.

KH: So you've seen a big shift from when you first joined, in terms of the level of support for families in the military.

JG: Absolutely, yeah. I think we have learned a lot, and learned what can be done to be very helpful, and those have just gotten more, I guess, sophisticated is a good way—we know this is what we need to do, we kind of know what seems to work well. That doesn't mean it diminished the impact, it's just that you're hopefully as smart as possible and prepared as possible. And life has to be about continually being prepared.

KH: Why did you decide to retire, and when did you retire?

JG: I retired in 2002, and I was at an age—I wasn't a baby. I came in at thirty-five and twenty-four years later I was pretty senior. Because considering probably my colleagues who were at that rank were probably a lot younger. It was time; it was okay. I had—I felt wonderful that I had had the great opportunities that I had, and I was selected for a—in an alternate position of—the next level of command, but I chose then—I think I needed to have more time with family. I was a grandma [chuckles], and it was okay; it was fine.

KH: Yeah. We've hardly touched on what was happening in your personal life outside the military during all those years in, but your kid's were getting older, at some point you remarried, because I met your husband downstairs.

JG: That was—Ed is my current husband, but I had been married for twenty years. After I joined the service I—

KH: When did you get married after you joined?

JG: In, actually, 1980. It's was a couple years. I met John Graham and we got married, and he was in—also in health care.

KH: Were you married when you went to Germany?

JG: Yes.

KH: Okay.

JG: He came over. I had to go over first. It was about six—He was in graduate school so he came over six months after that.

KH: Well, anything you want to say about the relationship between your work, which you have already said was just a huge amount of your time and commitment and energy, and your home life?

JG: I think that it's not always easy for a relationship, especially the more complex your position entails. Sometimes there's a parting of the ways, or growing in different directions. So it—I was divorced in 2000, after I went out to Fort Leonard Wood, so that was a hard time in my life. And then I was single for a long time. But I've been married to Ed. We met through mutual friends in the military, and so we've been—in 2009 we met, and we were married in 2012. So I'm still a bride.

KH: Obviously you met and remarried after you retired—

JG: Yes.

KH: —so you had this period of time where you had divorced your first husband and then you left your career, so you had this time where your whole life seemed pretty different, right, after 2000—

JG: Yeah, let me see, I retired and moved to Wilmington, North Carolina, and I had decided then that I knew I needed to be involved, but I didn't want to work for someone. I wanted to just volunteer. I felt I wanted to be able to be in a position of making those decisions and not—being more in the driver's seat, okay? And so, I moved to Wilmington, North Carolina. I got very involved in school vision program, and for about eight years I organized and got—trained a team of volunteers, and we went to thirty-two schools in New Hanover County, and did the screening—vision screening. So that was a lot of fun. And I also got involved with the Military Officers Association chapter in Wilmington and

was the president there seven years, and then moved up into the counsel level, and now I'm at the national level.

KH: That's great.

JG: And then I've still stayed teaching. I've been connected with my nursing colleagues, and I get invited to teach here and there, and I've enjoyed that a lot. And so, I think I've stayed very busy, very engaged. I don't feel like I—I got very involved in the Army Nurse Corps Association and served as a regional person—regional director, and then vice-president, and then association president. Then I've been running their conventions for eight years, so I'm finished with that now. But—So I've remained, probably, as busy as I want to be and I have a passion for staying engaged with the military. I'm—I like what I'm doing, and I think—I don't see that stopping pretty soon. [chuckles]

KH: Well, you said early on that it was an easier transition for you back to civilian life after leaving the military because of—I mean, in part, you said the clinical training that you got early on was just—

JG: Oh, yeah.

KH: —in such a diverse place, and you already had so much time for the military to be in the civilian world that it didn't—the transition that exists for so many other people coming out of the military somehow was different for you.

JG: I don't think I had too much trouble. What I did learn was that you needed to have—when you retired you needed to have a plan, and I think that's probably been validated a lot. I think you get into trouble when you don't have a plan, and you retire and you say, "Well, what should I do now?" Or you don't—you just may not have a clue. I think it's—I think we're pretty action-oriented people [chuckles], and I see a lot of folks don't have too much trouble making that transition if they've done some planning ahead of time. So I think the military's been my family, and I've managed to keep it that way, not to that same extent.

But I think the Military Officers Association of America has a very good slogan, and that's "Never stop serving," and that fits for me. It may not fit for everybody, but it's—I'm happy to be involved with people who have the same spirit and who—I think the military is very good. We look after your—Your goal—one goal—is to make sure that you're always involved in training somebody to take your position. So you have a—you have a dedication to growing people, and I see that as a great strength that the service has, and I think, for me, that also keeps me involved, because what we do is we look out for currently serving. I think that that's important.

I am also the vice commander for the North Carolina Veterans Council, so I'm involved with—served for four years as a commissioner for the Vet—for the Governor's Veterans Affairs Commission. So I've been involved with the state of North Carolina and enjoy—have enjoyed that very much, and the past few years I've gotten very involved into legislative actions. I serve as the chair of the legislative committee for the North

Carolina Veterans Council, and so I am working on North Carolina issues that affect the military and veterans. So I think it all fits. [chuckles]

KH: Did you say why you moved to North Carolina originally?

JG: Initially when I was looking for where I should retire to, I had never been assigned in North Carolina—I never lived here—but I grew up on Long Island, near the water, and I kind of thought that that would be nice, so I started a little research on the internet of communities on the coast, and I started up in Maine and I kind of worked my way down and I landed in Wilmington, and it was a great choice.

KH: And your daughter, you said earlier, joined the military and is now retired, is that right?

JG: Yes, she was an oceanographer. My oldest grand—She married a [U.S.] Navy SEAL [Sea, Air, and Land] who became an army doctor and he's in Special Operations and has done very well. And my oldest grandson is a senior at Duke [University] on a navy, four year, ROTC [Reserve Officers' Training Corps] scholarship. So that's exciting.

Between Ed and I we have six children, fourteen grandchildren, and two great grandchildren. So—And we're a great team together and it's—we really—and all the things that I work on, he's part of it, and he's great.

KH: That's great.

JG: So we're—I would say we're happy and we love to travel, and we get opportunities to travel just to be with family, and it's fun. It's a neat blended family.

KH: That's great. I like this question. It's a fun word, I think. The word "trailblazer" is often applied to women in the military, right?

JG: Yes.

KH: Do you agree with that, and if you do agree with that, or if you don't, what is your advice for your own daughters, or women who had joined today?

JG: I like the word "trailblazer." It's applicable to—actually, it's not just the military. I mean, when you take a look at career opportunities for women, across any occupational group—I mean, look—it's amazing, the changes that have taken place, so I think "trailblazer" is a wonderful word, but it's not—I wouldn't say it's just only for women, it's really across the board in many occupations. So good for everyone. I've seen certainly the—early on, women trying very, very hard to be the very, very best, because it was so competitive, and it's great to see that evolution, in any specialty; I think it's wonderful. I think it is very challenging, and all of this has been very well researched through the years, and it's not—it's not easy to juggle any career, and to try to be a parent as well. So I have the greatest respect.

I think what is wonderful is to see the evolution with men, and really seeing couples that can work together as a team and join in the care of supporting one another and supporting their families. I'm very fortunate when my two daughters have—their spouses are very supportive so that they're both—have been professional women, with being parents and trying to combine it all, and I've very empathetic to those challenges. It's a complex world. There's nothing very simple about it. So I think we have—everybody needs support, everybody needs encouragement, and I don't take any of that very lightly because it—there has to be a concerted effort to do that; to respect one another and try to balance out the responsibilities and understanding, and letting everybody grow; nurturing their—everybody's individual opportunities, because that—I think that that—

KH: Alright. Those were all the questions that I have, so if there's anything else you'd like to add, please, I'd love to hear it.

JG: Well, I think it's wonderful. I try to tell everybody to come to this [UNC Greensboro Women Veterans] Historical Project. Today I was very sad that I couldn't make it. I really love that [Annual Women Veterans] luncheon but I had that other meeting out in Hickory. But I am—I think it's such a great effort that people here are making. It is unique, and I think we need to celebrate that, and I'm going to do whatever I can to help spread the word about what is being done here, and to support those efforts.

KH: That's great. And yeah, we really just want civilian folks, like myself, to learn and to know what it's like to join.

JG: Yeah.

KH: And a lot of times we'll ask, "What do you want civilians to know about life in the military?"

JG: Well, I'll tell you, one of the things—one of my, really, finest experiences was at the luncheon here last year, and the students—for their program, the students—I don't know if I'm saying it the right—academic program was theater arts or—is that—

KH: Yeah, I think—The theater department here is really strong so it might have been that.

JG: Well, they had a group of, I think, four students that had selected excerpts from these oral histories and read them, and they had practiced and practiced, and picked out what was going to be most important. I'll tell you what, it was—the audience—and we had—it was a full, full crowd. It was phenomenal. They—I was so proud of them. They just did—I know I'm going to start to cry now—but it was very, very touching, and everybody should have that kind of experience. I would hope that they would repeat that again, because that's the history, and what you are doing, it feels very comfortable, to me, because I know from the Army Nurse Corps that's what we—we respect that history, we try to capture that history, because it's significant and you don't want to lose that. So I

think there's—we have learned that—and it's the same with all military history. I'm a [U.S. Army] War College graduate, and you spend a huge amount of time studying the history of those early leaders and early conflicts, and you stand on the shoulders of that history, so it is important to capture that. And then it's important for people to read it so that it's—and to understand it and share it.

KH: That's what we're here for—

JG: Yeah.

KH: —to spread that out; spread that responsibility.

JG: So I'll send you some pictures if I can find some—I have some early pictures.

KH: Great.

JG: Yeah.

KH: Alright. Well, I'm just going to turn off the recorder.

[End of Interview]