

WOMEN VETERANS HISTORICAL PROJECT
ORAL HISTORY COLLECTION

INTERVIEWEE: Nina Harmon

INTERVIEWER: Therese Strohmer

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[Begin Interview]

TS: [extraneous comments redacted] Well, Nina, go ahead and start off by telling me when and where you were born.

NH: I was born in Saint Charles, Missouri on a hot summer day, August 29, 1952.

TS: And do you have any brothers or sisters?

NH: I have one older sister, Rosalyn, and two younger brothers, Kevin and Richard.

TS: What about your parents; did they work?

NH: My mother was home with the children, and my dad worked and went to school until I was six years old. He had a variety of different jobs; teaching, graduate assistant, driving a milk truck, driving a pop truck, working in the underwear section at J.C. Penney's. Lots of different jobs so that he could keep the family afloat while he was going to get his degree in statistics from Iowa State University, and he graduated around my sixth birthday.

TS: Oh, good for him. Really good for him. And, so did you spend most of your youth in Saint Louis?

NH: I lived in Saint Charles until I was about six months old—

TS: Saint Charles, I'm sorry.

NH: —at which time we went to Idaho, and we were there until I was about a year old. And my dad, I think, was teaching in Moscow, Idaho. I know we lived in Moscow, and I think he was teaching there. And then we came back to Missouri the summer I turned one, on

the train; my mom, dad, sister and I. And we were in Missouri for a while, and then we went to Des Moines [Iowa]. We were in Des Moines by the time I was one and a half, and lived there for a few months. And then moved to Ames, Iowa, and we left Ames around about the time my dad graduated, around my sixth birthday, and came to Durham, North Carolina.

TS: Oh, I see. Okay. Well, what do you remember about before you came to North Carolina? Anything—The areas that you lived in, were they rural or were they cities or—

NH: Most of them were towns or cities. I remember some things in Des Moines, Iowa from—and I was about three at that time. We moved from there when I was three to Ames. So I remember some things from there, and it was in the cities—Des Moines being the capital of Iowa was a city, then we moved to Ames which was a college town, and I remember the two houses, well I call them houses, the two dwellings we lived in there. They were both college housing. One of them was a Quonset hut and not too well kept, and the other one was brand new college housing that we lived in. It was like 540 square feet, and there were six of us living in that space.

TS: Oh my. So what was it like then when you got to Durham?

NH: In Durham I started school. And—

TS: Okay. Now was your dad teaching now?

NH: He—At that time he graduated and he was working at Duke [University] teaching post-graduate statistics.

TS: I see.

NH: So—

TS: What's your dad's name?

NH: Marion Bryson.

TS: What's your mom's name?

NH: Jane Bryson.

TS: Okay. So, you're growing up—

NH: I'm growing up, yeah, in Durham, and we were there until I finished tenth grade. And at that time my father, who had been working part-time with the army research office of the [U.S.] Army in Durham, North Carolina, accepted a full-time position with the Army and we moved to Alexandria, Virginia, which is where we were for the next two years until I

graduated high school. And during that time he did a lot—his job was at Fort Belvoir, Virginia, and they had a lot of, of course, army people there and he had many for friends, and one of them was telling me about a young women that she had seen walking along at DeWitt Army Medical Center, or DeWitt Army Hospital, at Fort Belvoir, and she asked her about herself. And she was a nursing student with the army nursing program at Walter Reed [Army Medical Center]. And my father's friend's wife was telling me about this, and I said, "Well, that sounds interesting," because I had had an interest in being an army nurse at that time. In the tenth grade I was in church and I had a feeling that was what I should do; become an army nurse.

TS: What was it that made you think that you should become an army nurse?

NH: I just—I was sitting in church and that feeling came upon me.

TS: Had you known anybody else up to that point that had been an army nurse, or a nurse even?

NH: My mother's friend had been an army nurse in World War II, but we had not really talked about it. So I would say no one really influenced me to have that thought at that time. It was very far removed, and it was not—

TS: How old were you when you had this thought?

NH: I was in tenth grade.

TS: So before that when you were going to school, did you have an idea of, like, what you wanted to be when you grew up, before then?

NH: Yes, I was going to be a third grade teacher.

TS: Is that right?

NH: I was going to be a third grade teacher, until I was in tenth grade. And then I had that feeling, and I started to consider it.

TS: Okay.

NH: And then when I was in the eleventh grade, we had just moved to Alexandria, and I had to take the PSAT test, or the SAT [Scholastic Aptitude/Assessment Test], and I had to write down what my area of study was going to be. And I had to decide then nursing or teaching, and I prayed very hard about it, and I felt at that time that it was nursing. So I just put down nursing, not really having any plan to pursue army nursing, though when nursing came to me army nursing is how it came to me.

TS: I see.

NH: And then my father's wife's—my father's friend's wife started talking to me about the army nursing program. She gave me a little article that she had seen in a paper about it sometime after that. And then I wrote to them, got the information packet, and the program was called Walter Reed Army Institute of Nursing. I had to have this information in, say, by the thirty-first of January. Well, on the thirty-first of January I took my packet in to my guidance counselor, and I said, "Would you send my transcript with this today please." [chuckles] I thought, well, if it's meant to be, it will be. So she sent it, and then within a couple months I heard back that I had been accepted into that program.

TS: Now what year was this?

NH: That was 1970.

TS: Nineteen-seventy?

NH: January '70. That was the year I graduated.

TS: From high school?

NH: From high school.

TS: What was the name of your high school?

NH: Mount Vernon High School.

TS: Oh, okay. Well, let me back up just a little bit before we get you into the army.

NH: Okay.

TS: I got a few—some questions about growing up. Did you enjoy school while you were going to school?

NH: I did enjoy school.

TS: Did you have a favorite subject or teacher?

NH: Probably one of my favorite teachers was my third grade teacher, Mrs. Blaney.

TS: Blaney?

NH: Blaney.

TS: Why was she your favorite?

NH: It's hard to put one's finger on something like that, and I don't know if it was any one thing, because she did do some things that I really didn't like. But it was just—I enjoyed that year. I thought, you know, fourth grade you have to learn long division. That's way too hard. And second grade you have to teach them how to write—at that time you had to teach them how to write, not kindergarten. And so, I thought, third grade really don't have to do anything really hard, so that's what I'd like to teach. And she had us do a project about the Netherlands; we were studying the Netherlands. We had to keep a little journal, and I wrote down some different things about the Netherlands, and I guess that kind of stuck with me, different artists that came from there, and I could always draw tulips so that was really, really nice because I could draw the flowers from the Netherlands. So I don't know if that was it, but there were a couple of things, I guess, that came up that year that I didn't even know too much about until later. And one of them was that at the end of the day she would put the homework on the board, at the very end of the day. I would write it down, and then immediately start in trying to do my homework, and she insisted I put my books away. I said, "But I have time now. Why can't I start it?"

She said, "No, take it home and do it."

She wouldn't let me start my homework at school, and I was really annoyed by that because I had, you know, a few minutes, I could start it before I left school.

TS: [chuckles]

NH: So anyway, that's one thing that I remember. But I got through that, got my homework done.

TS: [chuckles] Now you're a child of the sixties. You were growing up in the sixties.

NH: You're right.

TS: What do you remember from that period? There's lots of things going on.

NH: A lot of things going on. Later on, having studied about Sputnik [first artificial satellite to be put into Earth's orbit, launched on October 4, 1957] and things like that, I know that science and math were really strongly emphasized then. I don't remember that, though—

TS: At the time.

NH: —at the time. But I do know multiplication tables were really quite stressed. That was third grade also, and so I worked really hard to learn my multiplication tables. I remember we sat in rows, and the students did what they were supposed to do, and they were quiet. That's what I remember. I'm sure it wasn't all that way, [chuckling] but that's what I remember.

TS: What do you remember about the culture? Like, did you have music that you listened to?

NH: The culture—we had music. You mean personally, like, at home or—

TS: Yeah.

NH: —through school?

TS: Either one is fine.

NH: Well, I do remember that we did have music class, and music class was not playing instruments. It was basically you went, you had your songbook, and you sang different songs. And patriotism was very important, I know, because we learned things like “Red River Valley” and “My Country Tis of Thee” and, all the things that are patriotic. Along with some other things, of course, you know “Greensleeves” and just lots of songs that we sang, and I learned a lot of them which I still sing some of them as lullabies, like, “The Streets of Laredo.” [both chuckle] But that was an important part. I remember I didn’t listen to a lot of music at home until I was, say, late elementary school which was sixth and seventh grade then, that I started listening to the Beatles and popular things like that. Well, maybe as early as—the fifth grade the Beatles were in, you know, and so once the Beatles came in I was on that wagon.

TS: Yeah, you liked them?

NH: Liked them, well, it was the thing to do. We had all our husbands picked out; which one was going to be our husband.

TS: Which one was going to be yours?

NH: Well, George Harrison was.

TS: Okay.

NH: He’s gone now. I even have a book that my mother gave me. She gave me a couple of textbooks because I was interested in teaching. And I would have my own little school with the neighborhood children at a certain point when I was growing up, you know, and I’d be the teacher and I wrote Nina Harrison in the book she gave me. [both chuckling] But of course that’s, you know, the rosy glow of childhood and reality sets in. You realize that, you know, there are certain behaviors you wouldn’t want your spouse to have, realism hits in [unclear] [Of course, George Harrison had social problems—drugs, it was rumored—and one does not want a drug user for a husband-NH added later.]

TS: We also have, you know, like, JFK’s [President John Fitzgerald Kennedy] assassination would have happened when you were about ten, I think.

NH: That happened when I was going to the orthodontist to get my braces adjusted, so I would have been in the sixth grade.

TS: What do you remember about that?

NH: I remember that I went into the orthodontist's office and it was on the radio. Because I had been at school up until that time. Mom picked me up from school, took me to the orthodontist, and dropped me off. So I went in and I went in to the office and they were talking about it that day, so they had not mentioned it in school. That's the first I heard of it. So I'm sure the teachers knew about it, but they were not passing that on to the students. And I was in sixth grade I—I might have been in—actually, that was in '62?

TS: Sixty-three.

NH: Sixty-three? Okay. November of '63 I would have been in—'58, '59, '60, '61, '62, sixth grade.

TS: Now do you remember having any feelings about that event?

NH: Well, I remember kind of a sadness, and on the way home from—I guess it was that day, on the way home we were talking in the car, my mother was driving, and my sibs were with me. My mother never would talk about who she voted for. She's still, to this day, very secretive about that. But she was saying how she had voted for him, which was something because her daddy was a Republican, so that was something—

TS: [speaking simultaneously] Maybe that's why she kept it quiet. [chuckles]

NH: Well, it could be. I don't know. But even to this day my son, Joseph, tries to get my mother to tell who she votes for. She'll come to visit and she'll fall asleep on the sofa, and Joseph will come up and say, [quietly] "Okay, who'd you vote for?"
"I'm not saying." Even in her stupor she will not say. But he still tries every chance he gets.

TS: Well, you also had in the south the civil rights movement was going on. Do you remember any of that?

NH: The only thing I remember about that—and part of this is because my sister related it to me, and that was when I was going to—I was older, like, maybe eighth or ninth grade, and I had to ride the bus to another school at that time, to the high school.

TS: Oh, for integration?

NH: Right, when it was integrated. We had one young black girl who rode our bus, and she never got a seat on the bus. I sometimes didn't get a seat on the bus either, but she never did. And my sister told me, and I did not remember this at all, that the boys would spit on

her. And when she got to school sometimes she would just be wet with spit dripping all off of her. Because, I guess, that's what their parents—they learn from their parents. The movie *The Help* came out this year, and that's very interesting because we did at that time have, living in Durham, we had some black women who came to our house to babysit for us. So my parents would go off for an evening or for a few days even, sometimes, they would go off and leave us in the care of these women. My mother went back to school, also, when I was in the third grade to get her degree. So she would leave my younger brothers with the maids sometimes as she would have to go to school. And even to this day my youngest brother talks about [how] he had a nanny that took care of him. But they would come over to our house and stay with us, and when *The Help* came out my mother says, "I'm thinking back. Did I treat the women who came to our house that way?"

And I said, "Well, what do you think?"

She said, "I don't think they [I] did."

I said, "Well, did they eat at the table with us," because I couldn't even remember that, I mean, it just wasn't something that was significant to me; that they would be different, but I just don't remember.

And Mom says, "We told them to, but I don't know if they did."

TS: Told them to sit at the table?

NH: Yes. She said, "But I don't know if they did."

Roslyn [Harmon's sister—NH clarified later] said, "Well, Johnny did." That's one younger black lady ["Johnny"—NH clarified later] who came. She was tall and thin and kind of mean, in our opinion, but she probably just—

TS: Strict?

NH: Strict, yes, and we weren't used to that. My mother was very "lesson of hard knocks" type of school—

TS: Right.

NH: —you know, the learn by natural consequences. But she was strict and we weren't used to that, but she didn't ever hit us, it just was a harsh tone of voice and something that we weren't used to.

TS: More boundaries set maybe.

NH: Yes. Yes. And like I said, just that sharp tone of voice and, exactly, just not what we're used to. But we—She never hurt us, and when she came she made clothes for us, like, she made us—my sister and I a couple of skirts when she came and stayed with us for a few days once. The older, heavy set black woman, Dot, would come and she would—she taught my sister and I how to crochet little hats that had little loops in them, and that's the only thing we could crochet was [chuckling] the little loops on hats. But one time I

remember my brothers said that we did something to them that was mean, and they said that the maid, Dot, had to spank us because we had been mean to them. She said, "I don't think so." They insisted she spank us, so she put her hands behind our back and she [makes slapping noise with hands], like this. So boys were happy and we were happy and we all went off about our ways. [simultaneous chuckling] So she was really very wise.

And during the social—the movement that happened in Durham—and there were some other things now that you mention it that I remember. But Dot, who was the older woman, would say, "I wish they'd just stay home and do what they're supposed to do." That was an older black woman's perspective and the younger people were in for a change, which was absolutely right, but at the time it was hard.

And I remember my sister had a boyfriend who would come over to our house, and he would walk to our house, and it was clear across town and Durham is not a small town. So it was some miles that he had to walk to come to our house, and he would walk home. His parents didn't give him much money for anything, so he walked rather than take a taxi. But one night when all of the—there was some kind of a riot or an uprising in Durham, he had me call a taxi to take him home. During those, you know, the times that were really—

TS: Was that maybe when Martin Luther King Jr. was assassinated?

NH: I don't—I don't remember the exact date, but I was probably around sixth grade or so.

TS: Because that would have been '68 when that happened, so.

NH: So it might have been after that, but I know that, you know, once the unrest started there were—there was unrest, we moved from there in '68. I don't think it was that late, but I do remember that I did call a taxi for him on one occasion so that he could get home safely.

TS: Did you—at that time, do you have any—as you think back do you think about how you felt at that time? Did your feelings change or anything?

NH: Change toward—

TS: Just about the idea.

NH: In general?

TS: Yes. Of civil rights or what was happening, like you say, with the tensions going on.

NH: Well, I just knew that it was tense and I didn't want to get out there in it. I do know that from what my mother says, and some of the way I feel, that I don't think they taught me necessarily to be like the people in the south were raised. I don't think I was raised that way. There are still some things inside me that are not what I necessarily want them to be, but I do know that—

TS: I think that's true for anyone.

NH: Okay, but I do know that I do love those people, I've worked with those people. One summer when I was in college I had a roommate who was black and I went home to Missouri, and my uncle was saying, "Well, what was it like having her for a roommate?"

I said, "Well, just like having anybody else for a roommate, you know, she eats, she sleeps, we get along fine. I mean, I don't have any problems at all." But it was like, you know, he was thinking there was going to be something different. And that's my father's brother, so I would think that they would have similar feelings about that but maybe that was not the case. Just based on we came to live in the south and they were there and we had people that we cared about who were black, and that we had good feelings for.

TS: Right.

NH: And so, anyway, that was—those are the main things that I remember, but there were some good memories there too.

TS: Yes, and now you said you—in tenth grade you moved to Alexandria?

NH: Right, well, the end of my tenth grade year.

TS: End of your tenth grade, okay.

NH: That summer.

TS: Now, was it—that was when you started getting the idea of—

NH: In the tenth grade; that last year in Durham.

TS: Oh, in Durham is when you had the idea.

NH: Yes, it was in the First Baptist Church in Durham.

TS: Now did you have any kind of heroes that you thought about at this time in your life? Were there certain people you admired?

NH: No. Oh, well, I admired my parents. Admired my dad and my mother, I mean, I admired them both.

TS: What was it about them?

NH: I was not your typical teenager who didn't want my mother to pick me up or drop me off anywhere in sight, you know, I was very proud of them. I was proud of both of them. In a

lot of social situations I was proud of my mother because she always seemed to come up with ways to make people feel comfortable and cared for and special. And my dad just because of his work and the renown that he got through his work, and so, I was proud of them.

TS: Right. Now as you're thinking about what you're going to do in your future, and you have this idea of being an army nurse, and you're now in high school in Alexandria. Did you have more contact with people in the military? You said, like, a friend of your fathers.

NH: Right. My dad, because he worked—let me think what his title was. He was a Technical Director of the Institute of Systems Analysis at Fort Belvoir, Virginia. A lot of the people who were on his staff were military personnel. And so—

TS: But he's a civilian.

NH: He's a civilian.

TS: Okay.

NH: He's a civilian. He did nine months after World War II.

TS: Oh, so he did have some—he was a veteran?

NH: Right, but after World War II he didn't graduate—when he graduated, World War II was winding down that year.

TS: I see.

NH: He graduated in '45. So, he went in and they were downsizing the [U.S.] Army at that point, and so he stayed on nine months and they said, "Goodbye."

And he said, "Goodbye, I'm happy to go," and went back to school. He did some school before he started that year too; some school before he went in the army and then kept going after he got out.

TS: So you have—he had—you have a history—a little family history. Any other—

NH: Right.

TS: Anybody else in the military—in that background?

NH: Well, I do as a matter of fact, now that you mention it. Both my dad's brothers were in the air force; one of them during World War II, but at the—and at the time my mother kept saying he was in Europe, but when I asked my aunt about it, like, fifteen, twenty years ago she said no, he was stationed in—okay, I'm thinking of it—Kingman, Arizona,

at an air force base there. And his job was to fly the airplane that towed the target that everybody was practicing shooting at. [chuckles]

TS: Was this in World War II?

NH: This was in World War II time, but he was—he, like I said, he provided the airborne target for the ground crews to practice shooting anti-aircraft guns—

[both speaking]

TS: Oh, the artillery. Oh, I see. Okay.

NH: —aircraft crews to shoot at, so I guess that had its own dangers since they were new and he was towing the target. [both chuckling] But he made it out. And he was—he came to see us a lot when we lived in Virginia because he was still in the air force at that time and he would come and work at the Pentagon, and stay at our house. So, I talked to him about that, but I had that idea before I developed that relationship with him because I got that idea in Durham. And then maybe in talking with him, I don't know that that enhanced that. I don't think it did. Because, like I say, in my junior year I decided nursing was definitely it; that that was what I was going to major in in college. And then between November of '68 and then the next December, that's when I was gathering this information from the friend of my father—the wife of my father's friend. She's giving me articles and telling me about these people and getting me introduced to this nursing program that they had at that time.

TS: Now, Vietnam was going on too, and had been going on.

NH: It is.

TS: Did that have any impact on you?

NH: Well, that would not have been something at that point in my life that I would have been opposed to because I didn't have any—and I thought about doing that actually.

TS: Doing what?

NH: Going to Vietnam as a nurse. Because I didn't have any relationships other than my original nuclear family at that time, so I didn't feel constrained or held back by that at all.

TS: So, did you feel like that would be something that you could do to—like patriotic in a sense?

NH: Yes. Yes.

TS: To support the war?

NH: To support the country. You're right, I did. So anyway, that's how that developed and it was about a two and a half year—two year development process when that came to be.

TS: So you talked about how you got your application in at the last minute [both chuckle].

NH: The very—I'm not a last minute person, but I just remember that I thought, well, if this is meant to be then it will be. And as I was filling it out my sister's boyfriend was there and I said, "What should I write down for hobbies?"

He said, "Just write everything. They like to hear all that stuff." So I wrote everything I liked to do.

TS: What were your hobbies at that time?

NH: Oh, about the same as now; sewing, knitting, crocheting, reading.

TS: Did you do any kind of outdoor activity or sports or anything?

NH: I was not a sports person. I did hiking with my family sometimes and raking in the yard sometimes, but it was not—I'm not—was not a sports person. I was a klutz actually.

TS: [chuckles] Okay, well, did you decide on the army because of the program that the woman was telling you about, or did you consider the other services that had nursing programs too?

NH: I was basically considering army, and it wasn't just because of the army nursing program because when it came to me it was to be an army nurse. Not a Marine nurse, not an air force nurse—

TS: I see.

NH: —an army nurse. So army nurse is what I was thinking about all along and I didn't know at that point that that was the point at which I should pursue being an army nurse. But it just all fell into place in the right time, and the fact that I was accepted into the program and it was a very competitive program. I just felt very lucky, and just felt confirmed that that was definitely what I was to do.

TS: How did your family feel about it?

NH: [pause] When—Well, they knew I was doing this and they were okay with it, but at the time that I was filling out the paperwork I was still seventeen. And so my parents had a slightly different approach. My mother said, "Are you sure this is what you want to do?" before she signed it.

And I said, "Yes." And my dad just signed it.

TS: Did he talk to you about it at all?

NH: We had kind of talked about it all along, and, you know, they knew that I was doing it. And so when it came to this point and I signed the paperwork saying that I wanted to do it and he knew I wanted to do it, there was no question or discussion at that point.

TS: How about your friends? What did they think?

NH: One of my friends, when I graduated high school—I went to Mount Vernon High School, and I would say at least fifty percent of them were military kids, so that was not something that was foreign or odd to them at all.

TS: Were there any other women that you knew of that went into the military? That were in your peer group or anything?

NH: At that time?

TS: Yes.

NH: I can't think of any at that time, I mean, of course since then I've had peers because as I went through school I collected peers who were in the military.

TS: That's right.

NH: But at that time I don't remember any that went in.

TS: But you're in a military culture, just because of the geographic area that you're living in too.

NH: The geographic area and the fact that that school—all the kids at Fort Belvoir went to that high school. [chuckles]

TS: Oh, right.

NH: So, I mean, they're all—

[speaking simultaneously]

TS: So that's why you had a lot of friends that were military family.

NH: Right, my best friend at that time was—her dad was a master sergeant in the army, and not just military, they were army kids—army brats.

TS: Now you—Okay, so you get accepted in this program and then what? Then what happens?

NH: Well, the program is that you go to college for four years, and—with a degree in nursing—and then you go active duty into the army for three years. And all of that time counts as time in service, so I was on active duty from the time, basically, that I started college, which was September of 1970 until I graduated college which was '74.

TS: Did you get to pick the college that you wanted to?

NH: The—We got to pick the college that we went to. It had to be an accredited college, and we had to be accepted to it, of course, so I went to the University of North Carolina at Chapel Hill. My dad felt they had the best nursing program, and at the time I was deciding on a college I hadn't been accepted into the army nursing program yet. So, I applied to three colleges and was accepted to all three, but he felt that Chapel Hill had the best nursing program, so I should consider that. And, of course, because I valued his opinion I went there.

TS: What—okay, and you had been—he had been in Durham—you both had been in Durham so it was a familiar area too.

NH: Exactly, but they were living in Virginia at that time.

TS: Right. Sure.

NH: And so I came back to school there. And—

TS: So how was that?

NH: It was good. That's where I met my husband.

TS: Oh, is that right?

NH: Chapel Hill.

TS: Where did you meet him?

NH: Under a magnolia tree. Isn't that romantic?

TS: Yes! It sounds romantic. Was it a clear, beautiful day, or rainy?

NH: It was—It was not rainy. Was it sunny, Henry? [speaking to Henry Harmon]

HH: [from other room] Yep.

NH: Sunny. Henry was doing antics on a bicycle—

TS: Well, we have to introduce Henry. So, that's Nina's husband, Henry, that—who's voice is in the background there.

HH: Hey.

NH: So, met him in front of one of the buildings in Chapel Hill.

TS: How long before you guys got married?

NH: We met in May of '71 and we got married in September '75, so four years and three months.

TS: So, he—So, Henry was familiar with you being part of the army throughout the time he knew you then?

NH: Well, he didn't know me when I wasn't associated with the army.

TS: Right. That's what I mean.

NH: Exactly. Yes. I spent two years at Chapel Hill, then all of the people who were at colleges all around the country came to Walter Reed [Army Medical Center] at the beginning of our junior year because we did our nurses training in that area.

TS: Is that, like, in the summer time, or?

NH: When college would normally be starting.

TS: Okay.

NH: So we started—

TS: In the junior year you went to Walter Reed?

NH: Right. They sent out a form in advance, you know, what kinds of living accommodations do you want? Do you want a single room, do you want a double room, or it doesn't matter. Well, if you ticked it doesn't matter you got it didn't matter. Because—

TS: What did you check?

NH: I checked it didn't matter because I was used to having people all around. I'd never had a room of my own. I didn't have to start then. But it didn't matter meant that they turned two double rooms into two triple rooms, [chuckles] and you ended—I ended up in a smaller of the two double—triple rooms, so it was really very crowded. They got it all worked out within the first three months, and ended up just in the double room. Met one of my dear lifetime friends there.

TS: What's your lifetime friend's name?

NH: Her name is Dr. Jesse Lob She went to nursing school with me, and she lives in Kirksville, Missouri now.

TS: Okay.

NH: If you're interested, and ever have a chance to go that way, I'm sure she would be happy to talk to you. But don't count on any artifacts.

TS: No? She didn't keep them like you did?

NH: [chuckles] She keeps a different kind of an organization structure.

TS: I see.

NH: Let me just put it that way. She's still a dear friend, and would do anything for you, and I love her.

TS: Okay. Well then, how much army did you have to get into at this point? You're learning, you're training, you're learning to be a nurse, but how much army training were you in?

NH: We did—We only had nursing uniforms at that time. We did not have actual Class A or dress blues or any other army uniforms. Just our nursing white uniform. And we didn't wear rank on that. We just wore it with our school crest on it, which was the WRAIN, W-R-A-I-N, Walter Reed Army Institute of Nursing, pin.

TS: I see.

NH: And we had a jacket that we had to wear when we went to the wards to do research on the patients to which we'd been assigned, so that they would know that we had license to look at the records and weren't just people off the street who were going through people's personal information.

TS: Did you have to go through any kind of basic training?

NH: We did not go through basic training at that point, no. We just showed up at Walter Reed, and the first morning we're all sleeping and all of a sudden this loud speaker blares and everybody flies out of bed with their eyes open and they said, "You have to be down in ten minutes in this room," you know? And nobody's dressed. Six girls are trying to get into one bathroom with one toilet and one sink, to get down in ten minutes to this room. They sang "You're in the Army Now." It was all of our instructors and they sang "You're in the Army Now," and everybody's in some state of disarray. It was very interesting. So, that was our initial introduction into the army.

TS: Now, what point did that happen?

NH: The first morning that we were at Walter Reed.

TS: Oh, okay.

NH: That first morning they—we leapt out of bed, flew down the hall, and that was our beginning. We ate in the mess hall, and we had access to army medicine at Walter Reed, so if we got sick that's where we went. We rode army buses. Now, because there were so many of us, and I'd say there were probably over 150 of us—and there were two classes, junior year and senior year in that one building, Delano Hall. And so they had to farm us out into the general area, so we did some training at Cafritz [Memorial] Hospital, which is a public hospital in Washington D.C. We did some as far away as Fort—not Fort Monroe. We went down to Dewitt, went to Bethesda, went to other military facilities in the area—some up in Maryland—Fort Meade [Fort George G. Meade, Maryland]; some people did training as far away as Fort Meade, Maryland. We would ride army buses and sometimes have to be on the bus at 5:15 in the morning to get there by whatever time we needed to be there. So, we had that type of army exposure.

TS: Exposure is a good word, yes, but still no basic training. Did you—
[speaking simultaneously]

NH: No basic.

TS: —do formations, in the morning or anything like that?

NH: Just that first morning.

TS: Just the first—[chuckles] just to wake you up and say, “Hey, we’re in the army.”

NH: “Don’t get used to sleeping in anymore,” and we didn’t.

TS: Now, were you learning to see what kind of aspect of nursing that you would be interested in for your time?

NH: Well, it was basically your—yes, it was exposure to all different types of nursing; public health, psychiatric, pediatric, med-surg [medical-surgical], obstetrics. And they just did it med-surg, not specifically neurological or anything like that. Then once we did that then some people got an idea they wanted to do one thing or another.

TS: Did you have a particular interest yourself?

NH: I was a med-surg nurse, but I was interested in pediatrics and that’s what I did first when I left. But it depended on what they needed at the hospital where you were assigned to

and I was assigned to Moncrief Army [Community] Hospital [at Fort Jackson, South Carolina]. Once I graduated then we went to basic training—I'll backtrack a little. Once I graduated, went to basic training at Fort Sam Houston in Texas and spent five weeks in nurses' basic training. It was mostly learning how to chart medical records, and types of things that we would need—information we would need for the army. It was mostly classroom work, but we did do—go through the gas chamber there. We went to some field exercises, like map reading, compass work—

TS: Did you have any bivouacs that you had to do?

NH: We did not spend overnight outside during basic training that I can remember, but we did have formations there and we did have our uniforms, and we had to be in formation early in the morning. Then we had to march to class together and that sort of thing. It was Monday through Friday basically for that five weeks.

TS: How was that for you, that experience?

NH: Well, it was interesting. I'll say it was interesting. It was kind of tiring being in class, but it was important that we learned all that information because we absolutely had to have it in order to perform our job in the military.

TS: Was there anything that you enjoyed about it?

NH: [pause] Well, I enjoyed traveling around the area while I was there.

TS: Not necessarily on duty time, right? [chuckles]

NH: Right. Because we really weren't—we were not in the hospital while we were at Fort Sam Houston. They have a won—they had a wonderful hospital there and it was renowned, at the cutting edge of medicine. It was the burn center. But unless we got sick, which thankfully I didn't need to go, we didn't go there. That was Brooke Army Medical Center [in San Antonio, Texas].

TS: Was there anything where you're saying to yourself, "Hmm. What have I gotten myself into?"

NH: No, because I knew I wanted to do this and I just, you know, it's what you have to do so I did it. And it was interesting. It's not my time of day. At that point in my life I would rather have slept in. I was not a morning person, but, you know, one does what one needs to do and that's what we did.

TS: So, once you graduated then you're in the army?

NH: Well, I was in the army as soon as I got to basic training.

TS: I mean you're—that's true. So once you graduated then you are assigned to go to a particular base, right? You have your orders somewhere.

NH: My orders were to Moncrief Army Medical Center in Columbia, South Carolina. Because at that point Henry and I were still going together, and he was in Charlotte, North Carolina at that point, working. And Moncrief was the closest place to there.

TS: How far apart is that?

NH: About two hours. I don't know how many miles, maybe ninety, because it was not a two lane road at that point. Like two lane; one one-way, one the other.

TS: Okay. So what was that experience like at that?

NH: Well, at Moncrief it was—I was assigned to a pediatric ward and I enjoyed working on that. They have a very low census and it gave me a chance to, kind of, work myself in. And also, because they had a low census they only had, generally, one nurse on per shift if you were on evening, or night shift, and I worked a lot of evenings and nights on that ward. I was basically the only nurse on the shift, so I was totally responsible at the time. And sometimes because we were on the same floor as the psychiatric ward, if they didn't have a nurse to cover the psychiatric ward they would have the pediatric nurse cover that ward too. Sometimes, not very often, may two or three times I would have to go down to the other ward and do something there; get the medicines. That was basically what I had to do there because it was always evenings or nights. It was not during the daytime.

TS: I forgot to ask you—I'm sorry to take you back a little bit, but when you were up at Walter Reed did you have any kind of contact with any Vietnam veterans that were going to Walter Reed because of the war?

NH: Most of the training—I did two of my rotations at Walter Reed; one of them was pediatrics, so no, not there.

TS: Okay.

NH: And the other one was my team leading and that was on a medical ward. It was mostly, like, kidney, so I really did not know that—of any that I had any contact with at that point. The ones that I had contact with that were meaningful were my instructors. Some of them had been Vietnam veterans, and they had described some experiences that they had had there and it was phenomenal.

TS: Do you remember any?

NH: I do, well, I remember one nurse and one of our—one instructor in one of our classes said that she was on a floor once and a man came in and was bleeding so heavily that she, and his wound was in the groin, she had to put her knee in the groin. That was the pressure

that she, you know, the local pressure that she gave. She had to put her whole weight on her knee in the groin to help stop the bleeding. That was impressive.

There was another one that I just thought of, that left just as quickly. Oh, yes. Another one said that nurses in Vietnam, because they were so short staffed, often could do things that weren't in the traditional scope of nursing practice. She said they did vein cutdowns on patients.

TS: What's a vein cutdown?

NH: A vein cutdown—Back before they had intravenous access devices, if a vein was really hard to get, or they needed one to stay in a longer period of time they would do, like, an incision in the skin and go through the tissue until they got to a large buried vein and put the needle into that vein. And then they would have to stitch up—stitch the needle into the vein, and then stitch the tissue around it, so that they could have a larger needle that would give them better access to a vein in they needed to put heavy fluids into a patient that was bleeding a lot, then that could—because the bigger needle allowed blood to go in faster—then they could treat the patient more efficiently that way. So, she said that they would do that type of thing, which a physician always did a vein cutdown, if you were in any kind of a non—

TS: Military?

NH: Critical—Non-military situation, yes.

TS: Yes.

NH: So those are two things that stuck in my mind that these veterans were able to share, among other things, but those are the two that come to mind quickly.

TS: Did—So, as you're thinking back and thinking about those—the women nurses that were in Vietnam, you said—did they seem different from the instructors that you had that weren't?

NH: They certainly had different experiences to share. They were—We also had one or two navy nurses who were instructors too. They may have seen—well, perhaps because of their experience they just seemed more confident and competent, perhaps. They were quite focused and they were excellent instructors too.

TS: Well, the reason I say that is because when we were talking earlier off tape you seemed to have, I guess, admiration in a sense or some level of respect for them that kind of comes through in the way that you talk about them. That's why I'm asking you that question.

NH: Well, I would think it would be hard not to respect them. And I think back, after we came back from Desert Storm and all the yellow bows were out and I just thought how hard it must have been for them to come back after their experience, and not be recognized at all,

even ridiculed or put down because of what they had done. And also, they had some very traumatic experiences that people were unwilling to admit or to treat.

TS: What kind of experiences?

NH: Like, post-traumatic stress disorder [PTSD]—

TS: I see.

NH: —that the nurses certainly were exposed to, too. Now I can introduce that the unit that I came to when I went to the reserves here in Greensboro, the 312th Evacuation Hospital—I told you they were in every major conflict starting with World War I. They were in Vietnam. That unit was activated and was in Vietnam for one year, and the only nurse killed by hostile fire was a member of that unit at that time.

TS: Do you remember what her name was?

NH: Sharon Lane. She's on the—Lieutenant Sharon Lane is on the Vietnam [Veterans Memorial] wall in Washington D.C. So—But I didn't know that at the time. That came—That information came after I joined the reserve unit here in Greensboro. Those are the main Vietnam veterans that I had exposure to at Walter Reed.

TS: So, when you went to, I'm sorry, I'm forgetting how to pronounce, Mont?

NH: Moncrief.

TS: Moncrief, South Carolina, how—I mean, Walter Reed is certainly an army hospital.

NH: Oh yes. Not anymore though. They've closed.

TS: They closed Walter Reed?

NH: Yes!

TS: When did they close it?

NH: They closed it—what is this?

TS: January 2012.

NH: They closed it last fall.

TS: In 2011? [Walter Reed Army Medical Center combined with the National Naval Medical Center at Bethesda, Maryland in 2011 to form the tri-service Walter Reed National Military Medical Center.]

NH: Yes.

TS: Oh!

NH: Very sad, because again, as I said, Brooke Army Medical Center, cutting edge of medicine. Walter Reed was right up there with the best of the hospitals. If you want teaching, if you want cutting edge medicine, Walter Reed was there. It's gone. It's so sad.

[Audio file 1 ends, audio file 2 begins]

TS: Okay. Well, now it's—You're back in Carolina. How long were you there?

NH: I was at Moncrief Army Hospital for three years. From—I went there when I left basic training which was August of '70, and I was there—not '70, '74, and I was there until July of '77. That's when I got out of the army.

TS: So, and that's the three years that you had signed up for?

NH: That's the three years, right.

TS: Now, had you intended to—that was it? That was all the time that you wanted to do, or had you ever thought about making it a career?

NH: I felt that being an army nurse and having a family didn't work very well together, and so I didn't—when Henry and I got married and I realized that, you know, I wanted a family. That I felt that they just wouldn't be compatible. Though when I was in basic training one of the classes we had was a class on the army reserves, and that's where the army does get a lot of their work force; through the reserves. They don't have to have people on active duty, professional people. But if they have a pool of professional people from which they can draw if they do need them. And so, they introduced that, which I didn't realize at that point was a possibility. When I left active duty I thought about the reserves, but at that time I was pregnant, so, after my first son was born I joined the reserves.

TS: Did—You left when—you left the—

NH: Seventy-seven.

TS: In '77.

NH: Right.

TS: And—So, did you have your first child after you left?

NH: Yes. Yes. I was just pregnant when I left so he was born March of '78.

TS: But you would have been able to stay in at that time if you had wanted to right?

NH: I could have, yes, but again, we were planning a family so I just didn't feel it would be consistent with raising a family and being home with them.

TS: So when you decided to join the reserve after you'd found out this was a possibility, why did you want to keep that connection? Why didn't you just leave the army and say it was a nice experience and I'm done with it?

NH: It was a nice experience, but it was still a way—it was a job that I could have but I could stay home and be with my boys, too, during the week. It was one weekend a month and two weeks during the summer, and I felt that was doable. Whereas, five days a week mom's stationed in Washington D.C., husband's in Charlotte, North Carolina, where are the children, you know? I just—It got muddled. But this way I could be with my husband, and then, you know, work on the weekends and two weeks during the summer, and doing my training for the army and still be able to be home with my family. And that is what I chose to do.

TS: Was there anything in particular that you really enjoyed about that—during the time that you were in the army; that you liked about the army? That maybe now, you know, working in the civilian world, that is different?

NH: I do feel my body, my psyche, my mentality is—has an affinity for things military. And there are a lot of things I liked about it. I liked the camaraderie. I liked the thought of going different places. I liked the fact that you're supporting the troops; that's important. And I just—I did always value my association with the army. And it was over many years. From 1970 to '98, so that was a twenty-eight year period.

TS: Right. Right. I'm just curious about the time that, okay, you and Henry got married in '75, did you say?

NH: We got married in '75.

TS: So it was in the middle of this act—the initial period of your three year commitment.

NH: Right. Interesting that you would pick that up. Yes, he was still working in Charlotte and I was at Moncrief, and we got—we bought a house in Great Falls, South Carolina. It's halfway in between. It's a really small town about 2400 people, maybe less; especially less now. You won't even go by it now because [Interstate] 77's there. But at that time you would go down [U.S. Route] 21 from Charlotte, go through Rock Hill and go through the other little towns, Fort Lawn. Then you get to Great Falls, and you go through Ridgeway, and go through a few other little towns.

[both chuckling]

TS: I get it. I get it.

NH: And you get to Moncrief. So, we would each drive an hour one way to work every day.

TS: Was that, like, a compromise when you decided this is—I'm going to be in the army and you're—he was doing his job and—

NH: That's right. And so we just lived in the middle and we each commuted the two hour round-trip each day, or a little more. So, that's the way we did it, and I was actually a member of an alert group. Once I was assigned to Moncrief, in the fall they assigned me to an alert group which means had they needed us in some hotspot, that they could have pulled us and sent us there.

TS: Did you volunteer for that, or were you assigned to that alert group?

NH: I was assigned to the alert group. They had a meeting at Fort Bragg and I was at Moncrief, and this was one weekend Henry was going to come down and see me before we married. They said did I want to take a helicopter up to Fort Bragg and meet with this group, and at first I said no and then I talked to Henry and I said, "You know, I probably would like to do that."
He said, "Okay, You go ahead. I'll come down after you get back."
So I told him I would go and we flew up in a helicopter and had the day. Had lunch out in the field, and washed our metal utensils and plates in the garbage cans. You know, the soapy and the first rinse and the second rinse. That's when I had my first introduction to what they called the MUST [Medical Unit, Self-Contained, Transportable].

TS: Must?

NH: M-U-S-T. And I don't even remember exactly what it stands for—

TS: Okay.

NH: —but what it was—Medical, Unit—

TS: We can look it up.

NH: Something, Transportable.

TS: It's okay.

NH: They were big, like Quonset huts, only they were made out of canvas and you blew them up so they looked like little sectioned worms. It's what they used in Vietnam for the general hospitals, at least. You blew—And you can put these sections together and have

small sections or big sections and however many you needed for whatever type of facility they were—let me think what you would say. Flexible. Flexible so that you could have a short ward if you needed—had, say, the patient admitting would be small, and then if you had a minimal ward you might have eighty beds in there and it would be really long, for example.

TS: I see.

NH: Because people would mostly be up and walking around, the walking wounded and they'd just be healing for two or three days, and then they are out again. So you don't need as much equipment for them as you would, say, someone who is in ICU [Intensive Care Unit], you would need a bigger one, but have fewer patients. That sort of thing. It was flexible—adjust—flexible putting together.

And they had a MUST hospital at Fort Bragg at that time. And I remember another time in the winter I went out in the field with that same unit—it was so cold, but it was a good experience. I got to meet a lot of different people, so I was—the camaraderie in the army is something that cannot be undermined. Like, with the band of brothers they say, you might not do it for your mother, and you might not do it for your children, but you do it for your brother. You know, that strong feeling. When we went to Saudi [Arabia] I thought, "Boy, sure would be easy to not to go," but you've got all those other people and, just, you go.

TS: Well, your accommodations before you bought the house together. Where did you live?

NH: I was in the BOQ—

TS: Okay.

NH: —Bachelor Officer Quarters at Fort Jackson and I had one room, and then there was a kitchen that connected with a room on the other side. So, my suitemate and I shared a kitchen. We each had a small bathroom.

TS: How—Were they nice accommodations?

NH: They were decent. It was like a day bed with a bolster. It was one room. Not as big as this room. I would say maybe from the window to the end of the bookcase. And the bathroom was—

TS: About twenty-five feet or something?

NH: —part of that. And the bathroom was part of that. A little section—just was a bathroom and a closet.

TS: I see.

NH: And the kitchen was small. It was maybe eight feet by three feet.

TS: Okay.

NH: But it was, you know, I'd never had a kitchen of my own. It—Better than any accommodations I'd had up to that point—

TS: Up to that point.

NH: —that I could remember in my entire life, so I was happy.

[both chuckle]

TS: It's all relative to your experience.

NH: It's all relative. It was paid for, you know, it was great, so. It was nice.

TS: Sorry, I have to stand there for a second. [noises of moving around]

NH: That's okay. Adjust a little.

TS: Yes. Was there anything particularly hard that you had to do at this point in the military, before we get into your reserve time?

NH: Things that were hard to do. Get up.

TS: [chuckles] Well, the morning—

NH: But, you know, I did it. It just wasn't easy. Certain parts of the training were difficult, but it's the way you learn, it's just—it's the way it is. It was, you know, it was a lot of work, a lot of studying. And yet, I can still remember a lot of the things that I learned then, so it was worth it.

TS: How about your relationship with your peers? How were they?

NH: Well, always through my life I've had a few close friends, and I can have superficial relationships with a lot of people and they're basically good. And then I have a few really close friends that are my support group, I guess you could say.

TS: Right. So, but were they mostly women?

NH: Oh, oh yes. Definitely.

TS: Were there any male nurses at all?

NH: There are male nurses. There were quite a few in our unit in Greensboro and I was friends with them. Now, this is in the active duty army and the people that I was in contact with were mostly the people on my ward; my chief nurse, my assistant chief nurse. I did—And then when I went to a clinic, I worked in a clinic at Fort Jackson for a while. Actually two years. So, I had more men that I was in contact with there. As far as the army personnel go there were physicians who worked there. They were on a different type of situation.

TS: What do you mean?

NH: Well, they were—just daytime, they didn't have to pull duties, and that sort of thing.

TS: I see. Mostly male?

NH: Mostly male. And they were in their office, and they would sometimes come and get a woman if they needed a chaperone, and if I was the only one they could find I went. But usually they would get one of the enlisted women or one of the civilian nurses that worked there, but if, like I say, I went in sometimes for that.

The physicians had their own styles too. One physician was an internist and he was used to spending an hour with every patient, and he decided he wanted to come to the clinic so he could have just day time hours and not have call. Well, he went on his same schedule; one patient per hour, and when you run a clinic you [snapping fingers] got to get those patients through. He would have patients waiting a long time to see him. And others had the attitude, you know, you've got to get them out, so they would see more than their share of the patients trying to keep the clinic flowing smoothly. That's what I mean, they're a little different. They would—they would go in their office and you basically didn't see them much unless they needed a chaperone.

TS: I see.

NH: So, there were men there and I got along fine with them, but I didn't seek them out as friends generally.

TS: What about the hierarchy of the army for the [U.S.] Army Nurse Corps? Was the hierarchy mostly, like, in your chain of command? Was it mostly women in that chain of command or were there, as you went up higher, were there men? I'm not—I'm just kind of wondering about that.

NH: At Moncrief I will tell you that I—when I first went down to pediatric ward my head nurse was a female, and the next in the chain of command would have been the assistant chief nurse and she was female, and then the top would be the chief nurse and she was a female. Then above the chief nurse would be the XO of the hospital, or executive officer. He was a male, and above that would be the commanding officer of the hospital and he was a male. They were not in my circle generally. [chuckling]

TS: Right. Oh, okay. At the top.

NH: I mean, you know, I might see them once or twice a year at some kind of a function, but you know, that was not—

TS: Right.

NH: I went and I—When I first got to Moncrief I had to report to the commander of the hospital and introduce myself and that was about it for that year.

[both chuckling]

TS: Well, how about—when you talk about the culture of the military sometimes there's tension between gender, you know, with women. Did you ever experience any of that or hear about anything like that?

NH: Oh! I've heard about it. Tension, you mean, like, just—

TS: However you want to describe it is okay.

NH: I really didn't see it at Moncrief because most of the people I came in contact with, as far as people in the work setting, were female. And the ones that were male, except for my ward master, were not in my chain of command and I got along fine with the ward master who was a male. He was a hard worker. I thought a lot of him, and he worked hard so, I mean, there was no tension there. Except that the tension that normally comes from working and situations that arise and that sort of thing, but I would not call it really tension.

TS: Like sexual harassment or anything like that.

NH: Oh, no no no no, never had any problem with that.

TS: Just, kind of, professional disagreements about certain things? Treatment, or things like that? I'm not asking you for a specific example, just—

NH: Generally, yes yes. I would say that. That's basically—There was one incident in Saudi Arabia where there was a patient that needed a shot of Demerol because he had a really bad headache, and we didn't have the ability to—for privacy, so I gave it to him in his leg; I just had him pull his pajama leg up high enough to put it in his leg muscle, which is a good muscle to give a shot to anybody, pediatric on up. A couple of days later a physician came to me and he said, "You know, I'm coming to you because this patient hurt his leg where you gave him a shot, and I think you gave it to him wrong."

Well, I always check my landmarks and I know that I had a good handwidth before I gave him that shot, and you can give anything a handwidth above the knee, and I knew, and I could picture it, that I had given that shot anatomically correctly. But he felt it was my shot that had injured that man and caused his leg to hurt. That really upset me

because I tried to be so very careful, and there's some places you can give shots that I wasn't that comfortable with the anatomical markings, so I just chose different sites because I wanted to be sure that it was done right. So, that man was getting ready to leave, I mean, he's leaving within the hour but I thought I need to talk to him and ask him about this because I didn't know anything about his leg hurting. I went and talked to him and I asked him about his leg and I said, "Now, I hear that your leg is hurting. What happened?"

He said, "Well, I was sitting out back on a bucket smoking and I stood up to come in and I fell down and I hurt my leg." And he said, "And Sergeant Poole had to help me up and get back into the ward."

And I said, "Is that why your leg is hurting that you told this doctor?"

And he said, "Yes."

See, the doctor didn't even ask him how he hurt his leg! He saw that I had given him a shot and he assumed I had done it.

TS: Did you go back to that doctor?

NH: I did go back to the doctor and I said, "This patient you say that I have hurt," I said—and there was another physician there too, I said, "His leg is hurting where he got the shot."

And the other doctor said, "I bet it does." Well, Demerol hurts. It's a medicine that hurts. It hurts going in and it hurts for a couple of days after. It makes your muscle ache. It's not without its pain, to get rid of the pain.

And I said, "You know, I don't think that caused that." And he kept insisting that it was. And it was after that that I talked to the man, and so after that I just didn't even go back to the doctor. But I made very detailed notes on that patient's record about my discussion with him and the fact that, you know, the circumstances surrounding the pain in his leg so that, you know, if anything came up later, the patient disputed the doctor's cause of it.

TS: Right.

NH: But that was something, you know, I just—I didn't feel there was any need to argue about it.

TS: Right. Along that kind of line, you had to have performance evaluations and things like that. How did all those go for you?

NH: They went okay.

TS: You feel like you were treated fairly?

NH: Yes, I did.

TS: Did you receive any particular awards, or decorations?

NH: When I left active duty I received an award, and after Operation Desert Shield and [Operation] Desert Storm I got an award. I got another award from my reserve unit that was for some work that I had done that—they had other people doing that same job and that job just wasn't getting done, so they put me in that position. It was a good fit, it was paperwork and I'm good at paperwork, so I got that all straightened out so I got an award for that.

TS: Were you particularly proud of any of those?

NH: Oh, and I got another one from a summer camp that I went to. I was. I was proud of those awards. I mean, it's not something that I'm bragging about all the time, but, you know what I mean.

TS: Right. Right.

NH: They weren't silver stars or anything like that—

TS: Sure.

NH: —but they were—

TS: Sure, but they're recognition of something that you've done.

NH: Right.

TS: Well, let's talk a little bit about then, now you've gotten out of active duty. You waited a little bit of a period, and then you went into reserves.

NH: Right.

TS: So what—You talked a little bit about why you decided to go into the reserves. You want to, kind of, sum that up again?

NH: Okay, the reason I went into the reserves, well, it was a way to keep my contact with the army. It was a way to have a job and be able to stay home with my children, which is something I wanted to do. And it was also, after the fact, very nice because being home with my children was wonderful and I liked that, the two days that I'm gone on the weekend gives my husband appreciation for what I do, though he's totally forgotten by now—[Therese chuckles] taking care of the grandchildren. But also, the going away for two weeks every year, the kids would get really clingy towards the end of the year. And I thought "it's time to go away". And I go away for two and I'd come home and they'd be less clingy and a little more independent. So, it was nice for that reason. It just had a lot of nice things about it. It gave me a chance to be away with professional peers and to learn new things and to progress in my career. And also, I felt it would be a way for me to keep up my nursing skills.

TS: I see. So—

NH: That was an important reason that I decided to do that.

TS: So, that's the job you had during this—after you had children, was the reserve?

NH: Right, up to a certain point.

TS: What do you mean?

NH: In 1989, the fall of '89, I decided I needed to take a refresher course. I don't know if I decided it or if God decided it, but the bottom line was I started a refresher course in nursing in the fall of '89. I did that in High Point [North Carolina], and it was about a six—eight week course, every day. I had a friend of mine in Greensboro, and I drove over there and we took this course and I got my skills beefed back up. Which was good because as much as I was hoping the army would keep my nursing skills current, it didn't do it as much as I had hoped. So when I took the refresher course that got them back up, and I started at that point working at [Moses H.] Cone [Memorial] Hospital. In December of '90 I started back at Cone Hospital working one day a week, that was tough.

TS: Why?

NH: It was tough because it was hard work, and it's not that I mind hard work, don't misunderstand. I was working the entire eight hour shift but I didn't have a chance to go to the bathroom. I didn't have a chance to sit down. I didn't have a chance to eat anything. I was working the entire eight hours, and part of that is because I only worked one day a week.

People who worked full-time, they would have certain rooms that were theirs and if they had a patient for three or four days in the hospital they would remember that patient from the time that—yesterday, and they kind of just added on. Whereas every time I went I had eight to ten brand new patients, every time, totally new, and that's all I'd have them. And the next time I went back I'd have eight to ten more brand new patients. They were sicker patients and required a lot more care, so that's what took the whole time. The medicines I was very cautious of, so, because I had new patients they had all new medicines. So, I'm looking up all these medicines for which I'm unfamiliar to make sure they're the right dosage and the right strength and the right method of introduction. So, it took a long time, and I'm not a fast reader, so I had to look up all the medicines with which I was not familiar, which were a lot of them because they keep adding on more medicines faster than you can learn them I really think. That was hard too.

TS: Sure.

NH: And that made each time I went to work really hard. And I would end up going to the hospital for a day shift that started at seven, I'd be there about 6:15 [a.m.] to 6:30 in the morning to review the patient records and get everything written down that I could before I got the report from the nurse, and then I would end up staying one to two hours after my shift was over to finish up all the paperwork I didn't have time to write down while I was working. And then—

TS: Long shift.

NH: And then I would get to sit down. Well, I would sit down while I was doing the paperwork after my shift was over. Then I would get to relax. A day was maybe ten hours for me; ten to eleven hours.

TS: How long did you do that?

NH: I started in '89, which was very fortuitous. I really feel God led me to do that because it was in '90, one year later, that our unit was activated.

TS: Do think that helped you get your skill a level up?

NH: Absolutely. It just—that's the way it worked out.

TS: Well, talk for a minute—you said you were a little disappointed in the training that you got in the reserves for the skill level for you as a nurse.

NH: At a certain point—when I first joined the reserves, unit training was not what I thought it would be. Our reserve unit basically was we would go there and every now and then they'd have a class like CPR [cardiopulmonary resuscitation], but usually it was just kind of talking to the people and getting to know them. That's what the reserve unit was when it was in Winston-Salem, and it wasn't until we got to Greensboro—the reserve unit moved from Winston-Salem to Greensboro—and it was maybe after two or three years that they started some training. But it wasn't like you go into a hospital and you take care of patients. It was a CPR class or you might learn [to] go and give immunizations to a reserve unit that needed their immunization updated, and that would be your job for a day or a weekend; to go and give immunizations. Or they needed people to, when they first introduced the HIV [human immunodeficiency virus] testing, they had to have a presentation—oral presentation by a medical person before the whole unit had their blood drawn and give them a chance to ask questions and have them answered before their blood was drawn. So, that might be my duty for the weekend, but I didn't have to give shots. I didn't have to learn how to do—I didn't have to learn about intravenous access devices to do that. I didn't have to learn about heparin locks to do that. And these are all things that came up, but they didn't come up in the training.

TS: I see.

NH: We did have some excellent training with our unit, but this was after we came back from Saudi Arabia. We had—The Trauma Nurse Corps Course came to our unit one weekend and they presented it over a two day period and one evening, and that was a very intense course.

TS: That was—and that was after your deployment?

NH: That was after we went to Saudi Arabia. But it definitely required knowledge of nursing, so going back and working as a nurse helped that too. When I went back to work at Cone Hospital in '89, as part of going back to work there were a lot of core courses that they called them. It's like self-guided learning, and they would have one on Compartment Syndrome, which is something that you get after an injury, and they would have one on this, and there were, like, twenty different ones, so I'm learning all these going through this self-guided study. So, I'm learning a lot of things going back to work at Cone that helped me a lot when we did get activated.

TS: Because the hands on—

NH: Well, the hands on and plus just—

TS: And the training.

NH: —the exposure to those core courses that I had to redo, and think about and that sort of thing.

TS: I see.

NH: All of it together. Just all was very—in God's timing it just had to be that way, is all I can say.

TS: Let's talk then about getting deployed. And everything—the buildup. So, you know what's going on in Kuwait probably. Do you ever have any thought that you're going to be activated? Your unit?

NH: Yes.

TS: Did they warn you about that? Actually, you know what, let's take a short break before we do this. I'm going to pause it.

[recording paused]

TS: [extraneous comments redacted] Okay. Well, Therese needed that break for her leg, I guess. [chuckles] Nina didn't need a break at all. So, let's talk about Saudi—getting deployed. You started to say that I asked you if—

NH: I had any idea that it would be coming up.

TS: Right.

NH: Of course we had an idea. We knew that it was invaded. They were talking about in the paper, calling reserve units, different reserve units. It was in the back of my mind, well, kind of working its way to the front of my mind. I don't know that they ever said you're going to be activated before it happened or—but they may have had a legal unit come in and give people an opportunity to write wills and kind of—They try to do that anyway, but it seems to me maybe it was a little more focused in the fall before we were activated.

But I did have that idea that we might be activated because I made the list of things that I needed to do if we were activated, and I would just keep it near me, and as I thought of something else I'd add it to the list and just keep on going down the—and adding to that list until such time as I needed it, which we did. We went to a reserve meeting the weekend before Thanksgiving of 1990, on Saturday, and my son—my mother was visiting from California, my middle son had a soccer tournament that I really wanted to go to that weekend, but you know, it was my reserve unit weekend so my mother and my husband and all my children went down to the soccer tournament and I went to my reserve unit.

Saturday afternoon they called us together and they said, "The unit has been activated, and you have tomorrow off. Go home, get yourselves ready, and you have to be back here." You know? I can't remember if it was the Friday or the Saturday after Thanksgiving. Probably Friday because we went down to Fort Bragg that day, and "Be back here next Friday in the morning, and be ready to go."

TS: So about a week?

NH: About a week; Saturday to Friday. When they got home from the soccer tournament I was home. They were surprised that I was there and I said, "I've got some good news and some bad news." I said, "The good news is I get to go to the soccer tournament tomorrow. [both chuckle] We don't have our reserve unit—our reserve duty tomorrow." I said, "But we've been activated."

So, that's when Mom says, "Well, let me"—she was going to see my sister and then she said, "Let me go home and get my house in order and I'll come back and stay with Henry and the boys." And I don't think I ever even asked her or expected her, but that was a bad time for my parents because my dad had left the February before.

TS: Left?

NH: Left. Home. He just left, so Mom was going through a hard time with that and she says she thinks that really helped her; to come, to have another focus, to be busy during the day, and things to do and, you know, teachers to talk to and—go to have lunch with the kids at school and, you know—a schedule. She had a schedule, and she has mentioned many times that that helped her so much, to be there with Henry. I said, "Okay Mama, when you come" —she likes to watch TV, I said, "I'll buy you a TV to put in your

bedroom. So, I bought her a TV to put in her bedroom in appreciation for coming to help me out. [chuckles] And, so, she had her TV in her bedroom and took it home with her when she went home.

TS: I wish Henry was still her so I could ask him, but how did he take this activation?

NH: He was very stoical about it. Very stoical. “We’ll get through it,” he said. “We’ll get through it.”

And, of course, I have a feeling somewhat of some doom over my head, of course it’s just, I don’t know if it’s natural but, you know, just—We had Christmas at home that year. I got presents and I thought, “I won’t use these presents just in case I don’t come back they can take them back and they won’t be totally useless.” I remember thinking that at Christmas so I didn’t use, like, a nightie that I got that Christmas and other things that could be returned if I hadn’t used them. So, that was kind of hard.

TS: How about your boys? How did they take it?

NH: Well, [pause] James was pretty young, he was seven. Joseph was ten, and they—

TS: How old was Jonathan?

NH: Jonathan was—He turned thirteen while I was gone.

TS: Okay.

NH: Jonathan wouldn’t talk about it. Joseph acted up at home a lot, but that was not new, that was Joseph. But my mother thought it was new. And James, he was just young and kind of a live wire and in an interview they did for the TV they said, “What do you think about your mom going there?”

“Well, I hope she doesn’t get killed!” [both chuckle] Like, a seven year old, or something about getting killed, so he thought about that, but I don’t—at seven they don’t have a firm idea of what that really means. That it’s, like, a permanent thing.

TS: So, how—I have to ask you how you felt as a—I’m sorry, if you were going to add—Were you going to add something more about the boys? Go ahead.

NH: I don’t think I was.

TS: Earlier when we talked about why you went in the reserves opposed to the active duty, motherhood was part of it.

NH: It was.

TS: Now, what’s on your mind and heart about this?

NH: Well, it's hard to leave your family. I guess it's hard to leave your family at any age, at any time. It was really hard for me to leave, but I had accepted that responsibility and so I went. But it was hard to leave. It's hard to leave those little dudes as much as they were frustrating at times. [both chuckle]

My husband turned forty while I was gone, so my mother wrote me a letter and she says, "Henry came home on his birthday with a black rose and was sick as a dog. [chuckling] Went in his bedroom and we didn't see him again that night."

And my oldest son turned thirteen two days later and Henry wrote me a letter and he says, "Jonathan's turned into a mother hen. He's telling everybody what to do. Now he's thirteen and he's telling everybody what to do." I thought that was funny.

As I said, my middle son really acted up a lot at home which my mother had not noticed before then. He was—had some issues at home, but away from home he was fine. My mother went over and talked to the teacher several times. "How's he doing in school? How's his behavior been?"

She said, "Just fine."

TS: Now the older son, that's the one that didn't want to talk about it?

NH: Yes. The oldest one. His friends would ask him about it, they were thirteen so they were—he had a friend that lived next door who was interested in what was going on. He was more politically minded and wanted to talk to Jonathan about it and Jonathan just—His mother, the friend's mother who's my dear friend, told me that Jonathan just wouldn't talk about it to Michael.

TS: Has he talked about it since then? Does he say anything about it?

NH: Not really. He's really kind of a reticent person actually. [laughing]

TS: So, maybe that's just his nature?

NH: It might be his nature, but they talked about other things. He talked about other things with his friends he just, when that subject came up, he didn't discuss it.

TS: I see. So, now you had to go to Fort Bragg to prepare?

NH: Right, and we didn't even know at that point where we were going. They were assigning some people state side, they were assigning some people overseas, so we really didn't have an idea—well, we had an idea, but we didn't know for sure what was going on until one day our vehicles came back and they were all sand color. We had a good idea, [laughs] but they never said up until that point—we had a good idea.

TS: At what point did you find out you were going to go to Saudi Arabia?

NH: This was probably late December, early January of '89 to '90.

TS: When did you actually head over?

NH: We left—It was probably in December because we left January seventeenth, eighteenth, somewhere around there. I could look in my history and tell you, I can't remember the exact date now.

TS: Oh, that's okay. That's okay. Well, we had—we've gone through your scrapbooks and there's a couple of things I was going to ask you about—about this experience. But in general I wanted to ask you, we didn't really talk about this was, how did you feel over there?

NH: How did I feel? Generally, I felt well. My blood pressure was wonderful, but there were times that I felt tense. Like, whenever I'd hear a boom, and I'd put my mask on. I would be tense. Not knowing exactly what was going on, especially before the actual ground war started. It was very tense not knowing how it was going to come out.

We knew that chemical weapons were available, and did not know if they would be used; and biological weapons. Before the hostilities started, once we got there, they decided we needed anthrax, so we did get one dose of the anthrax [vaccine]. They came to our unit out in the desert and brought the anthrax and we got that; one dose of that, because that is a very lethal spore. You can get one spore and die from it, and that is a biological weapon that they had.

TS: They brought anthrax?

NH: They brought the—

TS: The antidote for it?

NH: Not the antidote, the preventative shot.

TS: Oh, okay. I see.

NH: Prophylactic. What would you call it? Immunization. The immunization for it.

TS: So, you're—Did they say at any point—what was your—did they say at any point, "Expect X number of casualties."? Nothing like that?

NH: I don't remember them ever saying, "Expect X number of casualties." Once the casualties started coming, it was really very busy for a while. First we had—initially we had friendly casualties, mostly Americans, but we did have two British fellows who ended up on our medical-surgical ward; one was an older one and one was a little, like, eighteen year old boy who kept calling us Mum. [chuckles] Made me feel very old. They had been in a tank and were the only two survivors that I know of, from that tank that had been hit by a missile. One of them was an older man and they brought him in—this was at, like, ten at night and I had stayed late because we were getting a lot of casualties in, so I

stayed late to help work through them. They brought him in on this roller gurney and took him up to the bed and I was on the far side of it and I was ready to help transfer him. And I just said, “Good evening,” to him in my telephone voice, which is my hospital voice; my nurse voice. It’s the calming voice. And he jerked around, like, where did that come from?

It was kind of neat to meet them. He gave me a patch from his uniform, he was a fusilier.

TS: What’s a fusilier? [Fusilier in historical usage refers to a soldier in a unit (regiments in British army) armed with fusils/muskets, in modern usage it indicates soldiers in a unit that used muskets in the past, and currently infantry.]

NH: I guess that’s armor. [chuckles] Because he was in a tank.

TS: Okay, well, did you—you said friendly, you had friendly casualties? What does that mean?

NH: Friendly, like, Americans, British—

TS: Oh, I see.

NH: —What you would call coalition or, I would say allies. But I don’t think they called them allies at that time, but you know, they were Americans and their people on that side.

TS: What were[sic] a typical, if there were any such thing, maybe there isn’t, but like, typical kind of treatments that you needed to do. What kind of injuries were you seeing?

NH: Those two men, a lot—once the war started we saw a lot of shrapnel. Before the war when it was injuries from camp things, we saw a lot of burns, the eyes—a lot of eye things from the sand, and the guy with the athletes’ foot medicine in his eyes during the sand storm. We saw—What else did we see? Illnesses, flu—

TS: Did you have internal type—

NH: Some of that, not too much. Headaches. We had that guy that had the meningitis that died.

TS: You said he was the only one that actually died?

NH: The only one that died at our hospital.

TS: At your hospital.

NH: Now we did evacuate people from our hospital, and some of them may have died later from—

TS: But you aren't—you wouldn't know—

NH: That's right. No, we don't know about those.

TS: And this was the 312th?

NH: Three-twelfth evac[uation] hospital

TS: Evac hospital. Did you know how close you were to the border?

NH: They told us that we were fourteen miles from Kuwait and twelve miles from Iraq.

TS: What did you think about when you heard that?

NH: We knew we were pretty close and it was another reason to feel less easy, but it was a very busy time and you keep busy with work. There wasn't a lot of downtime and that's good.

TS: Did you feel prepared for the work that you had to do?

NH: I felt very prepared for the work that I had to do. When I say that the army didn't necessarily keep my nurses training up, I did learn how to put up a hospital [chuckling] and I did learn how to, you know, set up the beds and that sort of thing. The particular army things were more the focus of their training rather than professional things.

TS: What was your specific role at the 312th?

NH: I was the head nurse of a medical-surgical ward in Desert Storm. After we had the friendly forces, those were all evacuated or sent back to duty. Then we got Iraqi EPWs [enemy prisoner of war] on our ward, and we had them for a few days, maybe up to ten, say.

TS: For each time they were there? How—

NH: I mean, we had—our hospital received EPWs for a period of time, like ten days to two weeks. Then we got all them treated and evacuated or sent back, and then we got some Iraqi civilians that the army came upon as they were going into Iraq or Kuwait. So, we had women and children, as well as, some men. Not too many, we had more women and children who came to our ward for treatment—who came to our hospital for treatment.

TS: Was it from the war? Was it from other things that they got—

NH: Some from the war. One was that child that I was telling you about that had the eye infection, though I don't know if that's why they came, but they noticed it once they got there for sure.

TS: Talk about that because we did that off tape. You said that the doctor wanted to take a picture—

NH: —of this child because they had an eye infection that he had never seen himself, and he was not supposed to be taking a picture of any of the civilians. It was against the Geneva Convention. He said, "You don't understand. I've never seen this before." That's the end of that story.

TS: So those kinds of things. Those kinds of treatments were just injuries or illnesses.

NH: Illnesses. Right. And a lot of the people that we had come in weren't there for long. Most of the Iraqi EPWs that we had come in were shrapnel; some kind of shrapnel injury. I don't know that I mentioned that, but a lot of them were. A lot of them would come and the physicians would take them off to the operating room and do exploratory surgery on them and then they'd send them back to the ward.

That's one of my stories. There was a young Iraqi there and, as I said we had two men who interpreted for us. Some—A very few of the Iraqis spoke English, and so we had the interpreters write up certain information in Arabic. But what we found out was that if they could read Arabic, they spoke English. And if they couldn't speak English they probably couldn't read Arabic either, because they were either educated or not. So, If they weren't educated they couldn't even read their own language, some of them, many of them. But, this one young man came in and he was going off to have his little surgery. I shouldn't say little surgery; to have his surgery. Probably some shrapnel removed from his leg, and we put a sign that said "NPO" on the wall above his bed. That stands for "nothing per os", or, he can't have anything to eat or drink. So, he came back from his surgery and he was sitting in his bed, and lunch time came and we're bringing out the trays and somebody handed him a tray and he shook his head. And I said, "You can eat it." And he shook his head and pointed to that sign. So, I went and ripped the sign off and said, "You can eat now." So he took his tray and ate his lunch, but he knew that that sign meant—we'd had the interpreter tell him that he couldn't have anything to eat or drink, and he was following that because that sign was still there. We just forgot to take it down, so once it was down then he went ahead and ate his lunch and he was happy. It was not that they're not smart, they just weren't necessarily educated.

TS: You told me a story, too, about a man who had—it's a man that had the two families.

NH: Right. There was an Iraqi man who was, I would say, in his mid to late forties, and his brother had been killed in the Iran-Iraqi War [also known as the First Persian Gulf War] about a decade earlier, and had inherited, that's a good word, inherited his brother's wife and children. He was financially, emotionally, physically responsible for them, as well as, his own family. And he needed to do some pulmonary toilette, which means to take really

deep breaths and cough. He'd been having surgery and we wanted to make sure that he didn't get pneumonia or some kind of atelectasis—sticking together of the parts of the lung.

TS: Atelectasis?

NH: Sticking. Sticking together of the lungs. So that he could get well faster, and he just would not do what we needed him to do with the, what we call a blow bottle, or the device that we use to encourage them to take really deep breaths and to get the lungs expanded so they don't stick together or get fluid in them. Then we have them cough to get any fluid that's in there out so that it won't get germs in and get infected and cause pneumonia and have a setback. So we got the interpreters to come in to interpret for us. To explain exactly what we wanted him to do, and he was doing it very lethargically at best. So we started talking to him. "You really need to do this," and explaining why he needed to do it and the benefits of doing that and that he needed to get better.

And he said, "I am too old to do this."

We said, "You can't be too old. Look, you're in the army. You're not that old. You can do this."

He said, "But I have grey hair in my heart." He'd had such a hard life in his home. He'd been forced to go into the military. Here he was injured, laid up in the enemy's hospital, and he's got two families back home who are dependent on him. And it just occurred to me how much we have, and how hard it was for this man in his life. And what was he going to go back to? Could he even get back into a life? And when he went back he still had the same dictator over his country, and who knows if he even made it back home. It was hard.

TS: Do you still think about him?

NH: Occasionally. Not often.

TS: Occasionally? When you were telling the story about him maybe?

NH: Well, every now and then he'll come into my mind, but it's not something I dwell on.

TS: Right.

NH: Let me just put it that way. But it certainly is one of the meaningful experiences that I had there that certainly pointed out to me what we were fighting for.

[Audio file 2 ends, audio file 3 begins]

TS: Right. Now, you were talking about another man who also had a brother, didn't you say? That had—

NH: Right, well, there was a man who had part of one of his legs am—one of his legs amputated. And he was just so excited and we said, “Why is this man so excited to have his leg amputated? It’s going to affect his whole life.” We were told that his brother had refused to go into the military and was killed, so he was so glad to be alive and to not have to worry about fighting anymore.

TS: You had a couple of other things on here you wanted to tell me about.

NH: Right. These are all having to do with food. Food is very important to the military.
[chuckles]

TS: Well, first tell me about the—what you thought you heard. That MREs [meal, ready-to-eat] that shouldn’t—weren’t going to taste all that good, and the one about the sausage patty I think was the one.

NH: There were some people who refuse to eat MREs. They lost weight. I didn’t lose any weight. My father grew up during hard times, and he taught us food was not to like or dislike, it was to eat. Well, you can’t help but like or dislike some food. It’s just the way it is. And the MRE with the absolute worse reputation was the pork patty. Everybody said do not get the pork patty, like you have a choice. Well, if you have a choice, sometimes you do, you don’t get it, but this morning after we got to our campsite in Saudi Arabia and it was so cold that night. We had, like, forty people in a large tent and we were all zipped up in our nice feather cocoon sleeping bags and we’re very warm, except for the girl next to me who had lost her luggage and couldn’t find it. So she had to sleep with an army blanket and she was very cold all night. It was frosty the next morning and cold, and I went to get my breakfast and I got, the only time in my life, and I got the pork patty. I thought, oh great. But they did have some warm water available so I followed the directions and reconstituted it with warm water, and when I ate it it really tasted quite like a sausage patty and was quite tasty. I was hungry too.

I ate my MREs, though they say that an MRE—the average MRE is for the average eighteen year old soldier, and it’s like 3200 calories, or something like that. So, you really shouldn’t eat the whole MRE every meal time or you will more than gain weight. [chuckles] But those that refused to eat any of it, only ate what the mess hall cooked, or what they begged the people that they knew back home to send them. And they would send them things from home, but I didn’t ask my family to send things to me because I had food. They did occasionally but I didn’t ask for it.

TS: So, what are these other stories—

NH: Okay, my other two stories about food are one night the mess hall cooked hamburgers. You might not think that’s a good meal, but this was one of their prized meals; hamburgers. So, we bring hamburgers back and at this point we have Iraqi EPWs on our ward. We gave a hamburger and a bun to all of the men and we showed them the ketchup, and asked them if they wanted ketchup. They all shook their heads no until we got to this one young man and he spoke some English. He says, “Yeah, you can put some

ketchup on there.” So we put ketchup on his and he took a bite and he said something and everybody’s holding their hands up, pointing to their bun; they wanted ketchup on theirs too. So they learned to eat something new.

TS: Very popular.

NH: It was popular once that one man tried it, and said it was tasty, they all wanted some ketchup on their hamburger too.

About that same time we had a man in the hospital, and you asked me what some of the injuries were. This man had something with his stomach. He was not right in his stomach, and so they had him on a clear liquid diet. Well, this evening we’re having hamburgers, and he did not want his clear liquid diet. He folded his hands over his chest and he closed his mouth and he would not look at his food. He pointed at the hamburger and we said, “No, you can’t have a hamburger. This is what you have to have.” Hamburger. He wants the hamburger.

TS: Can I just point out Nina is, like, folding her arms and making a face and scrunching her nose up. Okay.

NH: Wanting the hamburger. So, his physician happened to be there then, and I mentioned that this man really would like a hamburger. He’s feeling like he could eat a hamburger now. He won’t eat anything else. He said, “Well, let him have a hamburger.”

We brought a hamburger down and gave it to this man, and he looked at it, and then he pointed, you know, like, at the ketchup. It must have been the same night because he wanted ketchup. He pointed at his bun; he wanted some ketchup on his hamburger. We gave him some ketchup and he ate it. And that was the man that told us—because we were talking through the interpreter trying to tell him he could not eat that. Well, he wanted the hamburger. He told the interpreter that he had been treated in the hospital better than his own mother treated him.

So, that—I know during World War II, a lot of documentaries I’ve seen, they had indoctrinated the civilian population and the enemy soldiers, like Japanese, to say that the Americans are so mean and harsh that you definitely don’t want to fall into their hands. They will, you know, do terrible things. So, they would kill themselves. Like on Saipan [western Pacific island] they would jump off cliffs. Civilians were jumping off by bunches and bunches to avoid being captured by the Americans. And then to have this man say he was treated better than his own mother treated him, it kind of goes against that thought that they would be ill-treated.

TS: Right.

NH: So, those are my stories that I had on my paper. The man and the hamburger.

TS: Oh, you got all three of them, okay. Well, I wanted you to—in some of the pictures there you were describing were the connex.

NH: Right.

TS: You want to describe what that was, and how that's related to the medical unit?

NH: A connex is a container, heavy metal container, and it's about the size of one road train truck unit. I would say maybe twelve to fifteen feet long and six to eight feet wide, and tall enough that a six foot man could stand in it and not bump his head, but he might have to duck going through the door. And a connex was used to store materials and keep them safe.

Our unit, the 312th's, equipment was stored in Germany because at the time that we originally were training, and I joined the unit, they thought that any kind of hostilities might come through the Fulda Gap in Germany from Russia. This was still during the Cold War, so that's where we were basically training to go. Then when this came, that's where our equipment was so they sent it from Germany in connexes. They came on the back of semis to our site, and then either forklifts or cranes would lift them off and position them in a proper place. Each connex would have one ward's worth of materials and equipment in it, including the hospital section itself. So, we had connexes come and in those we had our tent materials; the tent lining materials, all the pole materials, all of the equipment we would need for X number of days, and I can't remember how many days that was that they had supplied us with. IV tubing, tape, like, adhesive tape, and different kinds of tape, and medicines and bandages and cots and—

TS: So all the medical supplies?

NH: All the medical supplies and equipment that we would need to run that ward for a particular period of time, except for the energy which came through generators that we had.

TS: So, that's how—they're kind of around the units?

NH: They—Each ward had their connex right outside, like, maybe ten feet away from the backdoor, so that we could use it to store containers or additional materials that we got. Our ward master used it as an office when he needed a private place to speak to people. So, it was first patrol[?], as with all army things.

TS: Tell me about your living conditions.

NH: Our living conditions in Saudi Arabia. Most people had eight individuals living in a GP large tent. There were some individuals that had slightly different conditions. Our chief nurse had a GP large, and she had, like, five people—

TS: What is GP, like, general purpose?

NH: General purpose. That's exactly right. She had, like, five people in hers but she needed more space. She talked to people and had more people coming to see her, so their tent needed more space. There were certain—

[recording paused]

TS: Okay, I'll turn it back on. There were a few, I'm sorry.

NH: There were certain men that got a GP small all to themselves, for example.

TS: Was that a privilege?

NH: To have a single room as opposed to seven roommates? Yeah.

TS: I mean, were they a particular rank or something?

NH: They were a rank and they weren't a low rank. [chuckles] Let me just put it that way.

TS: I understand.

NH: But they weren't all officers. So, certain ones that felt they needed that particular benefit got that benefit.

TS: Okay.

NH: Most people had eight individuals in a GP large, which gave us maybe eight feet by four feet of space to call ours, which is much better than two in a pup tent. Our cots had cushions on them, maybe an inch thick, and springs. So much better than a canvas army cot. It was actually comfortable. We each got a pillow.

TS: I saw the one picture of the one tent mate putting shredded paper in the pillow?

NH: Right, to make it—

TS: Fluff it up some more?

NH: Yeah. But my pillow was plenty plump for me. Maybe she was making an additional pillow. I can't remember the exact circumstances of the picture, but that's right. They had shredded foam in them, that—I like a feather pillow, but, you know what, I was tired and I slept well. Most nights I slept 'til my alarm went off. I kept my alarm clock, which was actually one that the cover had broken on and it didn't always turn off too easily. But I kept it under my pillow because people worked different shifts and I didn't want to work up people who had been on the—I didn't want to wake up people who'd been working on the evening shift, which the girl right next to me and the girl across from me often did. So, I put it under my pillow hoping that it would muffle the sound. But one morning I

remember it rang and I was trying to turn it off and I could not get it to turn off. It was really hard. I finally got it off and they didn't throw me out of the tent.

We had a clothesline set up between—around each area so that we could hang our boots on it, and shoes, shoes and boots by the shoestrings to keep them off then floor because we were told scorpions could get in it. I never had a scorpion in it, so I guess it worked. We had a little table that I could put things on, and I spent my—I guess that's my—and actually when we first got there it was so cold, and for about a week we didn't have any heat. But after about a week they got each tent a heater, and we could use that to heat the tent. Also, it was great, you could put your MRE packet on top and it warmed it up very nicely, so we didn't have to eat, like, cold Chicken à la King or cold—what are some of the others? Chicken and rice and things like that, but it heated it up very nicely.

TS: And then you said you also got a refrigerator, right?

NH: Right. One of the men in my unit had access to purchasing refrigerators, and so the people in my tent got together and put in equal amounts of money, and we got a refrigerator for our side of the tent. Which I have on my back patio, I will tell you.

TS: The refrigerator?

NH: The refrigerator and it still works.

TS: Did you flip for it between all of you, or?

NH: Well, as I said, I stayed later and I was the only one—

TS: Left to take it?

NH: Well, there was one other person left who could take it, but she was not from my unit. And the things that we sent back had to go through my unit because that's where the connexes were being sent. So, I had that luxury and I offered to pay for it, and they said they got their use out of it, they were happy to have had cold drinks the whole time that they were there. They had their money's worth out of it and that was that.

TS: Now, you had written a letter about, while you were over there, about the showers. Do you want to describe that?

NH: Yes. The articles—the article for the paper—the showers were so cold when we first got there because they were room temperature, or air temperature. Now, you might think that 50, 55 degrees is not too cold, but when you're going into the shower mode and that's the temperature of the water pouring over you, you lose heat quickly and it feels extremely cold. Initially, we had individual boxes that were probably six feet tall, but the door of it was maybe, it was probably, fifteen to eighteen inches off the floor the door started and it ended about shoulder level. So, just shoulder to knees is covered by the door. They had a bag inside hanging up with a tube on it and that's how you got the water to come out to

shower yourself with. That water was so cold, that—we heard physicians screaming, curdling screams, taking a shower.

One day, the hospital next to us had their showers—their full-time hospital showers set up sooner, so they told us we could go over to their hospital to take showers. And it was mostly dim. They had, like, one light bulb up in the whole thing. It was pretty dim in there so they had an open area in the middle, surrounded by an L shape of showers. Now this is all outside, it's not enclosed within a tent yet. On the other two sides there was some kind of a barrier there so the—from the outside couldn't be seen. Another girl and I walked over there, and she had gotten undressed and gone in the shower and I was just starting to get undressed, it takes me a little longer, and I heard a male voice say, "How does this thing work?" say, "How does this thing work?"

And I said, "What are you doing in here? This is the ladies shower. Get out of here!" So he had happened into the ladies shower by accident [both chuckle], so once he got gone then I—

TS: Then you finished getting ready for the shower

NH: —getting ready to take my shower. Those were warm showers. Those were lovely.

TS: Wow. Well, tell me about the telephone situation.

NH: The telephone situation was, if you wanted to make a telephone call it took all day to make a telephone call. I went to work shortly before the ground hostilities started. And they were—we'd had a talk, maybe a day or two before, explaining what was going to happen when it happened. That's how we knew it was going to be soon; our commander gave it to us. So, I thought, I want to call home one more time just to let them know I'm okay and tell them, you know, things are coming along, but not to divulge anything that we'd learned at the briefing just—that's the last contact in my mind with the family. They said, "The truck's leaving about eight o'clock."

So, I went out and got on the truck and I said, "Okay, I'm going." And they let me go. There were other nurses on the ward at the time. And so, it was probably about an hour's drive in the back of a, I don't remember if it was deuce-and-a-half or a five ton, it was still a big truck. We drove across the desert, no roads, just across the desert. Now, if it was me, who knows where we would have ended up. Map reading is not my—I can read a regular map, but compass reading is not my strength. But our truck driver got us there okay, and then when we got there, there was a very long line, like you might expect for the door busters sale if they're having a really good price on a TV or something like that. So, maybe it would have been two lines a block long, and there's two rows of telephones inside, and then around the edge—

TS: Was it this long any other time that you'd been there?

NH: There was always a line; not always that long.

TS: Do you think people were kind of getting the feeling something was going to go down?

NH: I did, so I'm sure that I'm not alone in that respect. [laughs] I'm sure others did too. So, yes, it was—I'm sure that they did and I don't know who all they were, but I don't think it was the ground forces because they were already in their tanks. So, I think it was the corps—

TS: Which you saw those on the way back, right?

NH: Right, we saw those on the way back. They have a piece of cardboard there that tells you what the telephone prices are, and they're pretty steep. Like a call home might cost twenty-five dollars, but it was worth it because at that point in time my family knew I was safe, and by the time I got over to the telephone and got in it was, like, maybe twelve-thirty, one o'clock.

And so back home it was the middle of the night and my husband got up very early, but it was the only time we could go. They did not let us out at night. The women especially. Not that we wanted to go anyhow, or not that I wanted to go. My husband—I would talk to my husband for a little while, like, three in the morning and he said, "Let me go get your mother. She'll want to talk to you." He'd go and get mom up and she'd come and she'd talk for a little while and tell me things the boys were doing and keep me informed in that respect, which was really nice. It was so great to talk to them, and that's why Mom said it really helped her to be with my family. Because otherwise she'd be calling all the time, and this way whenever I called Henry always went and got her, so she could talk to me and she could hear my voice and she could be reassured in knowing at that point in time things were okay. I didn't find that out until later, but she said it really helped her so much to be there with the family, too.

TS: Did you talk to your boys, too?

NH: No, Henry did not get them up at two or three in the morning, or three or four. Whatever time I called it was the middle of the night, he did not get them up.

TS: So, you never talked to them while you were deployed.

NH: Did not. No. Because we could only go during the day and daytime there it was night here; middle of the night here.

TS: Now, you said—you had some pictures of on the way back where you saw the line of tanks preparing for the invasion.

NH: For the jump off, I guess you would call it. Yes, it was—we knew then that it was very close. I was so thankful I had gone to use the phone because as our truck was going back, as far as I could see, both directions were just rows of tank as far as you could see to the left and right, and rows way deep. And trucks with missiles on them driving up and down, and it was just, they were headed to the opposite way we were going. We knew

that was the direction of Kuwait and Iraq, so we just felt it was imminent and it was, within—I think that was just the day before.

TS: So, what—if you're looking back on this experience, as a woman, how do you feel that women were treated in this experience, in this area—forward area of the war, really. It wasn't in the combat zone, but—

NH: Well, I would think it would be considered COMMZ [Communications Zone]. COMMZ is not combat zone. Yeah. Definitely, because only being twelve miles back and nothing in between. I mean nothing. Well, the telephones. [chuckling] That's not going to stop them for long.

TS: That's right. The telephones were there.

NH: That's the only thing that was on—

TS: Between there. That's right. And you said when you were in Bahrain before you actually went to your unit that the 312th was at—

NH: Out to the desert, right. Bahrain is a city.

TS: Right. When you were first there you went to Bahrain and then you went out to where your unit was at.

NH: In the middle of the desert.

TS: But in Bahrain there were scud attacks, did you say?

NH: Scud, right. The scud missiles that—during that time I know that some had gone to Israel and exploded and caused a lot of damage. We had a lot of scud attacks, but we also had the Patriot missile, which was, I think but I'm not positive, was a surface-to-air missile. Well, I know it was a surface-to-air missile. It was not originally intended for use with scuds, but when the scuds starting being deployed, or used, they found that the Patriots were especially helpful in intercepting them before they were landed. Those helped to prevent damage.

There was a nurse with my unit who was going to dinner one night—there was a big open area in the middle of our, what you would call an apartment complex. We were staying in, like, little apartments in this building, and she was going to dinner and she witnessed something and she said it was an explosion of some kind, and she went back in and she never went out again while we were in Bahrain. Luckily I never experienced that so I went out again.

I want to say here, too, that there are a couple of things. While we were in Bahrain they had civilians preparing and serving our meals to us, but they were not Saudis, they were Pakistanis that they had hired to come and do that because that labor was beneath the Saudis. We had Pakistanis cooking and, kind of, that flavor to our food even though it

was prepared by a menu that the military have, or recipe. It tasted a little different than it does here; different herbs.

And you ask about the women. Generally—it reminds me of something I saw in the movie Operation Petticoat, which was situated in World War II, and a nurse said, “You know, women are fair game. Under eighteen they’re protected by law, and over a certain age they’re protected by nature, but in between they’re fair game.” Well, at that time I was either protected by nature or by law, but—not law, protected by nature or whatever. I never had any untoward experiences, but there were some women in our unit who did have negative experiences, but not with our service personnel necessarily. They had, again, civilian Arab men that they had hired to do certain things. When we first came they were hired to help put the connexes out and things like that. It wasn’t all military. And one of the civilian men that they had hired to work was chasing the women around; had one woman cornered in a bathroom. And they felt because our faces weren’t covered that we were loose women, so they were after whatever they could get.

Then when we had EPW, I mean, Iraqi civilians at our hospital, on our ward there was one child who came, and his father came with him to be with him because he was so young. But the dad kept chasing all the women; not all the women. The dad kept chasing several women to the point that he was told that if he did it again he would have to leave. And he did it again and they put him and the child outside the berm and said, “Wait for your transportation. You may not come back in.” Because, again, their thought was that if the face is uncovered they’re a loose person and they’re fair game.

TS: So, that didn’t happen to you personally, but happened to other people in your—

NH: In my unit.

TS: —in your unit.

NH: Yes, that’s exactly right. I was very grateful that didn’t happen to me. Nature was good to me.

TS: And how were you treated by your fellow army personnel?

NH: Respectfully.

TS: You think that it’s different for nurses than it might be for women that are in other occupations in the army?

NH: I think that could be true, yes. I have a friend who is a chief warrant officer and she’s been activated recently to Kuwait and to Iraq; two different deployments. One of her jobs when she was in Kuwait was to go around and talk to people about sexual harassment and that sort of thing, so I know it does occur and it’s there. I just was lucky not to have had that happen.

TS: Tell me now about your homecoming.

NH: Homecoming was exciting. So exciting. We came home Federal Express [express delivery company]. We were supposed to come home one particular day, and we got on our buses and we drove to the disembarkation or embarkation site or whatever. We were supposed to leave from the airport. Of course everything is you have to wait and by the time it came around that our flight was supposed to leave, there was a sandstorm so they couldn't leave. So, it was postponed a day. We used the showers there and spent another day in this huge barracks, just, wall to wall cots, men and women all in the same—I mean, the whole unit just like all together in the same building. The next day we got up and it was wonderful because it was clear and we got on our Federal Express plane, and the pilots and the hostesses, no the stewards and stewardesses on the plane were very thankful and congenial and appreciative, and it just was a wonderful flight back.

They had to balance the plane before takeoff and landings, so every time we took off or landed I had to go sit in the tail of the plane. But then I had to go back to my other seat; we were seated alphabetically. [chuckles]

TS: They just converted a FedEx plane to do transport of troops?

NH: I think they may have—I don't know if it was originally for cargo, or FedEx just has some—

TS: Has some—

NH: —passengers planes. I don't know, but it was definitely like a regular passenger plane. It was a much happier trip than the trip over. The trip over was very hard.

TS: Talk about trying to find your family when you landed.

NH: Oh. When I got home we were at Pope Air Force Base and there was a throng of people all together, of course. And so I thought, "Yeah, I can find my family. My family's important to me. I know what they look like. I can find them." But they're not real tall.

So, I got over in this throng and I'm swimming through the people and I can't find them and I can't find them. And I'm, just, calling their name and I can't find them, and I heard an announcement come over the loud speaker, you know. I can't think what my rank was then. I guess it was captain. "Captain Harmon"—no, it was major. "Major Harmon to the podium." So I swam my way over to the podium, elbowing people right and left trying to get over there. I got to the podium and I didn't see anybody. I started walking around the podium, elbowing my way. And I gave a left elbow and tried to swim by this person and she grabbed me and it was my mother and she was so excited. I had seen my husband, I was trying to get to him, but she saw me first because I elbowed her in the chest and she just grabbed me and she was just so elated and it just—being a mother I know how it must have felt, though I don't know how she felt. I know that she was very excited, and then she let me go over and say hi to my husband and the boys. It was just very exciting.

We got to the—we had to in-process. That was, like, two or three in the morning, and they'd been waiting all evening in this huge hangar. The families were all playing together; the kids were playing together. It sounds like it was an exciting time even for the families there. One woman was there, and she's beating her chest and she's saying "Thank you Lord! Thank you Lord!" She just kept saying that over and over. She was really excited too— [chuckles]

TS: To be home.

NH: To be home. No, no, it was her husband that was home, or her boyfriend or her significant other that was home.

[speaking simultaneously]

TS: Oh, happy that they were—I see.

NH: "Thank you Lord!" She was just beating her chest. She was so excited. Yes, the trip over was really hard, now that I think of it. Once we got to the place where we were supposed to land they turned off the lights at the airport. We had our landing lights on and when they didn't turn them off and we had to circle the airport for an hour because they were getting incoming missiles. And we're flying around the airport in the dark with our lights on. I just kept praying that whole half an hour, and I was so glad to land. It was a long trip. They didn't let us off of the plane the whole flight. We got on at Pope Air Force Base and we flew and landed in New York, but we didn't get to get off. And then we flew over and landed in Belgium and we did not get to get off. And we flew and landed in Saudi Arabia. They did not let us off for, like, nineteen hours. The bathrooms were getting too full and they were coming over the loud speakers and saying, you know, "Don't use the bathroom so much." Well, you know, if you've got to use the bathroom what are you going to do?

TS: Right. That's a long flight.

NH: It was like eighteen or nineteen hours that we were on that plane. It was—It's not quite as bad with the leg room then [NH corrected later], as again, as it was now, but we didn't have a lot of leg room, I'll tell you.

TS: So then you stayed in reserves for another eight years or so? Seven years?

NH: Right. That—I came back in '91 and got out in '98, and part of the reason was because after I came back from Saudi I developed some neurological deficits for which I'm on a restrictive diet. One of my friends in the unit says, "You know, you have to be able to be deployed. Can you do that with your diet?" At that point I thought, you know, I probably cannot. So, I thought it would probably be in both of our best interests if I—

TS: Who's both?

NH: Both mine and the army's if I got out. Because they couldn't provide for me what I needed, and I couldn't get what I needed. They might not be able to get what I needed. In a controlled situation, like a two week during the summer, I can always get a particular MRE that has the things that I can eat in it. But if they're just passing them out or if you don't even have MREs and you've got to eat whatever, then, you know, if I don't know what's in it—if I've got to eat monkey on a stick I don't know what they put on the monkey; what sauces that may cause problems.

TS: I wanted to ask you since you joined the army, essentially, in 1970, and then twenty-eight years later you retired as a lieutenant colonel, right?

NH: Right.

TS: Did you see any kind of changes that the army went through? Even, I mean, I know it wasn't all active duty but you had a lot of—

NH: Yes. Even in the medical.

TS: Okay. What kind of changes did you see?

NH: And that's where I would have my most experience, in the medical. As I said, the army was always at the cutting edge of medicine because they treated a lot of critical injuries quickly, and wanted the best way to do that. So, they had medical centers that were foremost, that people around the world knew about and used as a resource for problems.

Before I got out, actually the year before I got out, I went to Fort Sam Houston and Brooke Army Medical Center, and we had a tour there. And it broke my heart. It was a lovely new facility, and maybe they had five people on a ward. It was like a ghost town.

TS: Why?

NH: Because at that point the military had started outsourcing medical care.

TS: Oh.

NH: And so, they didn't have the patients. The patients weren't coming, and it was just so sad. Whereas, in its heyday it would have been booming and bustling and every—most every bed full and people caring for them and this, you know, the people [staff on the wards—NH clarified later] were just kind of hanging around [with so few patients for whom to care—NH clarified later.]

TS: What do you think about that outsourcing?

NH: What do I think about it? Well, it's obviously a cost cutting maneuver that they felt would be beneficial. But it's sad because, well, it's sad because it's not what I'm used to,

that's one thing. They have, still, medical care. I'm wondering if they can keep it as current and as cutting edge as they once did. But I guess because the world is so much smaller it doesn't have to be that cutting edge because if somebody's injured in Iraq they can be back in this country within a day; twenty-four hours, but you've got to have treatment within an hour. Some kind of treatment, so I guess they can give them a quick patch 'em up treatment and then within twenty-four hours they're back at a civilian medical center. So, it's not as needed, I guess, as it once was, but I still think it's sad.

TS: What do you think now about—with the, well, we just pretty much ended the Iraq war just recently, but that—

NH: Yes. December twentieth or thirty-first. There's still Afghanistan.

TS: But there's still Afghanistan, and I wanted to ask you about the role that women are playing now that they weren't playing during the Gulf War. What do you think about those changes?

NH: Well, you say that, because women are in combat situations now, but they were in the Gulf War too. They weren't when I went in, but they were in the Gulf War, some, in combat positions.

TS: What do you mean by when you went in?

NH: In '70.

TS: Oh, right.

NH: As opposed to '90, [unclear], or '91. So, that was a change in that twenty year period.

TS: What do you say to people who—I mean, what do you think about women in combat?

NH: I think they have as much right to be there as men if they feel they can do it. Because men don't have a corner on it. Women can be strong, and they have a certain type of strength that is beyond what men have, I think, but they can—maybe they can't pull a cannon if it's stuck in the mud. Maybe they don't have quite as much muscular strength, though some do, but that's not how they're built. But they do have other things that they can certainly—I just feel that they belong to be there if that's what they choose to do.

TS: What about that issue of motherhood?

NH: Well, that's something every woman has to decide for herself.

TS: Right. You think that's something that shouldn't be dictated from the top that, you know, mothers shouldn't be able to deploy. Mothers—You know, because some people think that.

NH: No. I do have some feelings about that in relation to our unit. When we were activated there was a woman who was assigned to our unit who lived in Georgia. She did not want to go. She did not want to go. Now, to be in a reserve unit we had to sign a paper that were we to be activated we had someone who would take care of our children; we had to sign that, she had to sign that. Well, when it came time to go she didn't have anybody to take care of her child, and she did not go. And she went back and she tried to get a job as an active duty person in a military hospital.

TS: After the war?

NH: No, while we were gone.

TS: At that time? Okay.

NH: Yes, she tried to work stateside in a military hospital rather than going overseas.

TS: Was she able to do that?

NH: I don't think she was able to from what, I mean, that's the scuttlebutt. I was not friendly with her. When she started talking like that I thought nobody really, in their heart, wants to leave their family, but there were people in our unit, even assigned to our unit, who—one woman said, "My husband needs me. He's got diabetes. I have to stay home." And she didn't go.

And another, you know, a man said, "You know, I can't go," for whatever reason and he'd didn't go. Our commander basically really didn't want to take people who were adamantly opposed to going.

TS: I see. But you felt that if they made this commitment they should have gone.

NH: They should have honored it and they did not. So, that—If they want to go and are ready and willing for that, then I am not opposed to it. But if they're not ready then they shouldn't have that, even, opportunity.

TS: Did you see yourself as a trailblazer in any sort of way?

NH: I really didn't. [chuckles]

TS: Well, if you look back on it now what do you think?

NH: I still don't think so.

TS: Really?

NH: As I said, when we got on that plane, it's hard to go to a place where you think you may be killed. But when you have all of these people around you, people that you've trained with, people that you know, then you're going because you're going to help them.

TS: You have three sons. If you had a daughter and she wanted to join the service, what would you say to her? Or your sons?

NH: How could I say no?

TS: Or your sons? I don't know.

NH: I encouraged my boys—it's funny you should mention that. I encouraged them all to consider ROTC, and when my youngest came along he says, "Mother, none of your "kidlings" wants to go into the military." You have to honor that too. I mean, they had experience from it, and it was just not something that they—

TS: Yeah. So, what—We talked a little bit about PTSD [post-traumatic stress disorder]. I don't actually even remember if that was on tape or off the tape, but have you, in your experience, have you seen any of that? From some of the veterans, from either—any of the wars?

NH: I really personally have not. There's one nurse who was with our unit who had some real emotional issues while we were there. I was not privy to the information. I just knew that something was amiss. And I don't know if it could've been related to that. It's highly possible. But, it wasn't as severe as some cases that I know of from my medical readings and lectures that I'd been to and on about patients who've had it. It's not like she was screaming or doing aggressive things or anything like that. But there were some emotional issues there, and I don't know what they all were.

TS: Do you think your life's been different because you chose to join the army?

NH: Oh, absolutely.

TS: In what way?

NH: It's been enriched. It helped me to define myself.

TS: How?

NH: How? As a person, as an individual, as—the fact that I'm an army nurse and I'm proud of that. That's what I was; I still am that even though I'm not active duty. Having been that I will probably always consider myself that. It's something that I have really felt good about doing.

TS: You talked about patriotism very early in our conversation. What does patriotism mean to you?

NH: Patriotism. Patriotism is partly subjective, well, it's a lot subjective. It's a feeling. It's a strength that wells up in you, I think. And perhaps, even, an unwarranted strength, or an unfounded strength to support and to give for your country. It's a pride, and what you have in—a pride in your country and I'm very proud of it. So many people would like to be in our situation, but cannot or will not for whatever reason.

TS: As Americans?

NH: Would like to live here in this country. They would like to be associated with this country, and for whatever reason. A lot of the ill that is done to this country, in some of the travels that I've done I said, "Why do people hate Americans so?"

One guy who wasn't American says, "They're jealous." And I think that's what a lot of the terrorism towards the United States, the hatred towards the United States and towards Americans is because they're jealous. That must give one a strength of pride that everybody wants what you have. And everybody doesn't get it and so we just are so lucky. Certainly, the freedoms that this country offers, as much as they're having their issues at times, have been hard fought and hard won.

TS: Do you think there's anything that a civilian doesn't understand about, or even a person who's not associated with a military family, doesn't understand about the military that you would like them to know?

NH: Understanding comes through knowing. And you may have heard of people going, and even now I hear of veterans coming back, and I know it's hard. I know it's terrible. But I can't feel what they're feeling. So it's, you know, I can't tell you how hard it was to go when I left. I can't tell someone else unless they have to do that too. I think it's almost impossible to describe that. Or the joy in returning.

TS: Anything that you think that they aren't aware of about the culture of the military, or the military life? That there might be a misperception about?

NH: Well, the military culture is changing, along with the civilian culture, so the military culture now is not even like it was when I got out. I mean, differences in, you know, first it was "Don't Ask, Don't Tell," and then it was tell if you want to, and then they had all those problems with that. So, they're evolving constantly with these growing pains, I guess, it's continual growing pains. Just understand that they are constantly evolving, and that through this change, hopefully, new and stronger will come. But it definitely, I feel, is a place for women or men. I do feel it is probably harder for some women than others.

TS: You brought up "Don't Ask, Don't Tell," and that was just repealed, officially, just recently too. Do you have any thoughts about that? Or, I guess, gays in the military, really is what that question is.

NH: Well, I think it's fine—as fine as it is in any other culture, even though the men may have to be sleeping in close quarters. As long as it is not promiscuous, male or female, I think that's fine. If it's promiscuous, male or female, it has no place there. But, of course, it's going to be there because there are promiscuous people all over and they're just, you know—it's hard to take human nature out of humans. [Therese chuckles] Some humans. But if they can control it then I think that's—

TS: Is that the true—same as heterosexuals as homosexuals?

NH: Exactly. I mean, they just need to control themselves and behave in an appropriate and professional manner at appropriate times. Outside of that I don't think it makes a difference in their ability to fight or do to their job.

TS: Do their job, yeah. I don't have any more questions, but is there anything that you wanted to mention that we haven't talked about?

NH: I can't think of anything else. We've talked about a lot of things. I did mention how hard it was to go at that time [the night we left Pope Air Force Base—NH clarified later], and once they got us all together we were locked up. They took roll about every two hours. We went over there one night—

TS: Where are you talking about?

NH: We went to the, what we call, the green ramp, you asked what the green ramp was that was the—

TS: That was at Fort Bragg?

NH: That was at Pope Air Force Base right next to Fort Bragg. We were in barracks and Fort Bragg and we were supposed to leave one day and we didn't for some reason. Oh, I know what it was. They started bombing Iraq, so they decided not to send us that night that they started bombing Iraq. We got—Henry came down and we stayed in a hotel that night and he went home the next day. We still hadn't left the next mid-morning so Mom, Henry, and the boys decided to come down. As soon as school was out they picked up the boys and came down, and by the time they got there we had gone. I mean, we had gone to the green ramp, we hadn't left Pope Air Force Base, but we were—could not get out.

TS: You were in lockdown.

NH: We were enclosed in a locked fence. Every couple of hours they took roll and we had to answer. And we were that way—we probably got on the plane about three or four in the morning, so we were that way from four or five o'clock, six o'clock in the evening until we left at three in the morning; two or three in the morning.

TS: So pretty stressful?

NH: Pretty, well, it was kind of stressful but we had some cards and I found some people who played bridge, so [chuckling] we played bridge. A commander and one of the doctors and a nutritionist and I all played bridge. A few times we got together and played some bridge. Talked to people. People just milling around and it was, kind of, a very low hum and pleasant. It wasn't loud; no yelling, no—but you could kind of hear, it was like cafeteria noise, except without the clinking of the silverware on the plate. Small groups talking and a few people stretched out on wooden benches sleeping and things like that until we got on the airplane.

One other thing I wanted to mention, when we were at Fort Bragg before we left. Like, a couple of days before we had a terrible thunderstorm. Now, this is in January, mind you, a thunderstorm. And we'd all been kind of worried because we knew that the time was getting close for us to go, we could sense it. Right after the thunderstorm this beautiful rainbow over the barracks, just so encouraged us. I guess I will leave it with that.

TS: That sounds like a good place to leave it actually, but I really enjoyed talking with you and thank you for sharing your story. I really appreciate it.

NH: Thank you for coming over. It's been a whole afternoon.

TS: It's been great. That's all right. I'm going to go ahead and stop it then.

[End of Interview]