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**The Vietnam Archive  
Oral History Project  
Interview with Anna Mae Hays  
Conducted by Kara Vuic  
February 14, 2005  
Transcribed by Cecily Darwin**

1           Kara Vuic: Okay, it's Valentine's Day. It's February 14<sup>th</sup>, 2005. I'm Kara Vuic  
2 with Gen. Anna Mae Hays. I mean, we could go all the way back and talk about where  
3 you grew up, you know, Allentown, nursing school and that sort of thing and then go into  
4 World War II. We could maybe just start with telling me why you decided to become a  
5 nurse in the first place.

6           Anna Mae Hays: Oh, well, I think my mother used to tell me that I would  
7 bandage legs of chairs when I was a tiny little girl. I don't know just why I became a  
8 nurse. Early on—there could be several reasons. I always wanted to help people. I always  
9 wanted to care if they were ill. Secondly, it's different, if I'm talking about going into the  
10 Army then I would say it was because I always wanted to serve my country, but in the  
11 early days it was during the Depression and it was very important that I couldn't go to  
12 college. We didn't have enough money. I was trying to decide whether I wanted to be a  
13 musician because I had always played several instruments and had taken piano lessons  
14 for something like fifteen years in my life. When I learned that the Alton Hospital School  
15 of Nursing was giving board, room and board, and five dollars a month and you could get  
16 a diploma and become a nurse I thought that was very good. So I went to the three-year  
17 diploma program and enjoyed it, graduated first in my class. At that time, I finished in  
18 February 1941. The war started in the following December. From that time on then I  
19 learned there was such a thing as an Army and an Army Nurse Corps, not too much about  
20 the Army Nurse Corps, but I knew there were nurses who served in the Army. Most of us  
21 in my hospital school of nursing wanted to serve our country. When two doctors from the

1 University of Pennsylvania Hospital unit came to our hospital asking the first few honors,  
2 the honor students and other students if they wanted to join the University of  
3 Pennsylvania Hospital unit, I thought about it, and it didn't take very long and I decided  
4 this was the unit for me. These two gentlemen, tremendous physicians, travelled to  
5 Allentown, East, and Reading, all the Pennsylvania units, cities rather, because if they  
6 took all of the nurses from the Pennsylvania hospital, University of Pennsylvania  
7 Hospital in Philadelphia they couldn't take care of their patients. So they had to go out  
8 and get a few of us who were not from the University of Pennsylvania Hospital. Mary  
9 Ann Kennedy, even though she was from my hometown, was from the University of  
10 Pennsylvania Hospital unit. As you'll probably read, I became a second lieutenant in the  
11 Reserves, sworn in in a police station in Allentown, Pennsylvania. I had just a week and I  
12 was called to active duty. During that time we were, as I said, during the Depression, we  
13 didn't have much money, but I was earning sixty-five dollars a month which was pretty  
14 good. The staff nurses—no, no this was in the hospital.

15 KV: Okay.

16 AH: The operating room nurses were earning—I was in the operating room and  
17 we were earning five dollars more than the staff nurses down in the wards. I think our  
18 supervisors earned seventy dollars a month, but here I was earning sixty-five dollars a  
19 month and then when I went into the Army I earned seventy. That was five dollars more.  
20 You could do an awful lot with five dollars in those days. I joined that unit and had to pay  
21 for the transportation to get there and so forth. I had to—well, with my mother and I  
22 don't know where we got the sixty dollars, but that was what I had to do to get things that  
23 I needed for transportation. Then I went into the Army, by trolley car. That was the  
24 cheapest transportation. It went from, the trolley car went from Allentown, Pennsylvania,  
25 to Philadelphia, fifty-six miles by trolley. Then I joined the hospital unit and was with  
26 them. So I think that basically I became a nurse because I wanted to help people. My  
27 mother used to watch me bandage up legs and so forth and secondly because of the  
28 remuneration, sixty-five, sixty—I was making sixty-five and I wasn't quite sure what the  
29 Army was making, but I wanted to serve my country. So that was it.

30 KV: Once the war started that was the first you had really heard about an Army  
31 Nurse Corps.

1 AH: Absolutely.

2 KV: What did you think about it or what did your parents think when you—

3 AH: Well, my father had died when I was nineteen. So I was finished with school  
4 at twenty, but I had to wait for the exercises which by that time I was twenty-one. My  
5 mother, of course, it was difficult—at that time I didn't realize it was such a short span  
6 from when my father had died. He died in '39. So Mother was very proud of me, of  
7 course, that I was going to serve my country. My brother was a Marine so she had two  
8 children in the service. My sister who was younger was in high school at that time. I  
9 remember when I returned from World War II I saw in the window at home she had the  
10 two stars, the blue stars that meant she had two children serving her country. So I think  
11 she was very proud.

12 KV: Uh-huh, and you were stationed in India.

13 AH: I was stationed, well, I think you can read about it—

14 KV: The Ledo Road.

15 AH: The Ledo Road. You can read about all of that. It was very difficult because  
16 we were in the most northeastern part of Asan, India, which was at the Burma border and  
17 right across from China. So, you see, we were in a very isolated area. I always said in this  
18 book and other papers it was a thousand miles or so above Calcutta in the jungle, but I  
19 think as I look at maps today it looks about seven or eight hundred miles, but it was a  
20 long distance.

21 KV: Far enough.

22 AH: Yeah. My trip over, too, is written and you can read about it, but it took  
23 forty-two days to go by ship and we were chased by submarines and finally ended up on  
24 the west coast of India. Then we had to go back to the east coast because, you see, we  
25 couldn't enter where we wanted to. Well, I could talk forever on that. The thing is we  
26 didn't even know where we were going. We were fitted when—I left, we're sort of  
27 jumping here. We should save—

28 KV: That's okay.

29 KV: I went from Philadelphia, we spent several months at Camp Claiborne,  
30 Louisiana. We thought we would leave—we were issued woolen uniforms and we  
31 thought we were going to go to Europe with the 101<sup>st</sup> or the 82<sup>nd</sup> because they were down

1 there and training at the same time. Then just before, well, I guess it was in December of  
2 '42, right, our boots were taken away and some of our heavy clothing. So we didn't know  
3 where we were going and we were issued, I think, just that little brown and white summer  
4 uniform. Eventually we left and went to the west coast of India, I mean, of California and  
5 then forty-two days by ship and you can read about those experiences. I think I've written  
6 them up in a couple of places. Then when we got to the west coast of India we had to take  
7 about eight or nine days on a very narrow-gauge railroad going back east again because  
8 we wanted, not I, but wanted to go up to Rangoon and up to Burma that way, I believe,  
9 but of course Rangoon had just been captured so we were not able to go there. Then when  
10 we got near the east coast then we still had to go way up northeast. We traveled by even a  
11 narrower gauge railroad, if you can imagine that, and then by flat boat for a couple of  
12 nights and then by truck and landed in the mud and, of course, we didn't have any boots  
13 and in the worst malaria district of the world in the monsoon weather. So we would rain,  
14 pour rain and then the sun would come out and there would be mud and then it would be  
15 pouring rain. So we lived like that for two and a half years in dashes which were made of  
16 bamboo and our roof made from fronds from palm trees. It was very, very primitive, very  
17 primitive until we started improving the situation. We had a very creative commanding  
18 general, Doctor Ravdin if you know University of Pennsylvania the hospital is named  
19 after Dr. Ravdin now in Philadelphia. He found one little private, I guess he was, who  
20 wasn't much of a medic and he put him to raising pigs. So once a week or so our patients  
21 received good pork. Then later on he raised chickens, I believe it was. So we had eggs for  
22 the patients. Once in a while we would get that food otherwise we were on British  
23 rations, nothing but Spam, Spam, Spam, and crackers, crackers, crackers for almost six  
24 months. Finally we got on C-rations, at least I think they were C-rations, for the two and  
25 a half years we were there. We had an American hospital and we had a Chinese hospital  
26 so we took care of American patients and Chinese patients. I was in the operating room,  
27 just a young second lieutenant and at this difficult time.

28 KV: Is this really your first time away from home alone?

29 AH: First time away from home and so far from home. We were twelve thousand  
30 miles away from home. But I felt very far away from home when I went to Louisiana and  
31 it took us, the train that left Philadelphia, it took us two or three days to get to Camp

1 Claiborne. Now today you could go by train quite rapidly or by flight it's a couple of  
2 hours, but in those days it was much different.

3 KV: So you were there for two and a half years and that sure is different than the  
4 way people are deployed and stationed, even later in your career, but even now you  
5 wouldn't think of sending a nurse to the same hospital for two and a half years.

6 AH: Well, we went as a unit and every, you probably don't know, but every large  
7 research hospital in the United States had a unit. John Hopkins had a unit, the University  
8 of Pennsylvania, Mayo Clinic, Cleveland Clinic, University of California, those units left  
9 and went together and stayed together. Some of them went to Europe, some went to—  
10 well, all over the world. I think there was an advantage in that. We all knew each other  
11 and it's amazing that we were all stuck there in the jungle and yet there wasn't much  
12 discord at all. We were together and we were all serving our country. I'm sure the other  
13 units were the same way. So there is that advantage. You learn to work together and  
14 you're successful and whatever we had to do we did it well, I think. Where if you have a  
15 hospital that's not a hospital, well, yes, today if they're constantly changing and the  
16 personnel is changing I wonder just how wonderful it works, but we did it in Vietnam  
17 and it worked out all right, it had to. In Korea it was a little different. See, the rotation  
18 base wasn't as—it was much less than what it is in Vietnam today or in Iraq. I don't even  
19 know, they're over there for a year, I believe, just about a year. We signed up for two and  
20 a half, we signed up for the duration of the war and six months afterwards in World War  
21 II.

22 KV: Then when you came home and at the end of the war there were fifty  
23 thousand nurses to be discharged and—

24 AH: Fifty-seven thousand.

25 KV: And you stayed in, right?

26 AH: Well, that happened because we—well, you'll read about it, but we were at  
27 Ft. Dix and some units when they got to Ft. Dix weren't even considered to be retained.  
28 They just said, "Okay, you're finished. You did your duty, your duration at six months  
29 are up. You go." But with our—it just so happened that when we were coming through  
30 Ft. Dix evidently they needed us and they told us we would have the option of leaving or  
31 staying. So a few of us decided to stay, not too many because at that time it was very

1 popular to be an air hostess. You had to be a registered nurse to be an air hostess. Of  
2 course, the airplanes and travel it was all something that was great, paying well. So that  
3 sort of tugged at your heart. Well, you wanted to be one of those glamorous. Many of our  
4 nurses did that work afterwards, I chose to stay in the Army, which I think was a good  
5 idea, very pleased with it.

6 KV: Do you remember what you thought about at that time trying to decide if  
7 you were stay in or leave the Army?

8 AH: I didn't have—it didn't take me very long to make that decision. Once a  
9 decision is made I've always kept to that decision. I thought probably that the Army  
10 hospitals were always going to be like that wonderful unit I was in in World War II. We  
11 had top professionals from the University of Pennsylvania. Our nurses were very good,  
12 they were all—most of our young physicians were residents. Of course, then their chiefs  
13 were our chiefs. So we had a tremendous medical staff. Then our nurses were excellent  
14 and I'm sure at that time I thought this is the way every Army hospital is with top notch  
15 people and I think we can still say. I'm probably prejudiced, but nurses in the Army are  
16 good nurses. They're devoted to their patients and they want to give the very best care  
17 they can. I don't think it took me long to make that decision. I knew I was always going  
18 to be that. Then I had another decision to make shortly thereafter whether or not I was  
19 going to go into the Regular Army. See, I was a Reserve which meant I could get out at  
20 that time if I so desired. So I had to make up my mind whether I wanted to be a Regular  
21 Army, member of the Regular Army or just stay in the Reserves and I chose to become a  
22 Regular Army officer. In those days one had to go before a board. That isn't done today.  
23 If they want to be Regular Army, if they meet certain criteria they're nominated to be that  
24 Regular Army, but in those days one had to go before a board and I was selected. The  
25 other thing the United States Army Air Corps, or I should say the United States Air Force  
26 was coming into being in 1947 so that was another decision. Should I join the Air Force?  
27 I mean, promotions were going to be great. We were given this great big story of how  
28 wonderful the Air Force was going to be. That was a hard decision and I decided to stay  
29 in the Army, but they were talking about promotions were going to come so rapidly  
30 because it was a small unit just being formed and it probably was true, but no, I decided  
31 to stay in the Army Nurse Corps.

1 KV: Was that, when you went into the Regular Army, was that essentially saying  
2 I'm going to make this a career that I'm going to be a nurse?

3 AH: That's right, I'm going to be a career officer.

4 KV: At that point you couldn't be married and be in the Army Nurse Corps at the  
5 same time, right?

6 AH: That's right.

7 KV: So that was another big decision, too.

8 AH: Well, I don't know. I don't think I was thinking that much about marrying at  
9 that time. I had a lot of fun, but very, very athletic and danced all night, you know, those  
10 years, young like you, and did everything.

11 KV: That was a lot of decisions to make right when you came home then.

12 AH: Right, I decided to stay in.

13 KV: And in the '50s there was this nationwide nursing shortage, as well.  
14 Hospitals are complaining, "We don't have enough nurses." The Army sort of let too  
15 many people out and once the Air Force came and the split you need to get more people  
16 back in and everybody's trying to recruit nurses. Do you remember much about that?

17 AH: I don't think that's actually quite true.

18 KV: It wasn't that bad.

19 AH: No, indeed not, not in the '50s, not in the '50s. No one talked about  
20 shortages in the '50s. It wasn't until the '60s after Korea. See, I went to Korea. I was in  
21 one of the first—there were there three units that went into Korea, the Inchon invasion.  
22 By that time I was a captain and I was in charge of the operating room. I think I was a  
23 captain. No, there wasn't a shortage until the '60s. That's when the nation, there was a  
24 shortage of nurses in the nation and the surgeon general, the public health, not the Army,  
25 but the public health surgeon general put out that great report about nurses and shortage  
26 and so forth. Since there was a national shortage then it affected the Army Nurse Corps.  
27 So, that's when in 1963 Colonel Clark, who was the chief when I was assistant chief, we  
28 had various recruiting efforts, Operation Nightingale and couple of other things that we  
29 tried to do. Then, of course, when I was chief we were still short for a while because of  
30 Vietnam. So then we had another recruiting drive and we were able to take all the nurses.  
31 Actually, one never had trouble in the past recruiting Army nurses. When the nurses

1 knew they were needed they volunteered. Even though a draft had prepared, legislation, it  
2 was never necessary to use it. Now there was a draft for male nurses later on but not in  
3 the early '60s.

4 KV: So when you were assigned to Korea the first time and the war is going on,  
5 what did you think about being sent again to another war?

6 AH: I just thought that was marvelous. I was serving my country again, you see,  
7 in war. I never gave it a thought that I wasn't going to go. As a matter of fact, the time I  
8 was here at Ft. Myer working in the hospital in the out patient or the emergency room in  
9 the building which still stands which is now headquarters and I passed it off and then I  
10 think I was stationed there in 1950. I was there waiting to be sent to Colombia University  
11 for my baccalaureate. Then the war broke out. I received a telephone call, would I like to  
12 go to Korea. Now that's strange. We don't do that today, picking up the phone and ask  
13 them if they want to go to Korea. But we were nearby and I guess they wanted to have  
14 this unit headed by colonel, I mean Major Kitty Jung who was my friend who was also  
15 with me at Ft. Myer. Then, of course, they needed the operating room supervisor so they  
16 called me. We were just here a few months and then since I didn't get to school then I  
17 was really seven years later before I was sent to school. But I was very anxious to serve,  
18 do what I had to do to serve my country. I never gave it a second thought that I wouldn't  
19 go, or wouldn't want to go.

20 KV: Did you think about, I mean, did you feel that you might be in danger or did  
21 any of those thoughts—?

22 AH: No, it always is going to happen to the other person. That's the way you live  
23 in war time. When in Korea we were there, the USS *Missouri* was out on the water and  
24 shelling right over us all the time. Sometimes they came a little short, but they were  
25 trying to get into Seoul to chase the North Koreans out. So it was, I'm sure, dangerous.  
26 When I visited Vietnam it was dangerous, but you always have the feeling, "Well, it's  
27 going to happen to somebody else." In World War II in March of 1944 the Japanese  
28 broke through about a hundred miles below us and had not the Indian troops and the  
29 British troops repelled them all of us up in the jungle, there were about three or four  
30 medical units and those units going into Burma, we would've all been prisoners of war,  
31 but you don't think about that. You're just working. I'm sure the people in Iraq today are

1 not thinking about themselves as much as giving care to the patients. I haven't talked to  
2 any of them, but I would be willing to state unequivocally that Lieutenant Otto, or maybe  
3 she is captain now, is not thinking about herself at all or any hardship that she may have,  
4 but rather she is thinking only about taking care of those patients. I just know that it's  
5 true. It has to be. That's the way I felt.

6 KV: That's just sort of how you get by every day and not think about—

7 AH: You don't even think about getting by. You're doing your job, you're  
8 serving your country, and that is so important. That transcends everything else.

9 KV: Then you were in Korea and you came home and you worked at Walter  
10 Reed for a while.

11 AH: Well, I was in various assignments before then, you know, after—when I  
12 came home I worked at Ft. Dix and then Valley Forge and then Korea, several things,  
13 they're all written down here. After Korea that would've been the 1950s or so, '51 or '52,  
14 I was at Indian Town Gap. From there I went to nursing service administration course at  
15 Ft. Sam Houston. It was about the third or fourth course that was given in nursing  
16 administration. I graduated first in my class again and probably very fortunate. Then I  
17 went back to Walter Red—then I was assigned for the first time at Walter Reed in 1954.

18 KV: This is when you worked on Ward Eight.

19 AH: No, no, I worked—no. I worked on—it's a funny story really. Here I  
20 thought I was so good. I had just graduated and all that and I thought when I was  
21 interviewed by the chief nurse she said, "Well, I think that you could be a head nurse." Of  
22 course, my heart was set on being—I mean an assistant head nurse and my heart was set  
23 on being a head nurse, but anyway I was assigned as, the position I had was head nurse  
24 then of the ear, nose and throat clinic. I was sort of disappointed. I thought, "A clinic,"  
25 you know? Here I am I should be running a ward because that's what I did before in  
26 1950, but anyway, I mean in the '40s when I was at—after I got out of the operating  
27 room in Ft. Dix I ran a big orthopedic ward. In fact, I still about two months ago I had a  
28 call again from one of my patients and then I called a couple more of my patients from  
29 those days way back in the '40s that are still living, most of them are gone. Anyway that  
30 was the love of my life I think my orthopedic patients when I was, let me see how old  
31 was I? It was '46, twenty-six years of age or twenty-seven years of age taking care of

1 those patients from Europe and all of them had osteomyelitis and amputees. It was  
2 wonderful people. Here I'm back at Walter Reed many years later and I'm told well I can  
3 be an assistant head nurse, but anyway I was appointed head nurse of the clinic. That was  
4 a great experience because I not only took care of the clinic, but also was the scrub nurse  
5 in the operating room for my chief. Now we don't have that now that. The nurses  
6 assigned to the operating room to all surgeries, but in those days one nurse did a  
7 particular type of surgery and went to the operating room with her chief. So that was a  
8 very good experience for me. I enjoyed it. Then, of course, from there I went down to the  
9 emergency room in the 5<sup>th</sup> Emergency Wing and it was when I was in the emergency  
10 room that the chief nurse came over and got me to be the first nurse to take care of  
11 President Eisenhower. We didn't know what was wrong with him, so we had to prepare  
12 for anything. It was quite an experience, took care him for almost a month.

13 KV: You were twenty-six, twenty-seven?

14 AH: At that time, no, I was older. I was twenty-six, twenty-seven when I was at  
15 Ft. Dix, but then after that then I had gone to Korea and come back and so that was '56.  
16 So I was thirty-six years of age.

17 KV: And you're taking care of the president.

18 AH: Telling him—it was a tremendous experience, a lot of stories. I think you'll  
19 read a couple of them in there, I didn't give too many in that book, but because that's  
20 between us. But he was a marvelous patient, very thoughtful, very sensitive. A  
21 tremendous experience for me as a youngster because at thirty-six you're still very  
22 young.

23 KV: Did you ever think in your wildest dreams that as an Army nurse you're  
24 caring for the president of all people?

25 AH: No, no never, never, never. It's unbelievable. For instance Sherman Adams,  
26 you don't know who he is, of course, but he was assistant to the president. He would  
27 come up to the hospital and bring me bills, legislation for the president to sign and he  
28 would give one to the president to sign and then I would take it from the president and  
29 put it on the dresser. When I think of it, you know, it's just amazing for little old me. That  
30 dresser now, that whole area—I had a committee at Walter Reed and this is an aside, but  
31 I had a committee and we started in '96 to restore the area that we had at Ward Eight into

1 the new hospital. So we found all of the furnishings that were used for the president that I  
2 was able to identify them. As a matter of fact, we found one of the beds that was Mamie's  
3 bed because she slept in a room next to the president, in the basement of the commanding  
4 officer's house at Walter Reed in 1996. That's many, many years later. But, yeah, I had  
5 that committee and on that committee are doctors and nurses. Jan Southby was on that  
6 committee, we worked hard to get it and it's beautiful now, gorgeous.

7 KV: Was this just a general ward where any president would've come or was it  
8 specifically for President Eisenhower?

9 AH: Well, in Walter Reed as in Bethesda there is a unit that would be called the  
10 VIP unit and that's where the generals, three and four stars, go for their medical care.  
11 When they're patients that's where they're assigned. In that back of the unit at Walter  
12 Reed is closed off and has its own separate elevator and so forth so that security can be  
13 maintained. In that unit there's a huge reception area and then there's an area aside from  
14 the room that would be the president's room, a little sitting room, an outside porch, and  
15 then a room for the president's wife called the First Lady's Room, and then we have a  
16 huge dining room. We worked hard to do that, but that's aside to do, but it's interesting  
17 that we had these opportunities, that I had the opportunities, very, very fortunate.

18 KV: Then in '60 and '61 you went back to Korea.

19 AH: Well, I went back to Korea, yeah. I was on orders to go to Europe. My  
20 mother was very ill and I knew she wasn't going to last for two years of the tour. No, it  
21 was three years, I guess, the tour. So I asked if I could be sent to Korea. Well, they didn't  
22 want to send me back there because after all of that it was not a desirable tour, but it was  
23 a one-year tour and then I went back to Korea and I was chief nurse at the 11<sup>th</sup> Evac  
24 Hospital. It wasn't a very large hospital, but we were busy. Then I believe we were  
25 extended the sixteen months because of the Cuban crisis. So even though people—it's  
26 just like today now you hear about these people being extended in Iraq. Well, it's  
27 happened all along in our army. You never know what's going to happen. It was  
28 supposed to be a one-year tour, but it turned out to be sixteen months. At that time I was  
29 married and I had—even though I had been married in 1956 right after I had taken care of  
30 the president, I really hadn't spent much time with my husband because I was going to  
31 school at Columbia University and then I was assigned to Korea. We thought it would

1 only be a year and that was sixteen months. So you just never know what's going to  
2 happen.

3 KV: That must've been tough as a newlywed, too.

4 AH: Well, yeah, right, yeah.

5 KV: Sent to Korea. So you had several overseas tours, as well, not just being  
6 moved to different, California or to Texas, wherever.

7 AH: Right. So I had China, Burma, India and I had Korea War and then I had  
8 Korea again. Then, of course, when I was chief I went around the world several times as  
9 usual. So I had three overseas tours during the war.

10 KV: That's a lot and it seems—

11 AH: There's no other chief that's had those tours, three tours in the war.

12 KV: Did you like traveling overseas? Did you like that?

13 AH: Oh, sure, oh, sure. It's different. It didn't take—I was always work oriented.  
14 Some members in our unit say when I was stationed in Japan, after Korea I went to  
15 Japan. On their days off, you know, visited this place and that place. Well, we were so  
16 busy, I was, I didn't go anyplace. I still saw things later on when I was chief or assistant  
17 chief in Europe, Asia.

18 KV: So then you come home and, let's see, you went to the U.S. management  
19 school.

20 AH: Yeah, in 1962, I believe, yeah. Colonel Jensen who was the assistant chief at  
21 Walter Reed at that time and I, we were the first two nurses to be sent to any school that  
22 was outside of the medical arena. You see, at that time—well, now I'm going a little bit  
23 ahead of myself. Later on when I was assistant chief and particularly when I was chief we  
24 validated positions, you see, in the schools such as you've read about in for instance  
25 Connie went to the Army War College. Well, it was during my time as chief that we sent  
26 the first nurse to the Army War College and then validated positions so they could go to  
27 the Army War College and all—worked so hard to validate positions so that our nurses  
28 could get their doctorates and their master's and so forth in my time. That was the first  
29 that they had done for nurses they had sent the two of us, they meaning the surgeon  
30 generals office, had sent the two of us to management school. It was a short course, but it  
31 was good.

1 KV: What kinds of things did you learn in management school?

2 AH: Well, organization, management of supplies, equipment, personnel. I didn't  
3 have any exams. I liked that.

4 KV: That's good. You seem to have done well on exams so far.

5 AH: Yeah, I liked that.

6 KV: What did you think when they selected you to go to this school?

7 AH: I don't think I thought too—I thought it was going to be an exciting  
8 experience. I didn't know what to expect. By that time, let me, see that would've been  
9 '62, I was forty-two years of age. I was a major. So I was very young to be sent to that  
10 school. When Colonel Jensen was sent she was a lieutenant colonel. There's a big  
11 difference between a major and a lieutenant colonel. That school was for lieutenant  
12 colonels. So that I remember I couldn't figure out why I was selected. Then when I was  
13 there I was called down to the office one day and in front of all those people who are  
14 really my strangers, strangers to me I didn't know them, I was promoted to lieutenant  
15 colonel. I wasn't there very long when that happened. Evidently the powers who sent me  
16 knew I was going to be a lieutenant colonel. See, in those days one didn't know when  
17 they were going to be promoted. Today, one knows exactly when they're put on a list  
18 whether they—it's so different and they know exactly, not exact date when they're going  
19 to be promoted, but when they're put on the list but they know it's coming and they call it  
20 promotable. For instance, my doctor at orthopedics is a lieutenant colonel with a P at the  
21 back of his name which means he's one the list for promotion, but he's not promoted yet,  
22 but we didn't even have such a list. So therefore my family never attended any of my  
23 promotions, my mother, my brother, or my sister until I became a general officer and I  
24 knew. That was only a short time before I was promoted that I knew I was going to get  
25 promoted.

26 KV: So you were promoted to lieutenant colonel and so you—throughout this  
27 whole time you're advancing pretty far into the—

28 AH: Into the administrative duties, increasing responsibilities. Right.

29 KV: There were limits on how far someone in the Army Nurse Corps could go at  
30 that point, right? I mean, those sorts of laws that allowed nurses to become general  
31 officers and things.

1 AH: If you were taken care of you could stay—well, there was no law, no law at  
2 all.

3 KV: That hadn't happened yet.

4 AH: Oh, no, not in those times. But we knew that if perchance—at lieutenant  
5 colonel you could stay in for twenty-eight years and even though you wanted to stay for  
6 thirty if you were a lieutenant colonel there was no space because we only had five  
7 colonels. Everybody really had to get out when they were lieutenant colonels. I remember  
8 seeing some of my supervisors, you'd see almost in tears because they had to get out of  
9 the Army after twenty-eight years. Then, of course, legislation changed over the years,  
10 legislation was being changed so that you could stay in for thirty years. By that time you  
11 would be a lieutenant colonel, but you could stay in for thirty years. Then legislation  
12 changed there would be more opportunities to become a colonel. During my time it spells  
13 out here, I quit remembering them, but how many colonels we had and when I finished  
14 my tour or—when I was assistant chief what we had and when I was chief what we had.  
15 It's amazing, from five colonels all those years, you only had one colonel during World  
16 War II and five colonels at the time that we're talking about in the '60s to the numbers  
17 that we had it's almost miraculous that that happened. Now when I see these nurses at  
18 Walter Reed and there's so many of them full colonels and they don't realize the  
19 struggles that we had at first to validate positions to keep those nurses who were  
20 promoted not just in an administrative positions, but in education and research and also  
21 most importantly at the care, for the care of the patient at the bedside. Not directly at the  
22 bedside but in the supervisory capacity. That's just an evolution of the nursing in the  
23 military. Then very prior to, this is skipping a bit, but then prior to my retirement we  
24 started the nurse clinician program. That was started at Walter Reed with one pediatric  
25 nurse and then obstetrical nurse down at Ft. Knox. Then after I—we started working on it  
26 during my time. Then after I retired it was brought into a regulation so we had nurse  
27 clinicians. Do you know what I'm talking about? We went from having one colonel to  
28 having many colonels, sending them to schools to be prepared, sending them to  
29 educational programs, being prepared to do nursing research. Such a tremendous  
30 transition occurred. I think one of the primary reasons is that we had a surgeon general  
31 who recognized the value of Army nurses during my time very much so and appreciated

1 everything we did. Also then when I became chief, as you'll read, we started—when I  
2 was assistant chief, excuse me, it was during Colonel Clark's time, my predecessor, that  
3 we started the Walter Reed Army School of Nursing, Walter Reed Army Institute of  
4 Nursing. That was one of the vehicles through which we recruited nurses which was a  
5 tremendous program.

6 KV: What were you up against? I mean, before the ranks, before they expanded  
7 the numbers of colonels, for instance, what were you up against or how did you have to  
8 validate? You say you have to validate these positions. Today it seems obvious—

9 AH: It does, but you see in those days it didn't seem obvious, you see.

10 KV: What was their rationale?

11 AH: If you had a—well, there are only so many spaces for the total Army and  
12 general officers and captains and lieutenants and colonels, majors, and so forth. The male  
13 population, you know, of course had all of those positions. The females came into the  
14 picture and we weren't truly commissioned officers at the beginning, we were in a quasi-  
15 status. So we had to become professionalized, recognized as professional nurses. We did  
16 that through education. So as my own experience exemplifies that. I was graduate of the  
17 diploma program, I went on and got my bachelor's and my master's through the auspices  
18 of the Army, the Army sent me. I didn't pay for that. They paid for my everything, you  
19 see. As we prepared the nurses to hold these responsible positions they were recognized  
20 that they could do the job. Then, of course, the Army then over the years gave us more  
21 spaces as colonels and as lieutenant colonels, majors.

22 KV: Do you think that was sort of the Army accepting the women, as well?

23 AH: Um, as well—I would say as well.

24 KV: Because the—

25 AH: Well at that time yes. In 1950—not until '55 did we have a male nurse. Then  
26 legislation was passed, no, it was just Reserves then in '55. They came in gradually, you  
27 see. It was during my time I guess it would've been Regular Army. The first Reserve  
28 male nurse was in '55. I think it was recognition, too, of the ability of our—they knew  
29 that we were giving our very best that we could, the best care that we could for the  
30 patients. We were just being recognized as commissioned officers. That's why we  
31 worked so hard during the years, my predecessors, to have the entire corps be graduates

1 at least of the baccalaureate degree program which then came about. We almost made it  
2 in my time and I think it came about in my successor's time that we reached a hundred  
3 percent. I think here I mentioned what percentage we reached, I can't remember offhand.  
4 My predecessors worked hard. We each increased spaces, increased numbers in certain  
5 grades. When I was—I think when Colonel Clark was chief and then or assistant, yeah,  
6 when she was chief and I was assistant we had a triangle. The triangle should be a few  
7 colonels, lieutenant colonels coming down, but they should be first lieutenants and  
8 second lieutenants. It was just upside down. Eventually we had then more majors than  
9 lieutenant colonels eventually in my time than we did first and second lieutenants. So  
10 then we were able to work very hard to recruit in the first and second lieutenants and we  
11 got back to a stable triangle again. I don't know how it's now. I would imagine, I hope  
12 that they kept that because you need that young blood coming in to staff because you  
13 don't want to be top heavy in majors and lieutenant colonels. Well, I don't think they  
14 could now because there's such an establishment I'm sure that there are X number of  
15 colonels and X number of lieutenant colonels and so forth. Now with recent legislation  
16 the Chief of the Army Nurse Corps is two stars.

17 KV: Oh, that's right, in the last year, even.

18 AH: Yeah. See, in my time when I was promoted there was no legislation. There  
19 was legislation which removed the restrictions, but there was no legislation that said there  
20 shall be a one-star Chief of the Army Nurse Corps or brigadier general in the Army Nurse  
21 Corps. So all that has changed little by little.

22 KV: During this period more and more, you said more and more male nurses  
23 were coming in the corps.

24 AH: Oh, yes, yeah.

25 KV: What do you think that was like for them to come into a field that  
26 historically people associate or see women—

27 AH: That's right they did. When I was chief two percent of all nurses in the  
28 country were men. At that time, if I remember correctly, we had about twelve percent,  
29 twelve percent of our corps were male nurses. Then during Vietnam I know that we had  
30 at least twenty-five, twenty-seven percent of our nurses in Vietnam were men. I felt that

1 was very good because they get up into the forward units. They were for the first time we  
2 ever had nurses in forward units such as the 173<sup>rd</sup> Airborne and so forth.

3 KV: Why wouldn't they have assigned women, female nurses to those positions?  
4 I mean, I know the laws about women in combat, but—

5 AH: Well, parachuting, we didn't have women doing parachuting then.

6 KV: So these male nurses were parachuting.

7 AH: They would go in with their units or go wherever they had to go and they—  
8 yeah, we just—

9 KV: Did they have to have weapons with them at some point?

10 AH: Oh, yes, yeah.

11 KV: You couldn't give, at that point, a weapon.

12 AH: Well, I was never really in favor of a nurse carrying a weapon anyway, you  
13 know, but it was nice to have protection, someone around. For instance, when we were in  
14 Korea none of us had weapons, but we were surrounded by the 1<sup>st</sup> Marines, you see, so  
15 we felt safe. Up in World War II—well, I don't know. I can't remember specifically. I  
16 think the men, yes, the physicians had metal. They had their little side gun, but we didn't  
17 have anything. I don't know whether we felt safe or not. I don't think we worried too  
18 much about our safety because we were so isolated and in the jungle I guess we thought  
19 nobody would come. There again I told you in '44 we could've been captured so you just  
20 never know. Now the whole situation has changed, as you know. Females, I hate to use  
21 the word females, but females they do everything and of course they're still not allowed  
22 in combat, but nurses have always been in combat areas, we've always been subjected to  
23 that. If you have a copy of the highlights, and I'm sure you have or have seen them, you  
24 know how many nurses we lost in World War I and World War II. In Korea we didn't  
25 lose any nurses in Korea, however we lost the chief nurse who was assigned to Korea.  
26 She was on an airplane going from Japan to Korea and the plane was crashed. We lost  
27 that chief nurse, but they don't consider that a Korean causality because she had not yet  
28 got to Korea, you see. So we didn't lose any nurses in Korea and in Vietnam we lost  
29 about, what, eight or nine nurses. I was chief nurse when we lost all of those.

30 KV: So the rationale for those male nurses in the forward units like in the 71<sup>st</sup>  
31 and in Pleiku at one point they thought it was going to be attacked so they moved—

1 AH: 171<sup>st</sup> wasn't it?

2 KV: Okay, one of those they moved out all the female nurses and the staff and it  
3 was just males there, is that because of the weapons?

4 AH: Where did you read that because I've heard that.

5 KV: That was in Sarnecky's, I think.

6 AH: I don't where she got that because, you know, maybe they did maybe for a  
7 very, very short period of time—

8 KV: Yeah, I don't think it was a long—

9 AH: But we did not do it and I was chief then, you see, at the 171<sup>st</sup> in Pleiku, but  
10 they could have done it just—maybe it just happened because the time we were rotating  
11 more females than whatever, but it could've been done by the hospital commanders.  
12 They saw the situation and did so. If she has it in her book, which I've never read because  
13 when I read about Vietnam I knew—one of the early parts before it was published there  
14 were so many errors. It was about two hours on tape correcting at that time and I thought  
15 I'm gonna read the finished product. Anyway, it could've happened, yes, and if it's in her  
16 book then it did happen.

17 KV: And it's mainly—

18 AH: But that's not the—as far as I was concerned that was (unintelligible). Male  
19 nurses, we wanted a lot of male nurses because if you ever lift a heavy patient or  
20 someone who's injured, the men could do it much more easily sometimes than a female. I  
21 think that was up to the local chief nurse. We had a chief nurse in Vietnam and if she saw  
22 this situation needed more male nurses she could easily transfer from one hospital to the  
23 next. If it were done it was done on the local level, it didn't come up to us.

24 KV: Uh-huh, so that was all done by the chief nurse then.

25 AH: By the chief nurse in Vietnam. We were kept informed, you see, or maybe  
26 we had suggestions and particularly that was my reason of visiting three times to see  
27 what was going on. I remember the first time I went over there, there wasn't a physical  
28 therapist to be seen. Physical therapists are needed and not two months later. Even though  
29 that was out of my arena that was one of the suggestions I made. I can remember that.  
30 After that there were many physical therapists assigned in all the wards. My concern was  
31 about the care of the patient. So I would see just exactly how they were doing things,

1 what they needed, how we could help them. That was always a very nice thing to do, I  
2 think. What do you need? Then you be sure and help them with their needs because they  
3 never asked for things that they didn't need. They never asked for things they might  
4 want. It was what they needed. So that's what we did. But the chief nurse of Vietnam if  
5 you're talking about Vietnam had that authority within the unit after approval from her  
6 superiors.

7 KV: So you were assistant chief nurse, then, when the build up for Vietnam sort  
8 of starts.

9 AH: Well, the build up didn't really occur until—it was in '65, yes, I was  
10 assistant chief. I remember we had one hospital, one hospital, I remember the secretary of  
11 defense was Robert McNamara and the surgeon general had gone over to a briefing and  
12 he said to them, "Well, we have to build—we're going to have twenty-five hospitals."  
13 Well, he came back and told us, his staff, the doctors, nurses, dentists, the chiefs. We just  
14 sort of, "That secretary of defense, he's out of his mind," you know. That's impossible.  
15 Well, it was true because I think it was on my second visit we had twenty-five hospitals.  
16 Yes, it would've been my second visit because it was around '68. We had twenty-five  
17 active hospitals and then, of course, we had the men in the forward units and we had  
18 battalion aid stations and so forth all over, but hospitals, evac hospitals, MASH (Mobile  
19 Army Surgical Hospital).

20 KV: So recruitment had really started even before the troop buildup starts in '65.

21 AH: Well, in 1963 is when Colonel Clark—I was assistant chief—put out a  
22 recruiting effort. We called it the Nightingale Project.

23 KV: Operation Nightingale.

24 AH: Operation Nightingale is what they called it. So we recruited all these  
25 nurses. This will explain numbers. When I glanced at it yesterday I said, "Geez, I was  
26 pretty smart to remember all those numbers then," but now I couldn't, I really can't. Yes,  
27 so then our quotas went up. I think when I was chief we needed 8,243. I remember that  
28 number. Then that was our objective. That was what we needed overall, all throughout  
29 the world. Then it was brought down a bit. In those days there was no ROTC (Reserve  
30 Officer Training Corps). You read about the Reserve nurses. We didn't have that  
31 program. That came about I think it was in General Parks time or General Slewitzke's

1 time, much later. We didn't have Reserve nurses. We had Reserve units that belonged,  
2 say, to the University of Washington Hospital or whatever had Reserve units,  
3 Pennsylvania National Guard or whatever, but we didn't have the ROTC program at all.

4 KV: So there's not this ready group of nurses that you can just call on and say  
5 they're activated? It wasn't that?

6 AH: Well, yes, they were part of a group, they were part of a unit we could do  
7 that and we did it. Many Reserve units—the 8055, 8055, no, there was one from  
8 Washington was a Reserve unit. That was one unit that contributed a great deal to  
9 Vietnam. I don't remember its designation, I don't think it was 8055<sup>th</sup> though, I'm pretty  
10 sure not. It's hard to remember all of those designations now. I did know them, of course.

11 KV: It's hard to learn them as well.

12 AH: But now, you see, with the ROTC units the nurses, the individual is going to  
13 school and she's going into a nursing program can join the ROTC and then she gets  
14 remuneration and I guess that's quite a lot and holds a first lieutenant type of lead these  
15 days, I'm not sure. We didn't have that program. However say the Pennsylvania National  
16 Guard or Pennsylvania Reserve units, say, in my hometown they didn't have a hospital  
17 unit attached to them, but some did so that's how that University of, I guess it was  
18 University of Washington, Washington State, I'm talking about. That unit went over to  
19 Vietnam and there were a couple of others, too.

20 KV: So with Operation Nightingale there were all these, I guess, ways to recruit  
21 nurses and the WRAIN in Walter Reed Army—

22 AH: Well, we had various programs. They started—the Army student nurse  
23 programs were started before Colonel Clark's time, but she was a great one for recruiting  
24 because when she was a young officer she was a recruiter herself. So she would come up  
25 with all these wonderful ideas, very creative. I think I copied her in a way, but then I  
26 would have to do all the work, you see, because she was out, she was Mr. Outside, Mrs.  
27 Outside. I was inside when I was assistant chief, that's the way it has to be. When I was  
28 chief I was out, you see, and my assistant that time though instead of just one assistant I  
29 had two assistants and we had a big office. We had twenty-one nurses assigned in at that  
30 time at the surgeon general's office, all put them into all various areas where they could  
31 get into areas that we had never been into before. So we had the registered nurse program

1 and then we had the baccalaureate degree programs and then we decided, Colonel Clark  
2 decided, she would like—well, it wasn't her decision really. Colonel Harper who was her  
3 predecessor, General Heaton decided, he was our surgeon general, he decided he wanted  
4 to have a three-year program and, of course, that time the four-year programs were just  
5 coming up and we knew that was going to be the future. We surely didn't want to have a  
6 three-year program. So Colonel Harper formed a committee. I was just a junior officer  
7 then working at Walter Reed, but I knew all about this. They came up with a four-year  
8 program and he agreed. So by the time Colonel Clark came in as chief she just ran with it.  
9 The University of Maryland, I remember the tears we had and the struggles, but we got  
10 the program through because we didn't know whether we were going to have the  
11 University of Maryland or the University of Wisconsin or what. Then it was decided  
12 University of Maryland affiliated with the Walter Reed Army Medical Center, which was  
13 a great clinical center. Those nurses I must say were graduating from that program were  
14 tremendous, nurses and officers, a little different from the person who had not been  
15 exposed to the military. So that program, unfortunately, was closed due to money, lack of  
16 money after I retired. I wish it would've been kept open. Now they're trying to get  
17 another program, you see, started again. If they had kept the other one, but Congress does  
18 funny things sometimes. The program if they would've kept the one that we had during  
19 World War I time we wouldn't have had the heartaches at World War II time, you see, or  
20 a time later on. Wisdom is a beautiful thing. It's not always there to take down. It's  
21 missing sometimes.

22 KV: How was—I'm trying to figure this out as well—

23 AH: So let's go back a minute for the recruiting. We had our Operation  
24 Nightingale in 1963 and then, of course, as you'll read I had—we also they went out for  
25 nurses when I became chief. So when I was assistant chief and chief we recruited a lot  
26 nurses and we had, as you probably know, a huge recruiting program. We started with  
27 just a few nurses in recruiting and we ended up, I think, thirty to forty of them out in the  
28 field in my time, but that was gradual. We had the student nurse programs which were  
29 undergraduate programs. Then we had the Army, the WRAIN program, the Walter Reed  
30 Army Institute of Nursing. From those programs we recruited so many people. Then  
31 there was on other, oh, the nurses could come of course indirectly which they did.

1 KV: How was all of this, the recruiting, organized? I'm trying to figure out—

2 AH: Well, at first with Colonel Clark we had—see, in the old days everything  
3 came under the chief of corps that pertained to nursing. Now half of that today, and it  
4 doesn't matter to you right now, but it's down in San Antonio into an Army medical  
5 Service Command. We were responsible for everything in those days. During Colonel  
6 Clark's time at the beginning of mine the recruiting, the nurses, were then assigned to the  
7 Army Recruiting Command because they had the staff. They had the officers and the  
8 enlisted people who were out recruiting for the Army. Then our nurses became an  
9 integral part of that unit. We started off, I can't remember, but I think in Colonel Clark's  
10 time we may have six or seven or eight or nine or ten, you know, a very limited number.  
11 Then we increased it. By the time I became chief, maybe my second year we had about  
12 thirty-one, I think, and then we went up as high as forty. So we had nurses going out into  
13 not only into colleges, but into high schools as much as we could to encourage people to  
14 become nurses, but not as many as they concentrated mostly on the collegiate programs.

15 KV: And that was organized—

16 AH: Also not only just those programs, but they were stationed with the Army  
17 recruiter in the recruiting office wherever it was, New York City or—

18 KV: This was already organized and you—

19 AH: It was already organized and then we added the nurses to it.

20 KV: Okay. Is that USAREC, U.S. Army Recruiting Command?

21 AH: Command, that's correct and it was at Ft. Monroe at that time.

22 KV: Okay ,now, what is the difference, this is where I get confused with these  
23 military anachronisms that I don't understand.

24 AH: I don't understand some of them myself now.

25 KV: USAREC and there's U.S. CONARC, Continental Army Recruiting  
26 Command.

27 AH: All right, okay. Now the United States Army CONARC was Continental  
28 Army Command. That person was responsible for all the training and forces within the  
29 United States. Under him came one unit that you were referring to was USAREC, which  
30 is United States Army Recruiting Command. That was just one of his responsibilities.  
31 Now it's much changed, but in those days that's how it was. So the person who was

1 responsible was Colonel or General Woolnough I mentioned him in this thing  
2 recruiting—he was pro-nurses, you see. He knew the value of nurses and he was a good  
3 friend of General Heaton, our surgeon general. So that helps. We were able to get all  
4 those nurses into the command and working with his male officers and enlisted people.  
5 My nurse, I shouldn't say my nurse, but she did belong to me, but the recruiting nurse  
6 would go to the unit with the sergeant and he would do some of the scrub work or  
7 whatever so that nurse could talk directly to the nursing students. Then she would also be  
8 there in the office so that when nurses would see the recruiting and the *American Journal*  
9 *of Nursing* they would say go to the recruiting office, that nurse would make an  
10 appointment and would go out to that nurse and if the nurse—if she couldn't go out then  
11 the nurse would come into that office. So we used all the personnel, supplies, and  
12 equipment and everything from the Recruiting Command. In the early days we did not  
13 have that facility in our command. We had a few nurses that went out under the surgeon  
14 general, but it was taken—we wanted it to be taken away from the surgeon general  
15 because we didn't have the organization in which we could recruit in a manner which we  
16 had to recruit.

17 KV: Uh-huh, and all of that was changed.

18 AH: We got transferred in the '60s.

19 KV: '62 or '63, I think.

20 AH: Well, it was—I'm not sure of the exact date. Mary Ann Kennedy—then in  
21 my time or was it in Colonel Clark's? [Break in the audio] It was in the '60s that we  
22 signed a nurse that was Mary Ann Kennedy as a lieutenant colonel, excuse me, we  
23 assigned a nurse to the Pentagon so that she would be our contact. She in effect then  
24 working for DESPER which is deputy chief of staff for personnel, DESPER deputy chief  
25 of staff for personnel. Then in that unit or in that office Colonel Kennedy then would be  
26 over USAREC, really the nurses because, see, they would go from, say, we had a chief  
27 nurse at USAREC for the chief recruiter, nurse recruiter. Then she would be under Mary  
28 Ann Kennedy who was our representative and the deputy of chief of staff's personnel.  
29 That was in the big recruiting office in the deputy chief of staff. Then it was down to the  
30 areas. In those times we had, what? Six areas? We had one New York State, northeastern  
31 was our 1<sup>st</sup> Army, 2<sup>nd</sup> Army is a little bit lower, 3<sup>rd</sup> Army was down south, let's see, 4<sup>th</sup>

1 Army was Ft. Sam Houston, 5<sup>th</sup> Army was up in Chicago, 6<sup>th</sup> Army was out in California  
2 and each one of those armies had their own recruiting office and command, but USAREC  
3 was above all of those. So if they would have a conference it would be USAREC calling  
4 the conference together of all those commands who had their own little recruiting office  
5 and nurse. Then they would, this then would go up to Washington here from Ft. Monroe  
6 where Colonel Clark, I mean Colonel Kennedy was. Then she would work with us. So  
7 that when they would have to be side over in the Pentagon at Colonel Clark's, I mean  
8 Colonel Kennedy's level who was going to do all the recruiting, who was going to do all  
9 the advertising? They would have to approve it over there, but they would come to us as  
10 chief and assistant chief whichever one I was. I can't remember. We would sit in the  
11 office and decide which ones we wanted of what they presented to us, the different  
12 posters and so forth. That would go down and sometimes it would come up to us. They  
13 would give, the Recruiting Command would give Colonel Kennedy over in DESPER  
14 suggestions and then, of course, it would be approved. It had to be approved at Army  
15 level. Do you know what I'm talking about when I say Army level? See, it meant the top  
16 of the Army level, the chief of staff. It never really went up to him because that's why he  
17 had deputy chiefs of staff, one for personnel, one for logistics, you see.

18 KV: Okay. So at the top we have the USCAR which is over all of it sort of—

19 AH: Well, no, no. The Army is up here and underneath that is DESPER and then  
20 you would have CONARC. See, and under CONARC would be USAREC.

21 KV: Then each—

22 AH: There would be six armies at that time.

23 KV: That's all I needed.

24 AH: All changed now, you see. So here so you can sort of remember would be  
25 sitting lieutenant colonel and then later colonel, but at that time I think she was  
26 Lieutenant Colonel Kennedy so you can sort of picture this in your mind. Then at  
27 CONARC we had Doris Cobb that would be a wonderful person for you to talk with. She  
28 was not in Vietnam, but she was one of our first nurses at CONARC if not the first. I  
29 think I assigned and she was the first nurse, she was down in San Antonio.

30 KV: I think I met her (unintelligible).

1 AH: Yeah, she's very active. So if you ever get the (unintelligible) quite finished  
2 you could talk with her and she would be a tremendous person for you to talk with as far  
3 as CONARC is concerned because I think she is the one who set it all up for us. Down  
4 here in USAREC, under CONARC, you know, that was the big headquarters for this. At  
5 Ft. Monroe I don't know where it is now. I think it may be out in USAREC headquarters  
6 maybe out at Ft. Benjamin Harrison or something. It was moved out there one time.

7 KV: I think so.

8 AH: But in those days if you're talking about Vietnam and that's your period it  
9 was at Ft. Monroe.

10 KV: US CONARC was—

11 AH: Everything was in that area.

12 KV: So from USAREC up it's basically in the D.C. area at that time from US  
13 CONARC and—

14 AH: After that CONARC was down in Monroe.

15 KV: Okay, so these two were in the same place, USAREC. Okay. So in terms of  
16 the recruitment, specific recruitment, Colonel Kennedy was sort of right underneath you  
17 at this point.

18 AH: Well, she was underneath the deputy chief of staff, but as far as nursing is  
19 concerned, yes. You know, I wish you would give her a call because—

20 KV: I need to talk to her again because we talked some, but didn't get to talk  
21 much.

22 AH: Ask her, you know I know it was Monroe, but Monroe is—if you know that  
23 area down there you know there's a lot water and little islands. So we always talk about  
24 Monroe but—let me give you—do you have her telephone number?

25 KV: Yeah.

26 AH: You do?

27 KV: Yeah.

28 AH: Give her a buzz.

29 KV: We talked some. I need to call her again.

30 AH: Yeah, and ask her when she was in USAREC, not in USAREC, but up here  
31 in the Army at DESPER what were her relations with CONARC and USAREC to

1 CONARC because she can even—that was her work, you see. Mine was overall I had  
2 everything, right from clothing uniforms to everything, but now it's different. I sat on the  
3 Army board concerning what uniforms. A lot of that is in here. I was amazed that it was  
4 in this thing. Being the first one the nurse who asked me these questions and she only had  
5 a couple of weeks to get this out I remembered—

6 KV: That's a lot, too.

7 AH: Yeah, she had to get it out by the time she was finished with her course.

8 KV: So with recruiting you had to come up with all of these advertisements. You  
9 can't just use the same advertisements.

10 AH: Well, you know it has been—we had this AIR, is that what it was? You  
11 mentioned it's AIR.

12 KV: NW Air.

13 AH: We had them the entire time when I was assistant chief or chief I know, but  
14 I can't tell you when that company no longer had the—

15 KV: They were there with the Army and general for a while. I read somewhere  
16 they are the ones that came up with the couple of signs, "Be all you can be," Army  
17 slogans in the '80s.

18 AH: Were they still there? Were they still there? Well, they may have been out  
19 for a while and back again, who knows. I would think so because my time was in the  
20 '60s, twenty years.

21 KV: So NW Air would be like an advertising company that would come up  
22 with—

23 AH: From New York, and Mary Ann knows the details on that. She worked with  
24 them directly.

25 KV: So it's—let's see, I have some of these ads and things. You looked through  
26 the ones from the *American Journal of Nursing*, do you remember any of these? Did any  
27 of these look familiar?

28 AH: Well, I glanced at them. Of course, I saw them all. I remember this one.

29 KV: The one with the guy laying in bed. You know, I always wonder when I  
30 look at these is she an Army nurse, is she a model, is she—yes, is that picture taken in an  
31 Army hospital? Is this a set you know?

1 AH: I think—well, Mary Ann can tell you that. I would say this is a model. The  
2 reason, this hat is not right. See, it should be tilted here. It should start here not forward  
3 like that. See, it should start there and go back and you see here it's on the top of the  
4 head, but we wouldn't quibble on that because they wanted to show the cap. Now they  
5 don't wear caps, which irritates me to no end. Neither do they wear whites much, they  
6 wear fatigues, which also irritates me. It's good I'm not chief.

7 KV: This one says, "Ask an Army nurse about patriotism," and in Vietnam that's  
8 completely different than it had been in World War II or something else. I always wonder  
9 how was that text developed? Did somebody sit down, did Mary Ann Kennedy or did the  
10 advertising—

11 AH: Well, I think the advertising company sat down and did it.

12 KV: Did it and then she approves it?

13 AH: Then sends it to Mary Ann. She worked with them, yes, no, or whatever.  
14 Then it would go over to us. Some of them, not all of them did, I'm sure, but we were—I  
15 can remember them sitting in the office discussing things so. In other words, we wanted  
16 to relate to them what we wanted. Then they had to come up with whatever we wanted.  
17 We didn't say, "Well, have a nurse now with a cap on such and such a place and do this  
18 poem," or whatever. We said, "We want an advertisement that's going to stress  
19 patriotism," and this sort of thing. Mary Ann, I think, worked with them on the write up.

20 KV: Then it's interesting to at this point it says, "You're needed. Nurses urgently  
21 needed," they are pictures of women. They're not pictures of a nurse on duty. It just kind  
22 of shows you what your job is going to be, I guess. In a lot of them it doesn't even show a  
23 nurse. There's the one the earlier one—

24 AH: How can you tell me that isn't a male nurse?

25 KV: Well, see, that's what I wonder. Is that a male nurse? Is he just a soldier?

26 AH: I would think it's—it would either have to be a male nurse or it would have  
27 to be a medic.

28 KV: If he's a male nurse he would have to be in those forward units as you  
29 mentioned earlier.

30 AH: If he had what, a male nurse?

31 KV: A male nurse, would he have been in like those forward units?

1 AH: If he would've been a male nurse in a hospital he wouldn't be going out  
2 after a wounded patient like this. He would have to be in a medical unit, a battalion or  
3 first aid station or with 173<sup>rd</sup> or—most of them would've been with medical aid stations. I  
4 don't remember this one at all.

5 KV: There are two of this "Let the Army bring out the specialist." There's one  
6 that is this OR (operating room) nurse and then there's one of a nurse—I don't know how you  
7 say that word. There it is, yeah. You see more emphasis on specialization.

8 AH: Right, because we need it. You're always—listen to me. It seems even today  
9 the Army is short of nurse anesthetists and orthopedic surgeons, same thing because in  
10 war those are the two specialties that are really busy. In World War II we had all those  
11 casualties who were fighting in Burma. They would come back with all sorts of wounds.  
12 I talked about how where I was in World War II. If they weren't wounded from direct  
13 hostile fire they were trying to build the Ledo Road through Burma to China, through the  
14 jungle and there would be all sorts of accidents because the mud was about this thick and  
15 they would slide down the mountainside, it was horrendous. We were always needing  
16 orthopedic surgeons. So this was—at that time we needed a nurse anesthetist. The Army  
17 really led and you've probably have read in preparation for anesthesiologists, nurse  
18 anesthesiologist, nurse anesthetists and anesthesiologists as a position. That's the  
19 difference.

20 KV: I could never see either one of those wards.

21 AH: Army nurse or a student. Of course we did, we had lots of programs to  
22 prepare. We started the first—in my time with University of Hawaii preparing nurses at a  
23 master's level.

24 KV: Was your last hospital a little different than MASH?

25 AH: No. You're getting into (unintelligible) now. MASH is the mobile Army  
26 surgical hospital we had before we had the MUST (medical unit, self-contained,  
27 transportable) unit. It was during my time, I guess, as assistant chief, I worked for Pat  
28 Murphy in the office working on the MUST unit. When I became chief with a MUST  
29 unit was in effect ready to go and we had the MUST units over in Vietnam, the forward  
30 units. It's tremendous when you think about it. When I see the pictures they don't show  
31 too many pictures on TV, but I don't watch TV that much, but I look, I want to see what

1 equipment they have. I am amazed that how wonderful it is. They have things that we  
2 didn't have. We had, in World War II we had no blood where I was. See, we were twelve  
3 thousand miles away at the end of the line. By the time some of the X-ray material, the  
4 film would reach us, it would be moldy and not be able to be used. Then finally we had  
5 no blood then we would send people—one of the nurses would go along the truck and go  
6 up to that road, Ledo Road, and take blood from soldiers so we could have some blood.  
7 We had plasma. Then we didn't have any bottles. So we had to improvise to find bottles.  
8 Then the bottles we found were narrow neck you see. But World War II changed so much  
9 after—from World War II to Korea so many changes were made. Over in Korea we  
10 had—in here I mentioned the difference in the death rate, how each—it was 4% to 2.1%  
11 so then it just practically one percent. From those three wars it was just incredulous the  
12 different instruments in the operating room alone. The preparation of the surgeons, how  
13 well prepared they were in Vietnam. In Korea I remember we were so short of doctors we  
14 had to use dentists as doctors we were so busy. People forget how busy Korea was, that  
15 was the worst war I think that I was in. It was so cold. You don't remember this at all—

16 KV: I was a little girl.

17 AH: Yeah.

18 KV: You see a lot of things about education, (unintelligible).

19 AH: But it was true and wonderful. I meet people now that were in the Army  
20 student nurse program. Some of our nurses who just retired as colonels were graduates of  
21 the Walter Reed Army Institute of Nursing, see how they progressed. It took them twenty  
22 some years, but—

23 KV: This ad actually, I mean, I assume he's the male nurse student. He's not just  
24 hanging out with the girls probably.

25 AH: That's right. That's right.

26 KV: She is the only African American in any ad that I have found in these  
27 journals.

28 AH: You know, in those days you've got to recognize they were not using many  
29 blacks in advertisement, it's not just the Army. It was throughout the country, you know.

30 KV: Right, yes.

1 AH: To have one was really quite good. One thing, as you know, the Army didn't  
2 discriminate. We were way ahead of everyone. So we didn't discriminate. Of course, in  
3 World War II we did have some units. There was one unit on the Burma Road, a small  
4 unit that just had black nurses. This is from almost my hometown.

5 KV: Is it?

6 AH: Yeah, yeah and I think it was—

7 KV: Maybe Mary Ann Kennedy wrote that one. Layton, how do you say that?

8 AH: No, Lehighton. It's a community not too far from Pennsylvania, I mean  
9 from my hometown. I would say about fifty miles or so, not far.

10 KV: Maybe that was a little Mary Ann Kennedy insert there.

11 AH: It could be, it could be. But I think we had a—I don't think this was the  
12 model, but there again, that hat is down a little forward, but I think they wanted to show  
13 the hat. If they would have had it back where it—see, we put it with two bobby pins right  
14 here.

15 KV: Uh-huh, kind of on the back of your head.

16 AH: On the back, mm-hmm, yeah, but it would show up at the front here. It  
17 wouldn't be like that.

18 KV: So she looks like maybe she's not a model but a nurse.

19 AH: I think she's a nurse, I think so, but I'm not sure. Now this one has her cap a  
20 little bit better, see, down in the back. That's a good one. When I was young we worked  
21 so hard and then we'd have a good life at night, horseback ride or tennis, golf, everything.  
22 Now I think she was an Army nurse, I think so.

23 KV: This is my favorite ad of all of them. She is in the fatigues that she probably  
24 would have worn.

25 AH: See, this is the uniform that we made available to—I don't know if I  
26 mentioned it here, but it's a good story. When the Cuban crisis occurred Colonel Harper  
27 was chief and that was the predecessor of Colonel Clark. When she went down to Florida  
28 to see the nurses, how they were mobilized, they were wearing all sorts of uniforms. See,  
29 they had the white uniforms, but your white uniform wasn't needed if we were going  
30 to—we didn't know what we were going to do then under President Kennedy. But all  
31 different types of shoes, she was so disappointed, but I guess they just wore whatever

1 they had. Still in Vietnam, I remember going over one time and the chief nurse of the  
2 8055 when I met her she was so small and she preferred using the men's uniform. I just  
3 about was in shock because I had worked so hard to get a female uniform and boots for  
4 the first time, female boots. We weren't using men's boots. World War II we didn't have  
5 any boots at all. We had to have them made by the Indians so we did progress. In my  
6 time then we did get mandatory uniforms that was Colonel Harper's. That was one of the  
7 jobs she gave me when I went down to work with her. See, I worked with Colonel Harper  
8 for a short time before I became assistant chief and she put me on that job. Of course, it  
9 wasn't finished until I became chief and we got it into regulation.

10 KV: That's the uniform.

11 AH: Yeah. Put the scissor there and then, see, in the pocket here to put whatever  
12 you wanted in the pocket. I sort of think that was a merit sign. I don't think this was—I  
13 don't know. Mary Ann would know better than I. Now, see, this would mean that this  
14 nurse served in another area or, no, that's the Korean movement, no Vietnam. Yeah,  
15 that's the Vietnam, so that would be all right.

16 KV: How did (unintelligible). Oh, and that's an Air Force ad that I left in there.

17 AH: I can't tell you exactly, but boy if you—I think I tried to orient you a little  
18 bit better in how we did things.

19 KV: There's all sorts of brochures, but those are the ones that I found most often,  
20 the one with all the hats.

21 AH: See here, the adjutant general, Department of the Army so on this—I don't  
22 remember approving this, but I remember seeing it.

23 KV: I think this one was from '62, so it would've been before.

24 AH: See, this is what uniform we improved upon, we made it so that the sleeves  
25 you could move forward and take care of your patients. I was thinking I owned all these  
26 uniforms, but (unintelligible).

27 KV: They show a lot of uniforms in these brochures.

28 AH: Well, it's just like we thought it was great to be an air hostess. She had on  
29 that cape, you know. My cape that I had as a nursing student, did you ever see any of  
30 those capes?

31 KV: I think some.

1 AH: Mine is up in the historical unit at home.

2 KV: I always wonder about this picture and the new career has been met, are  
3 those students?

4 AH: These would be students, I would be sure. These would be students being  
5 taught by Army nurses to be medics.

6 KV: Okay. So the implication is you're going to be in charge of these guys.

7 AH: Teacher, that's right.

8 KV: You rank higher than them.

9 AH: Oh, yes.

10 KV: Because they're enlisted corpsmen.

11 AH: That was one of the big things when we had to get—when we brought in all  
12 these nurses, we had to prepare them. I think we had an eight-week course basic training  
13 and when we needed all these nurses over in Vietnam and throughout the world we  
14 reduced it to about six weeks, as I recall. We increased the number of courses per year. I  
15 think we went from four to nine or something like that, a tremendous workload you could  
16 imagine. They had to prepare all these individuals and so this would've been one of those  
17 classes. I think it could well be since they look a little older, this isn't like a fellow right  
18 out of high school. These could have been preparing to be what would be equal to the  
19 practical nurse. It was my time or was it Colonel Clark's, it's hard for me to remember. I  
20 guess it was my time when we finally got, yes, my time, them recognized by their state  
21 nurses association to be licensed practical nurses and they were given their diploma.

22 KV: That would've been the 91-Cs.

23 AH: 91-Cs, that's changed now, but at that time 91-Cs. Of course, we had classes  
24 all over the country and nurses all over in those hospitals teaching. So that's what it is.  
25 They're older, see. They had been basic medical technicians gone up and up until they  
26 get to the 91-C.

27 KV: You start as a 91-A.

28 AH: Now that's all changed, but it was, but now it's all changed. I can't keep up  
29 with it. What they have now roughly as far as I understand it, it's called 91-W and it's 91-  
30 C and he can do anything. I mean, he can go in—there's no more real basic person now.  
31 He has to be prepared to be able to do anything before he goes out in the field. So if I

1 understand it correctly even at, say, the battalion aid stations now they're the highest  
2 level out there.

3 KV: This brochure is unique.

4 AH: I remember this, though.

5 KV: It sort of has five or six different people and it follows them and they tell a  
6 story. Like this person tells about being wherever they're from and I'm an OR nurse or  
7 I'm going back for my MA (master of arts) or whatever and they tell their own story and  
8 I always wonder, too, is this a real person or is this sort of a scripted, you know what I  
9 mean?

10 AH: Well, I couldn't tell you. I would think it's a real person because I think—  
11 no, that would be fraudulent not to have it be a real person.

12 KV: This has got a name and a town where they're from.

13 AH: That would be fraudulent, you see. It would have to have been a real person.  
14 Second lieutenant, age twenty-two, let's see that could've been I. No, this would have to  
15 be—

16 KV: Got to be a real person. I would like to find one of those people now.

17 AH: Well, you probably could look them up in your computer.

18 KV: Figure out who they are.

19 AH: The trouble is, the reason you can't find them is they've married, they have  
20 a different name, unless it's someone who didn't marry you might be able to find them. I  
21 know they have me all mixed up on the World War II memorial. Somebody submitted  
22 my name as Lieutenant Hays. Well, I was not a Lieutenant Hays. I was a Lieutenant  
23 McCabe. You see, if you go down to the memorial you know they have where it's all  
24 computerized and you could go down and find my name under McCabe and you find my  
25 brother and you find my sister-in-law. There are the three McCabes and I was amazed at  
26 the number of McCabes who were in World War II, absolutely amazed, but then I'm not  
27 because the Irish always went through, served in all wars, but my relatives came down,  
28 my great nieces and went to the memorial and they came back and said, "We couldn't  
29 find you. There's no picture. There's only a Lieutenant McCabe with a little bit of data,  
30 but there's no picture," and so forth. I said, "Well, there has to be. It's down there." Then

1 we figured it out. So I have got to get to the memorial and get that straightened out. I  
2 have so many things to do and I'm trying to write my will. Oh, I remember this.

3 KV: That one seems to have been around for a while.

4 AH: What year—this must've been '62.

5 KV: '62, but it was around, I think, for several years.

6 AH: I don't think so. Ask Mary Ann Kennedy on this. I don't think it was before  
7 '62 because they didn't unless, let me—is there anything on the back?

8 KV: This is where I get this date, on that little number at the bottom that says  
9 1962.

10 AH: Yes, it was printed in 1962 by the Government Printing Office. So that  
11 would be '62.

12 KV: It was probably used for several years. The original is all in color—

13 AH: I will tell you they never had much money before, you know. Colonel Hane  
14 who became the director of NLN (National League for Nursing) when she retired was  
15 really one who put great emphasis on nursing education. She was the predecessor to  
16 Colonel Harper. She was there from '55 to '59. It's possible that this was brought out  
17 during her time, but monies were not available. They didn't have the money in those days  
18 to go out and hire an advertising company, see. I doubt if it had been many years before. I  
19 would think that this would be one of those that she worked on at first staff with the nurse  
20 recruiter if they had one in the office. They probably didn't even have one, you know. I  
21 don't know, Mary Ann might give the history. Is the history on recruiting written in the  
22 history? Not much, huh.

23 KV: There's not—there's some on recruitment, but it's more general information  
24 about Operation Nightingale and that sort of thing. The problem with this as well that I  
25 contacted the Recruiting Command where it's now and they've thrown away all of their  
26 records. I asked about—I asked these two generals and I thought they were lying or just a  
27 mistake, surely the military doesn't throw anything away.

28 AH: Well, it happens.

29 KV: They told the same thing to General Sawitski that everything has been  
30 thrown out. There may be copies at the National Archives but—

31 AH: That's where you can get—that's where. I hope there's copies.

1           KV: Oh, there's copies of something. I just wonder when they came up with this  
2 certainly somebody had to sit down and meet and discuss and say, "No, put this word  
3 here and this picture, not this picture," and it would be interesting to see what was kept or  
4 what was thrown out and how those kinds of decisions were made, but a lot of that has  
5 been discarded.

6           AH: During my time we were so, so busy I wish I would've written a lot of this  
7 stuff. Seven days a week, you know, for years I was really burned out because seven  
8 years the war was going on when I was assistant chief and chief. They made us empty our  
9 shelves, not our shelves, our files every year and all the material was sent out to St.  
10 Louis. Then there was the fire. So I don't know what was saved. I do know the archives  
11 has a lot of material because people who have been researching different areas about the  
12 Army Nurse Corps, I'll tell you one person, have you gotten in touch with Kate Scott?

13           KV: Uh-huh.

14           AH: You have?

15           KV: I'm going to talk to her tomorrow actually at the (unintelligible).

16           AH: Well, I think she has a copy of this.

17           KV: Okay, okay.

18           AH: I think I gave her a copy of this. Let me just answer the phone—you just  
19 might glance at that. Excuse me. See this is mostly about my home, this is from home.

20           KV: Uh-huh, everybody has got different questions.

21           AH: Yeah, this is more personal. This is more professional. So, you see, he says  
22 to me books you know you should've—I said, "Well, many people have asked me to  
23 write a book especially after I was promoted, but I've never (unintelligible) anyone to do  
24 so." I was chief during the worst years in Vietnam from '67 to '71. Build up began in '65  
25 when I was assistant chief you know. We were extremely busy. Well, you see with him I  
26 didn't go into very many details. The Army had 103 medical units at that time throughout  
27 the world. I was responsible at that time for over twenty-one thousand. There were eight  
28 thousand. Well, it was 8,243 or something military into the impressments of manually  
29 supporting. So it was a bit of responsibility this sort of thing going, but it's more  
30 personal. I think she has a copy of this. So I don't think there's too much in there on

1 Vietnam. Yeah, I think this is more personal than—well, if you're going to see Kate Scott  
2 she is a tremendous gal. Have you met her?

3 KV: I haven't met her. I've just talked to her over email, actually.

4 AH: She's younger than you are, I think yeah. Yes, she is. I think she has a copy  
5 of this so if she does she could give it to you and that pretty well covers most of my  
6 background as far as my personal background is concerned. I know she has a copy of this  
7 and you ought to talk with her about what's in the archives because she spent a lot time  
8 there looking. She made a movie on me for the Smithsonian.

9 KV: She said I can watch it tomorrow.

10 AH: Yeah.

11 KV: Yeah, I'm looking forward to it.

12 AH: I think she did a good job.

13 KV: Let's see. So that first brochure is in '62 and then there's others from, I  
14 think, on down.

15 AH: Oh, did I kick you? Oh, excuse me.

16 KV: No, that's all right. This one is '62 and then what are you doing tomorrow,  
17 this was somebody else's handwriting in '68 but—let's see down here it says '68. So it  
18 must've been printed.

19 AH: This was during my time. See I really—we gave them the objective and we  
20 decided whether or not we wanted that outfit or it may have been decided by the Army,  
21 you know, that they were going to ploy them, but I think we had a great input into  
22 whether or not we really wanted to keep them, see whether or not they came up with  
23 good ideas. If they didn't then we would go back and say—but we kept them I remember  
24 we had that same—

25 KV: That WW Air.

26 AH: That same thing. You see now to be an Army nurse we would never  
27 capitalize, "N," because, "eight," is capitalized because of the Army, Navy, Air Force,  
28 whatever, but nurse wouldn't be. Army Nurse Corps would be, but if you're writing  
29 about Army nursing it should be Army and then small, "n," but a lot of people do that. So  
30 this was out with a little book like this, I guess. Then this would've been at the back.

31 Where did you get these from?

1 KV: That, at Indiana University there was a government depository. I was just  
2 going through one day and found a box. Then some were at the Army Nurse Corps  
3 archives.

4 AH: So you've been to the historical nurse down at—

5 KV: It was Major Peterson first time I went out and now it's Major Scott.

6 AH: Well, see Major Peterson wasn't there very long. It's very difficult. See now  
7 nurses we know a little bit more who still live the area. One is Connie Moore, she's  
8 combatant of the \_\_ (??) where nurses are at the university. Colonel, my memory, I know  
9 her so well. One of my nurses who serves on one of my committees, but anyway she just  
10 retired. Debbie Cox, she was in the historical unit for three—

11 KV: I met her.

12 AH: Did you?

13 KV: Mm-hmm.

14 AH: She should be able to tell you a little bit. Well, she didn't get into recruiting  
15 so much though, but she knows the history. When are you going to talk to Mary Ann  
16 Kennedy again, do you think?

17 KV: I called her a couple of times recently but haven't been able to get through,  
18 just a machine. So I'm going to start calling again when I get home.

19 AH: Well, her stepdaughter has been living with her to try to help her out a little  
20 bit. I think that she's leaving. I'm not sure. So maybe while she's there she takes her  
21 places so maybe that's what it's. Otherwise Mary Ann is pretty much at home. Now what  
22 year was this?

23 KV: Let's see, I have '69 on that one. This is mostly this professionalism is  
24 mostly pictures of uniforms, all of the different uniforms, summer, winter, whites.

25 AH: You see this is what is important. It's recruiting, there's no doubt about it,  
26 but it still says that you can work at Walter Reed, Letterman, Honolulu. I'm sure some of  
27 this and the other one two—yeah, this is our new fatigues. See, they can wear that in or  
28 out, but I think it looks better in. When you're taking care of patients you know and your  
29 (unintelligible).

30 KV: Is this the baseball cap that they complained about, that a lot of the nurses  
31 didn't like the baseball cap?

1 AH: Well, but they wore the other cap, they wore the jungle hat.

2 KV: Most of the people that I've interviewed that have pictures or talk about the  
3 uniforms it was the jungle hat. So I just noticed that is that baseball cap, I guess.

4 AH: You know, in my trips over there that would serve me—it's written  
5 somewhere about me, but I said to General Abrahams who was the dept. general I said, "I  
6 don't understand. I go to one unit and the nurses are wearing their jungle hat this way and  
7 then I go to another one and they're wearing it that way and it's down in front." I said,  
8 "Isn't there one way that jungle hat is supposed to be worn?" He said something to the  
9 effect, "Well, that was the least of my worries." It shows the personality. So then I  
10 recognized just let it be. I don't know what the conversation would have said in one of  
11 these books. But yeah, they did. They wore them all sort of ways. One tilted back here  
12 and way forward like shielding her eyes and then another one sort of tilted. Of course,  
13 that would disturb me because as uniforms I was a stickler for wearing uniforms  
14 correctly. If you're going to be a nurse, an Army nurse, you should be able to wear a  
15 uniform correctly. I used to get teased a lot. Then one time some nurses dug up some old  
16 photos of me when I was a first lieutenant I didn't know any better, but I was wearing  
17 open-toe shoes.

18 KV: I bet they liked that.

19 AH: You know they, oh. Then they dug up another picture of me that I was  
20 carrying my—rushing to a helicopter and I was carrying my hat instead of having it on  
21 my head. When you're outside you were always supposed to have your head covered. So  
22 they were holding that. I'm surprised. Well, at this time, of course—see I would be on—I  
23 was on at least three recruiting brochures, which I have copies of upstairs in my files. I  
24 have about six or eight boxes, but when I became chief, of course, I didn't appear in any  
25 more and I was older. But when I was a young—

26 KV: So you were in recruiting ads, too.

27 AH: I was in three recruiting ads, little brochures that they would put out. One is  
28 with a male nurse and we were standing over a globe. It was taken of us as though we  
29 were talking about all the places where you can be assigned. That was taken I think in  
30 '56. So I was about thirty-six, but I was always young looking. Then there was another  
31 one that I had a stethoscope and I was doing something to a patient. I can't remember

1 what the third one was, maybe just in uniform, but I have them upstairs in a box.  
2 Recruiting Command ought to have those. You say they don't have anything in store?  
3 That's terrible.

4 KV: They said that everything was thrown away from the Vietnam era. So I'm  
5 not sure if that meant everything before that period too or what. I'll find out more about  
6 that.

7 AH: Yeah, this is—well, it's the way to attract is to have uniforms. I'm sure that  
8 this was quite, this was in color I'm sure and folded you see like this.

9 KV: This one was a big calendar, booklet. It was bound here on the side, but it  
10 wasn't stapled. It was bound and all in color. It's got the little girl from Pennsylvania.

11 AH: I think so, maybe not, but I think so.

12 KV: There's lots of pictures.

13 AH: Oh, let's see some of these people I know.

14 KV: Oh, no.

15 AH: Yeah. I'm sure with a magnifying glass I would know most of them because  
16 this was in my term. You see, these are actual nurses. They're not—these are actual  
17 photos.

18 KV: Let's see we're on page three here.

19 AH: Now she's still living and she's in San Antonio, no, she's in El Paso.

20 KV: Okay. So the top corner picture on page five is a real nurse.

21 AH: Oh, I know that, yeah right. She is full colonel, she became a full colonel. I  
22 think these are not posed. I think these are just all real.

23 KV: This is San Antonio here on seven, River Walk.

24 AH: Sure. If these were enlarged it would be better. Now she may be posed, I'm  
25 not sure. This surely isn't posed, this is real. This is a real picture.

26 KV: On nine we have a training picture, but then the one above it she may be—

27 AH: I don't know. I don't know.

28 KV: Is this picture with the tent is that the basic training at Ft. Sam Houston  
29 probably?

1 AH: That's probably, yeah, that's probably—Doris Cobb is the one who could go  
2 over this and tell you. I'm sure she could and Mary Ann Kennedy. Some of these may not  
3 be here. I don't—

4 KV: The travel pictures.

5 AH: These I'm sure are real pictures, definitely. This, too.

6 KV: This specialized or different specializations.

7 AH: I'm sure these are. These would be younger than I, you see. That's why I  
8 recognize that one because she would be older now and still on active duty, I mean, still  
9 retired and still alive. People wonder if I'm still alive. So my age group are all sort of  
10 gone. I'm sure these are not—I think these are real pictures. Gosh, I don't even have any  
11 fingernail polish on today. No, no, that's not Army. That looks like Navy.

12 KV: Twenty-four, huh.

13 AH: I don't know that that's not an Army cap. Could these be student nurses?

14 KV: Well, it's on the page for financial aid so—

15 AH: That's why then.

16 KV: So probably.

17 AH: See, these are cadet nurses. I don't know whether they had a cap or not  
18 because—yeah, that's helping them. They're not Regular Army nurses. They are prior to  
19 nursing. It might've been—I think it's sort of staged and these were graduates and maybe  
20 they went into a graduate program. Here it explains all these programs. Seeking a  
21 master's degree nursing. I remember at assistant chief, I had just become assistant chief, I  
22 didn't know too much about these programs. I was sent to the University to Pennsylvania,  
23 Pittsburgh to recruiting agents and then give a speech on recruiting. It was like learning  
24 overnight, you know. The girl, you know, you might really talk with someone who is  
25 excellent and was in recruiting in the '60s is the friend of Audre McLoughlin and a  
26 wonderful person. She wouldn't mind you calling her. She's a colonel retired and she's  
27 on my committee at Reed. She was the recruiter in Pittsburgh when I went out there, I'll  
28 never forget it. She was a great help to me. She might be able to give you background on  
29 that, I can't. Oh, here it is. Her name is spelled M-C-capital L-O-U-G-H-L-I-N,  
30 McLoughlin and Audre A-U-D-R-E. She lives—she's moving, but she will be here for  
31 two months or so. (Editor's note: Personal contact information removed). I think Audre

1 was also stationed in Vietnam, I'm not sure about that, but I think so. I'm not sure. It's  
2 hard to remember all of that, you know.

3 KV: We shouldn't have to remember everybody else's assignments.

4 AH: She went to Colombia. She went to Colombia the same time I was there and  
5 she was a young nurse. She's always telling this story and she didn't know how to write  
6 to the Department of the Army. I think she was there as one of the Army student  
7 programs, I'm not positive about that. Anyway she had to write to the Army. So I think  
8 she was or she wouldn't have had to write to the Army. So I sat down and here I was a  
9 major, I knew everything. She thought I knew everything and I wrote out the outline and  
10 so forth to use. She always tells people about this letter that if it wasn't for the letter that I  
11 wrote for her that she would've never have—and in that letter she asked to be assigned to  
12 Walter Reed. So her first assignment was at Walter Reed. She went up through the ranks  
13 and she became chief nurse of Walter Reed. That was what I always wanted to be, chief  
14 nurse of Walter Reed, but I was plucked when I was young not to say the assistant chief,  
15 youngest chief, assistant chief. So I never got to be what I really wanted to be. I tell this  
16 story about General Eisenhower when I was taking care of the president he told me a  
17 story of how he always wanted to be the head of the school that we had at Ft. McNair. He  
18 never became that either, you know. He became—

19 KV: Just the president.

20 AH: Yeah, just the president but before that he became chief of staff, you see, of  
21 the Army. Then he became the chairman of the Joints Chief. So, I mean, how high can  
22 you go? But that's what he wanted to do, see, he always wanted to be head of that school.  
23 You don't always get what you want.

24 KV: You just get to be president.

25 AH: Well, this is good that you have this and I'm glad you're talking to Kate.  
26 She'll give you a lot of ques. I know she has a copy of this. Now where it is I don't know,  
27 but I know that she has a copy of it because this is where she I think and talking with me  
28 of course that she got the material for the Smithsonian because my flag and everything,  
29 my uniforms, are all over in the Smithsonian. My gun isn't. When you become a general  
30 officer you get a gun and a huge general officer belt, big buckle and so forth. Well, I gave  
31 that all to my nephew, which I shouldn't have done really, but you know I thought, well,

1 who else—nobody is going to want stuff from me. Of course, now the Smithsonian is still  
2 waiting for it, but my nephew, it's in storage in the garage at one of the houses he owns.  
3 He's promised me and I know he will give it to the Smithsonian some day, but I've never  
4 used, but it was the first gun don't you see given to a female so the Smithsonian wants it,  
5 of course. So what haven't we covered? I haven't gone into detail about a lot of things.

6 KV: What sorts of problems did the Army Nurse Corps face in trying to get more  
7 nurses during Vietnam in particular? I mean, with World War II you had this attack at  
8 Pearl Harbor and everybody rushes forward to enlist, but with Vietnam it was sort of  
9 different and drug out over a period of years. So how did this—were there problems or  
10 did you—?

11 AH: Well, I really, I can't say, truthfully say, that there were problems in  
12 recruiting. When you look at how many nurses we had throughout the United States we  
13 did very, very well. If you compare them—the staffing of the hospitals at that time in the  
14 community and the staffing of the Army Nurse Corps I'm sure that we were equal or  
15 maybe even a little bit better. We needed nurses right away because of the war. Now, do  
16 we have people who didn't want to go? I'm sure there were some nurses who didn't want  
17 to go, but we never had a nurse that I know of that we had to send to jail you know or to  
18 give her any sort of punishment or to have a courts martial. No ,we didn't have that  
19 problem. So I don' think you can say that we had a problem. We just needed nurses  
20 because they were needed throughout. Remember it was '63 that the surgeon general put  
21 out that big report, nationwide shortage of nurses. The war started—well, actually  
22 Vietnam started before '63, as you know. We didn't have any great need for nurses, but  
23 when we started the buildup in '65, you see, we already had a lot of nurses, but then those  
24 nurses sort of dwindled and that's why we had to go back out again in my time as well as  
25 when I was assistant chief of nurses. I know of no literature unless there's something that  
26 was in one of the Army journals, I mean the Army journals, the journal of nursing talking  
27 about shortage of Army nurses. I know of nothing that was written anywhere that would  
28 verify that we had problems. Gosh, when you think of the nurses who wanted to go the  
29 second time and they did, they served a second time. I hesitated to sign the second time.  
30 They wanted to go—have you talked to any of those nurses?

31 KV: I've talked to a few that went twice.

1 AH: I've tried to pinpoint, you know. Well, we did draft male nurses and we did  
2 that because we wanted, I believe, at the time to have more male nurses, which we didn't  
3 have. Then, of course, we had this warrant officer program and I think you've probably  
4 read about that. But that wasn't too successful because most of them were men and they  
5 felt they were doing the same work that a commissioned officer was doing at the bedside  
6 and they were. They were taking temperatures. They were taking blood pressures. They  
7 were giving direct nursing care. But, you see, with their two-year preparation they could  
8 not have become head nurses, supervisors and assume positions of greater responsibilities  
9 in the clinical specialties. You wouldn't want anyone over you teaching you how to take  
10 care of a patient who is seriously ill unless they were prepared to be able to do that. So  
11 that program then finally dwindled down. Another pressure we did have was from the  
12 American, I keep saying *American Journal of Nursing*, but I mean VANA (Vietnam  
13 Administration Nursing Academy) was to take those two-year graduates and commission  
14 them. We thought that wasn't—VANA didn't want to pass very favorably. But prior to  
15 that though and after that the VANA just loved us and they did much toward getting  
16 legislation passed as did many other people. To take away the restrictions so we could  
17 have a general officer and advance. So there was no problem. Then, of course, a long  
18 time after I was out was this policy with "Don't task, don't tell" and I don't know, I don't  
19 even want to discuss that because I wasn't in the office at that time and I don't how it  
20 affects nurses. I really don't. I'm sure that we had homosexuals in the nurse corps  
21 because you had them everywhere, right? It's not just nurses, it's everywhere. Looking at  
22 the Kennedy Center right now I'm sure there are people who work there who are. So it  
23 was just a part of our society that made it very—I don't know how it's going to be in the  
24 future, but it made it difficult at that time if they had positions of responsibility, not in the  
25 nurse corps because they weren't going to give away secrets, but if they were in  
26 intelligence or some other position it was very difficult and where the Army positioned  
27 and that's why there's so much against homosexual in the armed forces. If they hold a  
28 position that has a secret because then whoever wanted to blackmail them could easily do  
29 so. I think that that's disappearing from our culture. I don't know what's going to happen.  
30 I sort of think that policy is going to be removed. Don't quote me on that for sure. I have  
31 no knowledge, absolutely no knowledge.

1           KV: What would've happened if there had been a nurse, male or female, in  
2 Vietnam who had been homosexual with an open issue or would it have just been—

3           AH: I doubt if we would have known it, I don't know. It seems to me somewhere  
4 along the line we did have some problems, but they were generally taken care of at a  
5 lower level, either right in the command or at the next high level. It generally didn't come  
6 into the office of the chief of the corps. We had greater things to worry about. But  
7 somebody would, of course, have been responsible for that. It would have gone to the  
8 chief nurse in Vietnam and then from that chief nurse it would've gone to theater chief  
9 nurse. So the Far East would've had a chief nurse station in Hawaii, you see. Then if that  
10 weren't settled at that level that command and it could've gone forward, but I doubt it, I  
11 doubt it. Just like if anyone needed a courts martial that would be handled at that level. It  
12 would certainly come to me.

13           KV: Do you think that people at that time had stereotyped about male nurses that  
14 they were homosexuals? Do you think those men base that?

15           AH: I can't speak for the men and I never heard anyone express that to me. I  
16 brought into my office, I brought in two males nurses. My office I'm talking about  
17 personnel and all those things that were underneath me and the surgeon general's office. I  
18 had two male nurses that were in the career or they were in the assignment branch. I  
19 never heard that remark. I don't have any knowledge of that, but I'm sure one of them  
20 was when I look back on this, and I certainly won't discuss this with him. I didn't think  
21 about it. I mean, to me he was a nurse.

22           KV: So it would've probably just been left alone, not even brought up, don't  
23 make it an issue.

24           AH: I don't think we made an issue out of anything like that. I'm sure that if  
25 there was misbehavior at some level that would've been corrected at least I hope so.  
26 Those men that I brought into my office, I mean, worked, did their duty more than what  
27 they should've done they were so busy, went home to their respectable partner. So I  
28 wouldn't have any knowledge and certainly you can't look at a homosexual and say he's  
29 a homosexual.

30           KV: Actually, I always wondered because when men first come into nursing you  
31 read, not literally, but you read that people thought they were homosexuals.

1 AH: Right, because it was a feminine profession in those days.

2 KV: Yeah, and I always wonder what it's like for those first people doing it. Now  
3 it's not such a big deal even though there's still very few men in nursing relatively, but—

4 AH: But it's just like at home now, my sister was very ill. It was the nursing  
5 assistant who was changing her pads and so forth. My sister didn't think anything about  
6 it. I had never worked taking care of a patient with a male nurse. I've had male nurses  
7 taking care of me, but going back into my own career as a nurse, nurse who gave  
8 professional care, I never worked with a male nurse. I only worked with them at the  
9 administrative level, at the highest level right in the office of the chief. I know that we  
10 were very grateful that we had all of our male nurses in Vietnam. Your emphasis is on  
11 Vietnam. If we had not been pleased we certainly wouldn't have increased the nurses  
12 from was it eleven or twelve percent—that was the total Army, but there were very few  
13 male nurses at first and then we went up to almost twenty-five or twenty-seven percent.  
14 So, you know, they were doing a good job and doing what they were supposed to do. If,  
15 as I say, there was any difficulty it would've been handled at the level down in the field  
16 what we called the field in Vietnam. That's what we would call the field.

17 KV: I've read in Sarnecky's book about, and I'm not sure, I think it was the  
18 person before you, I think it was General Clark.

19 AH: Colonel Clark.

20 KV: Colonel Clark then, that's right, who she was asked for X number of male  
21 nurses and she said, "No, I'm going to send this many nurses and if they're males or  
22 females this is just what you get." She wouldn't make that sort of gender specific  
23 assignment.

24 AH: That's right, well, we didn't. We didn't. Except that when we got—later on,  
25 you see, in Vietnam we needed them—we had so many casualties and stronger men  
26 lifting those litters and moving those orthopedic patients and all those patients that  
27 couldn't move the male nurse certainly made significant strides. They were ready to  
28 really take care of these patients. I can't remember Colonel Clark saying that, but  
29 sometimes those things get into print. I think what she was trying to say as I would say  
30 don't ask me for black, white, male, female, just ask for a nurse and that's what I'll do

1 because actually to tell you the truth Colonel Clark wasn't the one who made those  
2 decisions.

3 KV: It was done somewhere local.

4 AH: It was done right in our office by the personnel, chief of personnel. We had  
5 in my time, oh, how many nurses assigned in the personnel we were so busy. We also—  
6 in our office was a nurse just assigned to recruiting who received all the applications to  
7 come into the Army Nurse Corps. So that was another form of recruiting because we tried  
8 to take the best, and we did. In here I think I tell about the WRAIN program's numbers of  
9 people. [Break in the audio] Because the program started in '64 and it was a four-year  
10 program so '68 you would be talking to one of the first graduates of that program.

11 KV: Yes, she was in Vietnam in '69, '70.

12 AH: Makes sense.

13 KV: Makes sense.

14 AH: I wonder who that was. I'm sure I would know her. You don't remember the  
15 name? Now you're young, you should remember.

16 KV: I'm seeing her face. Her father was career Army.

17 AH: Stabingess? No. It's okay.

18 KV: I can see her face. It'll hit me as soon as—

19 AH: I can say I forget. I can't remember, but not you, not at your age.

20 KV: I'll remember tonight sitting at the hotel. Let's see, okay. So the male nurses  
21 were drafted, but I think there was a call for almost seven hundred for the Army and two  
22 hundred for the Navy. They only got 150 or something.

23 AH: Right, right.

24 KV: Was there ever talk of drafting female nurses at that point?

25 AH: No, oh no, never. As I said, the legislation was there. It was written during  
26 World War II, but it was never necessary to use it. Now had we gone out for nurses—  
27 well, let's put it this way, if we didn't let the nation know we needed nurses how would  
28 they know that we would need them. So that was the reason that we had this Operation  
29 Nightingale. We let the public know that we need you, we need you to come. We had no  
30 trouble coming, you see. So there was no need because I really feel, I can say this with all  
31 sincerity, that if a nurse is needed to serve her country that nurse will serve just like I did.

1 I didn't know too much about it, but I knew that if we were going to win this war, World  
2 War II, each one of us had to do something and each one did. Whether they were at home  
3 helping out the factories or saving tin cans. Little kids would go around and pick up the  
4 tin cans, everyone worked. I never had any trouble. I don't think you'll ever have to use a  
5 draft for female nurses, women nurses.

6 KV: What about male?

7 AH: For the Army Nurse Corps? I don't know what—I don't think they will need  
8 it for them either. There's a difference though in the male nurse that I had during, when I  
9 served when I was chief and the male nurse today. The male nurse at that time most of  
10 them were not married. They did not have children. Today I don't know the percentage,  
11 but it's very high. I'm sure that somebody knows, maybe fifty, sixty percent of the men  
12 are married with children.

13 KV: Today?

14 AH: Today. So the men know that they can come in with their families. The  
15 female knows that now, too, you see. I don't think they're ever going to have to draft  
16 nurses to serve in the military services whether it's Army, Navy, or Air Force. I could be  
17 wrong, but I don't think so.

18 KV: There never was really even the situation—I guess I get this from Spurgeon  
19 Neel, his book on the medical service in Vietnam. There's others and they talk about the  
20 Army Nurse Corps always needing more nurses and part of that being met by hiring  
21 civilians at home. It may mean sending more people abroad, but they always talk about  
22 there being a shortage of nurses.

23 AH: There are a shortage in specialties. You know, you're always going to have  
24 that. It's like that today there's a shortage in Medical Corps physicians in certain  
25 specialties. I'm sure the same thing exists with nurses right now today. They may well  
26 have to take all of the nurse anesthetists, female, from say the hospitals that are in the  
27 States and be sure that they have them because when you rotate you not only have a nurse  
28 there, but you have to have one on the way so, you see, that takes two people right there  
29 for that one space. One's there and one's have to be going to replace her within a year's  
30 time, I think the tour over there's a year. So it's a rotation base that's very active. So it  
31 means that yes there's a shortage in the United States, we'd have to then civilianize this

1 space. But believe me, I always preach and I saw it was written in here, once you  
2 civilianize a space you never get it back. It remains civilianized. That's true. It happens  
3 all the time. So that makes it very difficult for the Army nurse then, she has to take all the  
4 night—not the night duties, that's wrong, but she has to take the undesirable assignments  
5 like going to Alaska all the time, although Alaska is a wonderful assignment, but it's not  
6 home. It's not in the States or maybe she's the one that has to go to Korea right now, you  
7 see. There's no war over there, but we have nurses, or she may have to go to another  
8 undesired assignment because the civilians can't be sent. You have to weigh the pluses  
9 and minuses when you're determining what to do in that situation. That's I think what  
10 General Neel was referring to.

11 KV: So for you as chief of '67 during the height of the war when there were the  
12 most nurses there in '69—

13 AH: I fought against civilianization of anything.

14 KV: But it wasn't a matter of we need nurses now or we're going to have  
15 problems assigning people, it wasn't—

16 AH: No.

17 KV: That dire.

18 AH: No, it wasn't that dire. You're always going to have problems in one  
19 situation or another where one hospital may be a little short one specialty, but in the old  
20 days, as I recall, that time, my era, you see we had a chief nurse of each Army and she  
21 would see that a hospital needed X person in that given specialty over there and they  
22 would be transferred. It was the same way in Vietnam, when the 171<sup>st</sup> in Pleiku needed  
23 nurses, the nurse in Vietnam, the chief nurse, immediately transferred nurses from the  
24 8055 over to Pleiku. When those four nurses, you may have read about this, but when  
25 those four nurses, two nurse anesthetists and two operating room nurses, two men and  
26 two women, when they returned to their base at the 8055 there was a huge mountain there  
27 and they hit that mountain and that's when they died. If they hadn't never been sent they  
28 would still be alive I'm sure today, but it's one of those things you see. But that didn't  
29 mean that we had to jump right away and get two more nurses into that 8055 because  
30 those four nurses went over to help out because at that time that hospital may have not  
31 had an unload, I mean a huge load of casualties coming in. I don't think you've ever not

1 seen because you don't work in a hospital, but those causalities come in. I can remember  
2 in Korea every trainload that would come down from North Korea or the area in which  
3 we were fighting which really was North Korea, as we pushed back the North Koreans  
4 and then they pushed us back, we got one night three hundred patients, you see. It's  
5 unbelievable what happens in wartime. The nurse has to be able to prioritize. You have to  
6 decide which patient needs to be taken care of first with a doctor. You put those, you hate  
7 to do it, but those who can live, you're sure they're going to live if they can wait a couple  
8 hours, you do them second. You do the first, you do those that you know are going to live  
9 if you do something. Those you know you absolutely aren't going to be able to help. You  
10 just may do them second if they're willing to wait there to be operated and we operated  
11 on them. We had eight tables going in Korea. At most we'd get five or six hours a night.  
12 Generally we got about three or four hours a night, no excuse me, we generally got five  
13 or six hours a night, but often just three and four. We worked around the clock in the  
14 operating room the whole twenty-four hours. It takes a certain type of individual and  
15 sometimes a brand new nurse just is not really taking care of patients, but a graduate of a  
16 baccalaureate degree program that doesn't have much hands-on at least then they didn't,  
17 they may have more now. By that I mean actual taking care of patients and then they're  
18 thrust into war, it's difficult. It's difficult. So it takes a certain type of individual, right,  
19 that's going to be able to handle that situation psychologically and physically,  
20 everywhere. It's difficult, but I did it. I was a three-year diploma. I had the experience  
21 before I went overseas so that made a difference.

22 KV: Were there any particular problems that you thought the war in Vietnam  
23 created for the nurse corps in recruitment and assignments and doing the actual nursing in  
24 Vietnam? Was Vietnam different somehow than other wars or was it very similar?

25 AH: War is war and war is, as the men say, don't quote me, war is hell. War is  
26 war. It's never good. We had the same in World War II, the same in Korea, the same in  
27 Vietnam. I'm sure the people over there in Iraq are having the same. The casualties are in  
28 and all you can think of is just taking care of them. In the operating room the activity is  
29 so great, I mean, on the war it's the patient, at least it's put into a bed and it's taken care  
30 of right there, but you can imagine the activity of the pre-op and operating and then just  
31 immediate post-op it's the same in any war? I don't think the Vietnam War created any

1 problems for us. We didn't like the war, nobody likes the war. Remember the nurses—  
2 when I came back I was in recruiting I think at that time or whether recruiting nurse at  
3 San Francisco and someone spat upon me. I was in my Army green uniform walking  
4 down one of the main streets. We medics, we didn't decide we were going to go over to  
5 Vietnam. We didn't decide it was going to be a war. That came from our president of the  
6 United States and yet those people who were anti-war veterans, I mean not anti-war  
7 veterans at that time, but anti-war when we returned I mean it was—I mean, when my  
8 nurses returned, I shouldn't say my nurses, but when the Army nurses returned it wasn't  
9 fair to them. They were serving their country under the direction of the president. This  
10 fellow I can remember who spat upon me I just walked on. I didn't have any words.

11 KV: You think that made it more difficult for nurses, the anti-war protest?

12 AH: Well, of course. I mean, anybody who's—just like today in Iraq when I  
13 think of anybody who—it's not that I'm—I think they shouldn't state their positions  
14 because I think they should, but I can say that that does have an effect on those people  
15 over there just as if when in the Vietnam War I knew about it because I was here. Then I  
16 went over to visit three times. So I knew about it. They would get it second and third  
17 hand, be published and then they would hear about it. I know it would affect them. Here  
18 are these fellows losing a limb and over there in the States with all the things that they  
19 have they're criticizing this poor soldier.

20 KV: Do think there was any protest among troops or medical staff in Vietnam,  
21 people who maybe were there six months and then decided that they were against the  
22 war?

23 AH: I know of no one, of course. I know of no one. They wouldn't have come up  
24 to me. I can't imagine it in the medics. I know that there was some dissent because some  
25 of the officers, I forget what they call it, but they were shot or injured, I think they call it  
26 defragging or something. I read about it, but I surely wasn't aware of drugs and so forth  
27 in Vietnam. It's hard to soldier on, as they say, when you have someone against what  
28 you're doing for your country. I don't think—nurses are different because we have one  
29 goal, one objective, and that is to take care of that patient. Generally you don't let your  
30 personal feelings interfere with what your objective is. I can't speak for all nurses.

1           KV: But you think it's possible maybe for a nurse to say on one hand I don't  
2 agree with the war, but my job is to nurse and do that?

3           AH: Yes, oh sure, yeah.

4           KV: Even to be totally opposed to say Vietnam, for instance, or anywhere.

5           AH: She may have been, but I doubt it because—well, of course, we have a  
6 volunteer Army now. It's a little different. In Vietnam we did not have a volunteer Army.  
7 So those people who were drafted I'm sure felt that way. We didn't draft nurses. So  
8 anyone who came into the Army we weren't pulling them in. They came in on their own  
9 free will. Maybe they were disappointed, but I don't know of any nurses and, of course, I  
10 may be prejudiced, but I wouldn't give up that experience for anything. I'm sure that  
11 every nurse who served in Vietnam became more aware of others, became more  
12 passionate, had more empathy, understood so much more about the world and our  
13 culture, appreciated more what we had back here in the States after they returned home. I  
14 know I did after two and a half years in the jungle and we didn't have what the person  
15 has today. Now they have emails, telephones, good food, warm—we didn't have any of  
16 that, you see. We did have V-mails, but they were essentially so and occasionally my  
17 mother would write and I would write with the bell cut out you'll see because I couldn't  
18 say where I was or what I was doing. I can't speak for the person today, but it just seems  
19 to me that if we have anyone here who's against the war and it gets back to the troops  
20 that hurts their morale. Here they are fighting for their country and losing a leg and losing  
21 an eye. I know one of the last visits in Vietnam I always—well, I did. I went to see every  
22 patient and they would only be kids like they are today, eighteen, nineteen with their eye  
23 out or a limb gone or some extremity. It's so sad, but that's what gives us our freedom. I  
24 know in World War II we had the Japanese that bombed us. I mean, you could feel the  
25 anxiety of people wanting to help their country and I was just part of that. There aren't  
26 too many of us left from World War II and Korea. Some of course from Vietnam, that's  
27 why I want you to speak Colonel Salsby if you can. For recruiting a good one would be if  
28 you can't get to Colonel Cobb, you know Colonel Kennedy would give you, I'm sure  
29 Colonel Cobb's number they are close friends. Colonel Cobb was a nurse at USAREC  
30 and as I said to you I think she was our first nurse at USAREC. So she would tell how it  
31 was all organized if you really want to know about organization, Doris Cobb.

1 KV: So what kind of changes in policy were happening in the late '60s in the  
2 Army Nurse Corps in terms of you could be married by this point, but somewhere in  
3 there was it '70 or '71 you could have children?

4 AH: Oh, it was just before I retired. We wanted to retain in the late, well, this was  
5 the late '60s, the chief of the Air Force, General Holland today, was a colonel then, and I  
6 thought very much that he was ashamed that we had these highly qualified nurses and if  
7 they had married, were married, and had children they had to leave. We were particularly  
8 interested in the—I was particularly interested in the nurse whose husband was also in the  
9 service, you see, and both of them doing a good job, they could both be nurses, you see.  
10 The man, of course, could stay in and the wife then would have to get out of the service.  
11 There was an Army direct and I think it came out in 1970. I think I mentioned it in this in  
12 1970 and the Army directed that we would then retain married nurses and Army  
13 personnel, but I can tell you General Holland, we never thought it would ever marry just  
14 another officer, see. But now when the Army brought up that directive, it pertains to  
15 everyone. I never dreamed that that would happen because now they're retaining single  
16 officers who were never married with children, so I hear. That wasn't our intent, I can tell  
17 you, we wanted to the not to lose a nurse who was highly qualified and married to  
18 another nurse or married to another officer.

19 KV: So in '70, in 1970—

20 AH: About '69, no, it was about '69, wasn't it?

21 KV: So that one said you have to be married, you can't just be a nurse, have a  
22 baby and stay in. You had to be married to another officer.

23 AH: That's what we wanted, yeah, when we were talking about it.

24 KV: When you were talking about it.

25 AH: We got it into an Army—we got it into a directive and I think it was just  
26 before I retired or after, I can't remember. After I retired then it became, I'm not sure it  
27 became—I guess it became legislative. Well, I do know we had a direct policy in the AR  
28 which permitted the married nurse with children to stay in. Then as I said when it was  
29 further directed it either became legislation just before I retired or right after, I think  
30 before I retired. We did have the Army directive. I should say I'm sure it was DOD  
31 (Department of Defense) Army, Navy, Air Force. Of course, we were only interested in

1 more or less the Army. I think it was a DOD directive, but we started it in the Army. At  
2 that time now you're married, you have children, or you're divorced, or you have  
3 children, or you're never married and have children, it's all just like the society is. It's a  
4 composite of society. It wasn't good to have all those restrictions, but you're going to  
5 make changes gradually.

6 KV: This is the time, then, those laws were changed that would allow for one  
7 general officer in the Army Nurse Corps, was it only one?

8 AH: The law did not allow for any. It just removed the restrictions and made it  
9 possible that if the Army wanted to have a female general they could do so.

10 KV: So it didn't say you will have one, it said—

11 AH: It took two and a half years and there's much discussion. I know Mary  
12 Sarnecky has that they were arguing whether the star should come from, the Army  
13 Medical Department or the line. Do you know what I'm talking about?

14 KV: I kind of understand, but—

15 AH: All right, that would mean it would have to come with a general—with the  
16 number of stars that could be given to the Army Medical Department or it would come  
17 out from the stars of all the line officers that would be the infantry, artillery, chaplains,  
18 whatever.

19 KV: So in effect some for you to have one and some—

20 AH: No, it would have to come outright.

21 KV: Okay.

22 AH: Now that's what Sarnecky says. I can remember General Westmoreland  
23 telling Colonel Clark after I retired that he recommended two DOD which would've been  
24 the secretary of defense and it was returned twice as I have wrote here, this here. Then  
25 later I got from the surgeon general himself that it was General Woolnough down at  
26 CONARC who was willing to give up the star with no trouble. Then it wasn't right to just  
27 make the chief of the Army Nurse Corps. They had to also make then the female chief in  
28 line, see, a general officer. So CONARC then gave them two stars. That's not the way.  
29 Things are written and you just, you just can't. People tell stories and you don't know  
30 what's really true. I know I discussed this with General Hoisington just, oh, maybe two or  
31 three months ago before she had a stroke. That was the girl who was promoted with me.

1 She said, “Such rubbish.” See? Now, she worked right over there in the DOD and she  
2 knew there wasn’t any friction about where the star was going to come from. It was just a  
3 matter of all of a sudden they had to decided, yes, we want a female. The logical person  
4 would’ve been a nurse because the nurses were always loved by the male, the men you  
5 know, the male in the Army, the men in the Army. I would think—and also I was senior  
6 and I was also from the senior corps, I mean, branch of the Army Nurse Corps. So it was  
7 logical that it would be an I’m sure Army nurse.

8 KV: You think if there had only been one promotion it would’ve been you.

9 AH: I would not say that, but—

10 KV: No, but—

11 AH: No, I wouldn’t want to say that because who knows.

12 KV: Well, once they decided to give one star then they decided to give two.

13 AH: Right.

14 KV: Was there reasoning behind that?

15 AH: No, it’s just what they wanted to do.

16 KV: Just to do it?

17 AH: Yeah. Then the Air Force eventually saw it and said, “Uh-oh, we don’t like  
18 this.” So it was about a year and a half then they promoted General, I mean Colonel  
19 Holland. It took the Navy, they promoted a nurse the Navy—General Holland was lying  
20 and then in the Navy it took them about two and a half years after I was promoted to  
21 promote an admiral. They didn’t want to do it because it had to be a two-star and that was  
22 a really strange thing. Then the Army realized, the Air Force realized if I were able to  
23 stay in which I was at that time you just couldn’t. There was no legislation, no directive  
24 or anything to retain a female general, you see, but over time of course that changed. The  
25 story goes and again rumor, but the Air Force said, “Well, we better promote our one-star  
26 to two-stars before the Army does it.” Of course, I was retired by that time and that’s  
27 how—so the rumor goes at the Air Force that wanted to beat the Army because we had  
28 beat them, don’t you see. The Army had beat the Air Force on getting which brought all  
29 the publicity world wide as you know probably, or maybe you don’t know. So we were  
30 promoted in the—the only reason we were both promoted at the same time or in the same  
31 location was for logistics because they had to bring in all the big people from

1 everywhere, all the congressmen. They had no room for my friends. It was lucky that  
2 they had room for my family and General Hoisington and we had her family. Then, of  
3 course, the former chiefs came, there was room for them and we had ANA (American  
4 Nurse's Association) and NLN, those are nursing associations and the former chiefs, but  
5 it was quite an exciting occasion. You have to separate fiction from the truth and it's hard  
6 to get at sometimes. No one will ever really know the ramifications of what went in the  
7 discussions, what was what. No one would really ever know.

8 KV: What do you think it was?

9 AH: I think it was General Heaton, the surgeon general, good friends with  
10 General Woolnough. The law had been passed. I was in the White House read a—at the  
11 time I read the—I got a pen that President Johnson used and I gave it to the museum and  
12 then I took it back because I didn't think the Army Medical Museum was going to give it  
13 to one of the Army museums. Anyway, I read a citation because we had just given a  
14 nurse who had returned from Vietnam an award. So I read that in the White House and it  
15 was a very, very exciting occasion. My own opinion is that the law had been passed, it  
16 didn't say there should or there shall be or there will be, it removed the restrictions and  
17 increased the number of colonels and so forth that the Army women could have because  
18 part of that time only two percent could be women in the military, which wasn't right. I  
19 think probably they got together. I have no idea, but I do think that they probably got  
20 together. I know that it was General Woolnough who should be given a lot of credit from  
21 what I've heard, rumors, after—I don't have any facts. So we can't use it as facts.

22 KV: What was all that publicity like? First woman general what is that like? How  
23 do you deal with that?

24 AH: Well, I was so busy. That wasn't my job, but I really was. It was in the midst  
25 of the Vietnam War. It wasn't in the build up, it was at the end, but we were still very,  
26 very busy. You know we had 103 medical installations world wide. I was busy. But yeah  
27 it was something, I didn't realize the importance. It's just having a female general really  
28 or the impact that it could have made upon me. Just like when I was taking care of the  
29 president, he wasn't any president to me. He was a patient. I was taking care of a patient.  
30 I suppose that was somewhat of the same thing. I was still chief of the Army Nurse  
31 Corps. That was the important thing. We only had two I think or one maybe derogatory

1 remark and maybe that wasn't too bad. That was at *Esquire* and I forget what it says off  
2 hand. It may be in here, I doubt it, but—I don't remember what it said, but it was  
3 something like, well, we really didn't need them or something like that. But it was really  
4 funny. Most of the papers they would have and the funnies you endured, caricatures you  
5 would have men sitting at a bar and then there would be two females walking in and then  
6 the men at the bar would say to each other, "Well, they can buy the first drink." They  
7 were in all the magazines, they were in all the newspapers, it was really hilarious. I have  
8 some of them up there in boxes. I know I should put that stuff in—but I've been so busy  
9 and tired and sick and my family I just—I keep getting to it. If I can get my will rewritten  
10 now and all that maybe I'll get to those boxes before too long because somebody else  
11 again has offered to help. So many people want to help. So I guess I should let them help  
12 me finish categorizing because everything is categorized all the way down from when I  
13 was a baby all the way up, the pictures, all the places they should be categorized. It's just  
14 a matter of completing them, putting more things in. I should turn that over probably—  
15 the historical unit wants it, but the historical unit moves from one place to the other so  
16 you never know what's really going to happen. Now that the Army is building a museum  
17 it's going to be here at Ft. Belvoir that may be the place. I'll have to think about it and see  
18 what people think, but I'm sure that stuff should go somewhere. There again when it  
19 happens to you, you don't feel important or at least I didn't. I just felt I was still chief of  
20 the Army Nurse Corps and I had a certain burden, but yeah sure, I had always  
21 remembered I was a general and I wanted to act like a general and look like a general.

22 KV: What did that mean to you to act like a general and look like a general?

23 AH: It just meant that. I would always certainly keep my uniform so it would  
24 look like a uniform that would be worn by a general officer. I would always try to do  
25 what I would expect would be right. I don't know, every once in a while I'll get a letter  
26 from somebody who'll say we'll always remember you as the best example of a general  
27 officer or something like that, which I wouldn't want in this memo or anything that you  
28 may write, but it's nice to have people recall that. I think all the chiefs have been that way  
29 and I'm no exception, but to be the first was challenging. I had to set an example of what  
30 a general officer should do in the Nurse Corps.

1           KV: How did you take it when—you know with the cartoons, the two women  
2 walking into the bar or—

3           AH: We just all laughed.

4           KV: Did any of it hurt or you know was there anything—?

5           AH: No, no they were all in jest and it was really you could see that it was really  
6 funny. No, it was only one remark in Esquire. It wasn't a photo. It was just a little, do we  
7 really—I can't remember, but it strikes me as I remember it, "Do we really need them?"  
8 or something like that.

9           KV: What would you think if you could've answered that back?

10          AH: Well, you don't reply to those. You don't reply to those.

11          KV: If you could've answered them in your head, maybe.

12          AH: You're all wrong. You're wrong. Now today, as you know, we have a  
13 general officers two stars, three stars and I really someday think there'll be a four-star and  
14 it'll probably be a West Point graduate, I hope so. I hope it'll be a West Point graduate,  
15 but other people—the first West Point graduate was just promoted this year into a  
16 brigadier general because they didn't take women to West Point or the Air Force  
17 Academy, but she was promoted. They say she's just an unexcelled individual in every  
18 way. So let's hope that she's going to be the one or someone else, but anyway that's quite  
19 a tribute to her. You know there's West Point they have a rigor of studies and those,  
20 whew, what they go through. So she's commanding a unit in Europe. That's a lot of  
21 responsibility now.

22          KV: What do you think that—I mean, all this is kind of happening in the same,  
23 all these things kind of happened in the late '60s, early '70s that seemed to come out of  
24 nowhere. You've got Vietnam and you've got the Civil Rights Movement happening and  
25 you have got the women's movement happening, all these things kind of at the same  
26 time.

27          AH: Well, when I would be interviewed the one question that I would get very  
28 often is, "What do you think about daycare?" "Daycare?" I had never even heard of  
29 daycare, don't you see. I was almost living in another world maybe, but I don't think that  
30 the women's movement had anything much to do with what we—in fact, I think nothing.  
31 If anything I think that we in the military led, meaning Department of Defense, by

1 promoting and putting the emphasis on the role that women played in the military, not  
2 just the general officers but everyone. I think that impacted more then the reverse. I know  
3 I didn't even know what daycare was. It was just like that little nurse of mine when I was  
4 going through the line or they were going through the line and I had a receptionist down  
5 at Ft. Gordon or Ft. Benning and she said something about baggage. Do you remember  
6 that expression? Well, you're too young, but, gosh, I can't remember what it was,  
7 something about baggage. I thought she was talking about carrying a suit case, but she  
8 meant something else altogether, but I wasn't with it. I was a little bit older. I can't  
9 remember now what she said, I shouldn't have brought that up. You get so absorbed, at  
10 least we were so busy, so absorbed in your work. Now after my time or just at the end of  
11 my time we were beginning to have civilian personnel unionized in the hospitals which  
12 sort of created hardships at first. I didn't have any of that, thank goodness. That came  
13 after my time. They were just beginning, the unions were being formed about the last  
14 year that I was chief nurse. I wouldn't have had the problems anyway as much as the  
15 hospital chief nurses you see because we'd have to be down at the hospital level. If you  
16 want a cup of coffee I can make you a cup of coffee in an instant.

17 KV: That's all right. Nursing changed, too, in this period, just the practice of  
18 nursing. I mean, it's been changing for hundreds of years, but how did that affect—

19 AH: Well, I think at the end of my time as I told you we started placing great  
20 emphasis on the nurse clinician. That was also happening in nursing throughout the  
21 United States. I can remember we didn't know what we were going to call them. I  
22 thought, well, we should call them maybe clinical specialists. Well, at that time you  
23 referred to the 91-3, the 91-C which came 9-11-3. They were called clinical specialists.  
24 So then we couldn't use that word or that phrase. So we went back to nurse clinician.  
25 That, of course, sort of revolutionized nursing care. They had additional responsibility  
26 and the other big thing that happened to us in the military and that is—or I should say in  
27 the Army is that, in the Army Medical Department is that we were able to advance and  
28 have a department of nursing. See, prior to that time we were under either the surgical  
29 Department of Surgery or the Department of Medicine depending upon your hospital.  
30 Well, then during my time we became a Department of Nursing and that gave the chief of  
31 the nurse at the hospital as we say in the old days a seat at the table. We were then for the

1 first time we had a budget. We had direct control over our personnel and it made  
2 altogether difference in how we as a chief nurse managed the care say at Walter Reed or  
3 any other given installation. That was very, very important for us to have that because we  
4 were then more or less equal and we were equal see to the chief of the Department of  
5 Surgery and the Department of Nursing, I mean the Department of Medicine or other  
6 departments. So now you'll never go into a hospital commander's office when he's  
7 having briefings to his staff without having a chief nurse there. In the old days she may or  
8 he or whoever it was may or may not have been invited, but as chief of the Department of  
9 Nursing, that's one of the \_\_\_\_ (??) and the big thing was having a budget. See, we were  
10 functioning without a budget. You got what somebody else gave you, as a matter of fact,  
11 from their budget. So I always give credit not to myself but to General Heaton for  
12 working that out for us. We changed the whole organization of the Class-2 hospitals  
13 during my time. The nursing service became Department of Nursing.

14 KV: Does that make the nurse sort of more autonomous, more independent?

15 AH: Oh, absolutely.

16 KV: Is that a good thing, you think?

17 AH: Well, if she doesn't have—you know you're talking about the nurse at the  
18 bed side or are you talking about the chief nurse of the hospital?

19 KV: Well, both.

20 AH: Well, the chief nurse of the hospital gives it much more independence. She  
21 has to be part of the team, but she now has her budget, she has her personnel. So with  
22 those two things you can do wonders. I would say it wouldn't have affected the nurse at  
23 the bedside because she would be doing the same thing except now she might have more  
24 equipment or whatever the chief nurse decided. I don't think it would change the nurse at  
25 the bedside, I don't think it did, but we started calling them by different name. Instead of  
26 being just a staff nurse she became a clinical nurse. So we kept impressing upon  
27 everybody that nurses were clinicians and even at the lowest level. See, at the top level  
28 then would be nurse clinician and then it would come down, but the nurse just going into  
29 the Army refers to assignment that would be clinical nurse. That, of course, has been  
30 changed, but in those days that was a big step. So if she were a head nurse she would be a  
31 clinical head nurse, clinical supervisor. If she wasn't working with the ward, per se, and

1 she was a nurse clinician that made her very independent because she was the top nurse  
2 prepared. They had the same thing in a civilian community. In fact, I think the civilian  
3 community was a little bit ahead of us on that because I know when I would be reading  
4 literature on it they would be talking about nurse, I don't know what they called them in  
5 those days, but I think that's probably where I thought we've got this same thing. Now  
6 we have, as you probably have heard, when a patient comes in not always seen by the  
7 physician right away, but by the nurse clinician now is also seen by the physician's  
8 assistant. Now that physician's assistant was in the Army came in after the nurse clinician  
9 so there was a lot of rivalry at first, but they're two separate positions. They're both—  
10 nurse clinicians don't like to be called assistant physicians where the other. So it's a  
11 rather tenuous position right now, I guess. I don't know I can't speak for what it's today,  
12 but in our time it was the best prepared Army nurse was the nurse clinician. The best  
13 prepared, I'm talking about clinically best prepared because we could've had some  
14 prepared at the doctor and never was a clinician. They might've been prepared in  
15 research or education or something, but they are still professional nurses, but I'm talking  
16 about clinicians, nurse clinicians.

17 KV: Do you think the way that nurses are portrayed has changed since the  
18 beginning of your career?

19 AH: In my own personal career, by the community?

20 KV: Mm-hmm.

21 AH: I would think—it's hard for me to tell what the community felt when you're  
22 in the Army. I think that the community has certainly become more aware of Army  
23 nurses and what they did because of the stories written in the newspapers and so forth  
24 which certainly were not written before World War II very often if then. So we had much  
25 more publicity and I think that was good for nursing as well as Army nursing. So many of  
26 the advances that the hospitals have out in the community today such as the helicopters  
27 the air evacuation as you know that all started not just in Korea, but it started—I just read  
28 recently, I found where there was one light plane that flew over in China, Burma, India,  
29 where I was to pick up patients in the jungle, one light plane and that was the first real air  
30 evac. When I was stationed in Korea we did have a few helicopters that brought patients  
31 right outside the operating room door. Well, then as you've probably read with General

1 Neel, the father of really Army aviation, we had helicopters all over the place. Then the  
2 civilian communities have followed us, but how much nursing has changed from World  
3 War II to Korea and then on to Vietnam. It's hard for me to say—you're talking about  
4 publicity now or are you talking about the clinician?

5 KV: Just general public perspective of nurses or—

6 AH: You're talking about public perspective of nurses.

7 KV: The images that they hold of nurses, what you think of—

8 AH: Well, I hope that it improved from World War II on through to the end. I  
9 think by the time that I retired nurses were certainly held in more esteem than they were  
10 back in the early days. They were recognized as professional people because we had—we  
11 were better prepared. They were all registered nurses, and then prepared at the  
12 baccalaureate degree level. They were always registered nurses. When I was—the  
13 diploma program was a registered nurse, but not prepared at the baccalaureate degree  
14 level. So I think that was recognized and it was also recognized that more and more of  
15 our nurses were prepared at the doctoral level and the master's level. I think it's our  
16 problem today. I look upon it—I was talking to the historical nurse about it, we really  
17 have got to inform the public again about our Army nurses. I don't see much in  
18 newspapers these days and they're doing a tremendous job over there in Iraq. I'm sure  
19 they are or the patients wouldn't be—I go to Walter Reed and you see them and you talk  
20 with them. I talked with one just Friday. You don't sense that they are angry with the  
21 world. They've accepted this as part of serving their country and they're going to go back  
22 and I'm talking about amputees and they're going to serve. This is true. You've seen on  
23 TV once in a while, there have been a couple of programs recently showing the amputee  
24 wards. I don't know if you've seen them, but those patients out there they hobble around  
25 and push other patients and it's just amazing. I think more and more as that comes out, of  
26 course, the civilian community is going to admire Army nurses. So that might change  
27 their perspective. Do you have a feeling that Army nurses are looked down upon versus  
28 the civilian nurses?

29 KV: No, I don't. I'm just—you always, people write books and articles and  
30 things talking about how nurses are portrayed. I'm kind of going back to this Florence  
31 Nightingale woman in white image and sort of healer and you've got people taking

1 nurses to the other extreme and you've got kind of this sex object. So I just wonder if you  
2 felt any of that as a nurse.

3 AH: No, well, of course, I didn't, of course, but I do wish they would go back to  
4 white uniforms. They wear white uniforms in some wards at Walter Reed, but somehow  
5 [break in the audio] but since the schools of nursing in which our nurses are prepared no  
6 longer wear caps. So you can't expect the Army nurse to wear a cap.

7 KV: What was it about the white uniform that—what is it that you like about it?

8 AH: It signified it was a professional nurse. Now you'll find, it's even at Walter  
9 Reed, but that white nurse, I mean that white uniform is worn by other people whether  
10 they're serving in the kitchen or whatever. So when you see someone in white going up  
11 or in fatigues or whatever you don't know if they're a nurse unless they turn around and  
12 you see the insignia, which you'll know immediately that they're an officer. Then you've  
13 got to look a little bit further and see if you can see the caduceus and then you will know  
14 that they with an N because see in the caduceus they would be a physician. Caduceus  
15 with an S they could be a physical therapist, they could be a dietician. If they have that N  
16 that means they're a nurse and that's what I like about it.

17 KV: It's not the white, it's the writing.

18 AH: It's signifying that that individual is a professional nurse.

19 KV: I've read about this debate that whether the nurses of the 3<sup>rd</sup> Surg in  
20 Vietnam in Saigon should have to wear the white or not or you know. Interviewing  
21 nurses, do you like it? Do you not like it?

22 AH: That is such an immaterial thing. Really the 3<sup>rd</sup> Field it was in Saigon and  
23 Kitty Vets was one of the first chief nurses there and Margaret Clark was the very first.  
24 Because it was at that time they were not busy when it was first started, that Saigon was  
25 what would be the city and outside of Saigon and in Saigon you would find General  
26 Westmoreland's house, don't you see. He lived in the embassy. You would find all of the  
27 generals, after they would be out in the field they would come back in for meetings or  
28 whatever. That was like Washington, D.C., and the thrust of whoever was commanding at  
29 that time in Vietnam looked upon it more or less like a city hospital, like our Walter  
30 Reed. The nurses themselves wanted to wear white and that's how it all started. Later on  
31 they kept on with whites. I think eventually they changed to, if they wanted to, I think

1 they went back to fatigues if they wanted to, but I can't remember that specifically. It  
2 seems they always remained in white. It's true I've heard some didn't like it, but it never  
3 got back to me. It would stop at the level. I just hear it now because of interviews they  
4 might give where they say they might not have liked it, but I don't think they really did  
5 anything much about it. They were proud to wear that white uniform. It's just something  
6 to talk about. That's the way I look at it, but I may be wrong because someone had I can't  
7 remember now I guess they sent the white uniforms into whatever laundry facility was  
8 available. But, you see, they couldn't have worn them outside of Saigon because Saigon  
9 was the city. They had laundry facilities and so forth. I was visiting 3<sup>rd</sup> Field one time  
10 when a whole, I don't know how many patients came in, maybe sixty, seventy patients  
11 and I watched those nurses categorizing them right away and then inserting those IVs. It  
12 was just tremendous. I looked at them and I said to myself, "Gosh, I wonder if I was that  
13 good." You know, they were just tremendous. Maybe they didn't have that much  
14 experience prior to that time, but you wouldn't have been able to tell it. I was really  
15 proud of those nurses there. So I hope that the civilian community will always give, what  
16 should I say, much gratitude to those who have served their country. I think many people  
17 think about Iraq and they think about the patients being wounded, but I'm not sure until  
18 some of these late shows on TV that have portrayed the medical evacuation that they  
19 have even thought about nurses in Vietnam and yet nurses have always been wherever  
20 the soldier is wounded whether it's in the jungle or up in Alaska or wherever, nurses,  
21 Army nurses, have always been there wherever the Army. The same way with the Navy.  
22 If it's on a ship you'll find a Navy nurse. Submarine, I don't think they're on submarines  
23 and if they are they have to be medical personnel so they'll will probably be \_\_\_\_ (??) or  
24 a male nurse I think the Navy has males nurses now. Yes, they have them now. They  
25 didn't, but they do. The Air Force will always—you'll always find an Air Force nurse  
26 wherever there's a pilot aircraft. I do think the community is getting more aware of this  
27 when I think back to answer your question, referring to your question, certainly more so  
28 now today with the television, but they still don't have enough publicity. We don't have  
29 enough articles. I'm questioning it, I just called—as I told you I talked to the Army here,  
30 the historian, and said, "You have somebody over there as assigned just to write articles  
31 and in my time everybody—if anything ever happened to anybody in our office it was

1 always sent to the papers.” If something would be bringing—would be sent to me from  
2 Vietnam we would have our PR, that’s public relations, it’s called something else now,  
3 public information I think now, office rewrite it and send it to the papers. That doesn’t  
4 seem to be done now, but I don’t know.

5 KV: What about women in the military in general? Do you think people’s  
6 perceptions of women in the military has changed?

7 AH: I think it’s mixed probably I don’t—how has it changed? Well, with all the  
8 good publicity they get I would say it’s toward the better, but then you’ll have a general  
9 officer over there \_\_\_\_\_(??) or whatever it’s called I mean I was shocked, they shouldn’t  
10 be talking on TV. I mean, I’m \_\_\_\_\_(??)—but please don’t answer that. Then all the good  
11 is just destroyed in that one instant. So you have to build it back again. You have to have  
12 stories of what nurses are doing and what the line people are doing, what they’re doing.  
13 How many nurses—I mean, not nurses. We haven’t lost any nurses in Vietnam, I mean,  
14 Iraq, but we’ve lost other people. How many females, pretty high, twenty-one or twenty-  
15 two something or more. The whole war has changed. Of course, I’m not in it now. I’m an  
16 eighty-five year old woman who doesn’t look at TV very much and I read three  
17 newspapers every day and I listen and learn. I saw these youngsters, young nurses  
18 coming in, it’s very interesting. It’s a different world, of course, different society,  
19 different culture. But still I go back to the fact that nurses will take care of patients  
20 regardless of any extenuating circumstances.

21 KV: Did anybody ever make rumors or say things to you? You know you always  
22 hear people say women are in the military, they’re either in there because they want to  
23 find a husband or because they’re lesbians, one extreme or the other. There’s never any  
24 middle ground. Did you ever run into any of that, any of those stereotypes? Did you ever  
25 hear any of those?

26 AH: Well, in World War II there had never been so many women in the military.  
27 I know I’ve read and I’ve talked to General Hoisington who was director of women in the  
28 corps about the fact that the men didn’t want their daughters to serve because of all those  
29 rumors. That has changed over the years. What it is today, I don’t know. I really don’t  
30 know. I know in my time it certainly had changed otherwise we wouldn’t have had to get  
31 into the Walter Reed Army program. I think there were over eleven hundred applicants.

1 It's in this book, but I'm sure that you will read it. They wouldn't have wanted to have  
2 served. So I think that in itself shows the change that occurred from the early days. Look  
3 at all the people, the women now who want to serve their country. It's true that they are  
4 getting bonuses and so forth I'm now talking about the nurse. She's getting bonus  
5 education and all and now she's married with children maybe as far as any remuneration  
6 is concerned and this is primary factor, I don't know, I don't know. I do know the only  
7 problem that we are having as far as recruiting from what I've read and that is that they  
8 have had to give bonuses for nurse anesthetists to come in and sizeable bonuses maybe  
9 like twenty thousand or thirty thousand dollars, a lot of money to me. So it's much more  
10 than I made as a general officer in those days. But they're short in those specialties, but  
11 other than that I don't think they're short in anything. So why would these people be  
12 wanting to come into the service to be nurses if they would look down upon nurses? Now  
13 women generally why would all those people come in? Why would all those women go  
14 to West Point? They know they're going to serve in the Army. They have to serve eight  
15 years at least after they graduate from West Point. That may have changed, but it was in  
16 my time they would have to put in eight years of service. By the time they get eight years  
17 in they think, "Oh, my. It's only twelve more years I'm going to put in twenty." That's  
18 the today. Then they go out with nice pensions and they have all the raises. In fact, those  
19 people are making much more money than I ever made. But the thing is that in my time it  
20 was thirty years and we had no compunction whatsoever of serving thirty years. That was  
21 wonderful serving thirty years. Now I know that the majority serve twenty years and then  
22 they go on and take another position. Well, by the time you've served thirty years and  
23 you go through three wars I mean it's—you're pretty well done. I did have several offers,  
24 of course, even through VANA, but I didn't. I felt it was so important and I had not been  
25 feeling well, I had cancer, no I had my lung surgery. Of course, since that time I've had  
26 cancer and various things. I'm just now getting over bronchitis again. Last year I had  
27 pneumonia. Last year I lost so many of friends, two of them, my brother-in-law and my  
28 sister-in-law. I put my sister in a nursing home. I mean, it's been a horrendous year. This  
29 Christmas she had heart surgery I mean, I spent my Christmas in the hospital this year. I  
30 just don't have any whatever it takes any more, but I guess for eighty-five I'm doing  
31 pretty well. I mean, I drive up to Pennsylvania and I'm, of course, given good nursing

1 care. I still run a committee at Walter Reed and I'm grateful that I'm still alive. I've had a  
2 wonderful experience and I'll tell you if I could do the whole thing all over again I've so  
3 often said it and I'll say it again I would certainly wouldn't have wanted to have done  
4 anything else. I had a wonderful career. I mean, zig zagging from—I've worked in every  
5 clinical specialty, took care of very famous people, and yet I've often said this and I'll  
6 say it now, the very best patient was always the GI Joe, you know a GI Joe, what that  
7 means?

8 KV: Mm-hmm.

9 AH: Okay, the lowly enlisted man, he's the one that's so important. It was my  
10 privilege to care of him. I think the nurses today feel the same way. I know they do, those  
11 in Iraq as well as those serving everywhere else. I don't know how many hospitals are  
12 even open today, but I know they don't have 103 because we've closed some of our  
13 biggest hospitals. The rumor now is they're going to close the big hospital in Augusta,  
14 Georgia, because of monies. They're going to close certain facilities. The Army has  
15 changed, therefore the Army Medical Department has changed therefore the Army Nurse  
16 Corps has changed. We do have a greater ability to state our desires and so forth by being  
17 on an equal level in the hospital situation. It wasn't in my time until, we did so during my  
18 time but prior to that time it wasn't. I don't know if any other chief tried to change it  
19 because sometimes you could only get so much each period. You have to build on your  
20 previous chief on what she's done or he's done. We've had one male chief nurse so what  
21 he has done. I find it very difficult now if I were to be a chief nurse because she not only  
22 has, our chief nurse, as you know, not only has the whole Far East and head of the Tripler  
23 Army Hospital Medical Center and Chief of the Army Nurse Corps. Now if she would  
24 have had all the responsibilities that I had she couldn't do it. I know her responsibilities  
25 are as far as the chief now much of that has been, like personnel is no longer the chief.  
26 It's way over there in Alexandria. The Army Medical Center and all that is down in Ft.  
27 Sam Houston, Texas. So she doesn't have as much responsibility, but I still don't know  
28 how she's going to do the things that are important as chief. I told her the other day, I  
29 said, "I don't see how." I said, "One of the important things is for you to get around and  
30 let the nurses see you and talk with you and that you get around to all the units, not just  
31 see the commanding officer, but to get out into where the nurses are. Not just make that

1 one speech where you have everybody in the auditorium. That's not"—she said, "I don't  
2 know if I'm going to be able to do it or not." She said, "I'll have to send my assistant." I  
3 said, "But that's not you. They want to see the chief." So, as I say, I think it would be  
4 impossible for me to be chief because I would be killing myself trying to do all the things  
5 that I think should be done. The chief that we have now seems to be very efficient which  
6 is good.

7 KV: Can you see the—no, I don't think you can. Have you been to the Vietnam  
8 Women's Memorial?

9 AH: Vietnam Women's Memorial? Of course.

10 KV: What did you think about that?

11 AH: Well, when it was first being constructed when the plans were given of that  
12 the original statue I disapproved of totally.

13 KV: Just the single nurse.

14 AH: The single nurse in that horrible uniform. I mean, it wasn't even the uniform  
15 that we wore in Vietnam.

16 KV: The fatigues weren't even right.

17 AH: No, no.

18 KV: Okay.

19 AH: So then I remember writing a big critique and eventually everybody agreed  
20 not just with me but other people felt the same way, I'm sure. Then it was changed to the  
21 three individuals. I think it makes quite an impression on the civilians the way it's  
22 portrayed, but they don't know that—I had a friend from Florida just a couple of weeks  
23 ago saying they were over there and they didn't know who was the nurse or who was  
24 what or looking up at the sky, they didn't comprehend at all. They did comprehend that  
25 holding the soldier, they did understand, but what upsets me about that statue, although I  
26 supported it wholeheartedly, is they don't have any insignia on. If you take a good look at  
27 it see there's no nurse insignia. The reason for that is they were trying to portray, as you  
28 probably know, all women in Vietnam. Well, when you talk about all women in Vietnam  
29 practically every one was a nurse. There were a few Red Cross nurses. There were a few  
30 line people down in—not up in the field but down at headquarters in finance or you know  
31 some such job, stationary positions and that's it. So I felt strongly that at least, that the

1 person holding the wounded soldier should have an, “N,” and also that person looking up.  
2 Do you know what that signifies?

3 KV: It’s supposed to be like waiting for the evac.

4 AH: Yeah, she’s waiting for the helicopter to come down, right. But she doesn’t  
5 have an, “N,” on don’t you see? I think it’s a nice one, don’t you?

6 KV: I do, I do.

7 AH: I think it’s very nice. After all this was recommended, as you probably  
8 know, by a Reserve nurse. She felt that women weren’t being given enough recognition.  
9 This girl who wrote or was the one who did this book was just about the second one who  
10 worked on that and spent a lot of her own money and worked tirelessly on that project.  
11 There were several nurses who worked so hard to get that. They’re still fighting. I think  
12 the last time we were trying to do something over there, oh, to put better directions as  
13 they go along and to put little plaques out something about Army nurses and to get a  
14 better plaque there. I don’t think that’s been done yet. I know that this girl who did this  
15 book has just given up that now because she’s getting older. You know, as you get older  
16 you just can’t do what you did. The person who started it, who started the project, is still  
17 with it. They’re not getting enough money in now though to have an office so that makes  
18 it difficult. But you can’t—it costs to have a secretary. People aren’t contributing. It’s the  
19 same way with WIMSA (Women in Military Service of America). I don’t know if it’s  
20 true, but they’re not getting as much money as they’re going to need. They don’t have as  
21 many people as they’d like to have. Rumors, again. See, you don’t know what’s true or  
22 what isn’t. I do know about the women’s memorial they’re still working on it to even get  
23 it better as far as directions because a lot of people come and see the Vietnam Memorial  
24 which is one of the really, so touching, but they forget to get over there. Then the Korean  
25 Memorial, don’t you like that one?

26 KV: Mm-hmm, I do.

27 AH: I think that is so wonderful. I can see those faces and that’s the way you  
28 know it was, you have to watch. It’s the same way in Iraq. You don’t know who’s your  
29 enemy or your friend. It’s the same way in Korea. We didn’t know the North Korean  
30 from the South Korean. We didn’t know the North Vietnamese from the South  
31 Vietnamese. It was very difficult. I think that the sculpture is—was it a sculpture? Yeah.

1 He did a tremendous job. The man who developed that was named General Stillwell, no  
2 relation to General Stilwell from World War II. He wanted more figures, but then they  
3 cut them down and I think the number they have now is good, but you know before it was  
4 dedicated, just before it was dedicated after all the hours of work he died. He never saw it  
5 built. He never saw it dedicated. There's always some sadness in there.

6 KV: Why do you think there was so much protest about the Vietnam Memorial?

7 AH: I don't know of any—

8 KV: Don't think there's a commission—

9 AH: Oh, well, that's—

10 KV: Turned down and then there are editorials in the papers.

11 AH: I know, but a lot of that was unnecessary and a lot of it is just the way  
12 Washington works. You know, you have to go through this commission and that  
13 commission and all the way. I think there were five or six different approvals that they  
14 had to obtain. That's the way it is with everything. They were trying to build the Indian  
15 and that went through the same thing. Now they're trying, as you know, they're going to  
16 have one for Martin Luther King, or is it for blacks, but it's going to be right on the rim  
17 of the cherry, where the cherry blossoms are. At one place they're not too far from  
18 Roosevelt. Well, they're going through the same thing now because no more are allowed  
19 on the Mall. So that's off the Mall see. Have you seen Roosevelt's?

20 KV: Mm-hmm.

21 AH: I think I like that one, too.

22 KV: In controversial, I mean—

23 AH: There's always controversy. Actually, when I look upon it now there wasn't  
24 as much controversy about this memorial as it is some of these others. I would not make  
25 that a major issue. It's just Washington. You'll never get—everyone would be happy  
26 with anything. Right now you're reading in the papers about the dissatisfaction with the  
27 Indian museum. Ten years from now that won't be. It'll either be fixed, they'll do  
28 something about it or it'll remain as it is and nobody will be complaining. I think as you  
29 get older like I you get more mellow and you understand why, the why of things. If  
30 everybody would've liked the original—I didn't know you knew about the one statue  
31 because I didn't know too much was written about that, but that wasn't great, it wouldn't

1 have been good. She was carrying a helmet. It looked as though it was a bowl of soup.  
2 Did you see it? You have pictures of it, yeah. It really did. I've never seen a nurse  
3 carrying her helmet like that. You see how wrong it was? It just wasn't suitable.

4 KV: Do you read much? You know, there have been books that nurses have  
5 written. Do you read them?

6 AH: I have a whole pile of them in there, but I had chicken pox in my eye, would  
7 you believe it? Yeah, it's called herpes zoster ophthalmicus. That happened to me in '92  
8 and I haven't read very much since then. It's this period of time now that books are  
9 coming out, like why I couldn't have read them a long time ago. You know, I have  
10 them—the last one that I received was *If I Should Perish*. Did you see that one? The  
11 authors were here interviewing me. They wanted to do some work. They're on another  
12 book now that is going to cover the Far East. So that will include where I was you see in  
13 China, Burma, India. So that's why they came. They were here about a couple of months  
14 ago. I don't do too much reading, but they're there. I want to read them, but by the time I  
15 get finished with my newspapers and do all the projects working on, I'm working on a lot  
16 of them. Like yesterday I spent three hours going through this and then I couldn't  
17 remember anything. My eyes were so teary and tired and burning. So I have to be careful.  
18 I have a lot of scar tissue in this eye. What happened was this was my bad eye, I couldn't  
19 see anything in this one. I was treated over at Ft. Meyer—is this on tape? Anyway, yeah.  
20 They thought I needed antibiotics, they thought it was just an infection, which it looked  
21 like, but had he been an ophthalmologist he would've recognized it right away. By the  
22 time I got to Walter Reed a two-week period had gone by. If you don't get a certain drug,  
23 acyclovir, within seventy-two hours you can't help your vision. I lost a lot of vision in  
24 this eye with scar tissue. Then I had my cataract removed over here and unfortunately the  
25 laser, which they used later, burned down into my macula which is part of the retina  
26 which means this vision is now worse than this vision. So I can't do much reading. I can  
27 drive and I certainly know the view and I can read, but I just can't spend my day reading  
28 anymore. They can't do anything to improve my vision so from here on it will only be  
29 going down. I had to go in for in my license, yeah, my car license the other day. I took  
30 the eye exam and she said, "Oh, I'll let you try it once again." I tried it the second time  
31 and she said, "No." I said, "Oh, please, let me try it again." I said, "I know I can read

1 that.” She let me try it again a third time and I passed it. It’s very simple. It’s just one  
2 line, but you see I just couldn’t see to see it. I almost lost my glasses. That would’ve  
3 meant I’d have to move into an assisted living or a nursing home. Without a car in the  
4 Washington area it’s very difficult.

5 KV: I’m sure.

6 AH: I was really—I think I’m still shaking from that experience last week.

7 KV: Did you hear anything about any of those books? There have been several  
8 books by in particular Vietnam nurses.

9 AH: Some of them were really off. I just read—I showed it to the historical  
10 nurse, an article that was written by the Alliance Group, that’s a group of women from all  
11 the military services and those people interested in women. They published a paper, a  
12 little newsletter, every month. Someone who claims to have been in CBI (China-Burma-  
13 India theater of World War II) where I was and they talk about a certain instance, she was  
14 just so far off that I don’t even think she ever even visited our area because remember I  
15 told you we were what I thought a thousand miles above Calcutta. She was stationed in a  
16 hospital a thousand miles below us and yet she’s explaining about our casualties and  
17 everything up north. You couldn’t possibly be saying there were over two hundred nurses  
18 killed. Even you know that, you’re not even a nurse, right, and you’re not in the Nurse  
19 Corps. So wrong and yet it was published. So you have to look at both of those that are  
20 coming out that are by one author. There’s no substantiation. There’s no research. It’s  
21 bad. Even with this book in here, for instance, this nurse took everything that is written  
22 about me, she had one interview with me that wasn’t very long and one telephone call, I  
23 think, but she didn’t know everything, but then she couldn’t possibly put everything in  
24 one little article it had to be so many words. I’m sure that these nurses now, the ones who  
25 wrote *If I Perish*, I do want to read that one shortly. I just finished another book I had to  
26 read and so I’ll get into that one now. I hear nothing but good remarks about that. I have  
27 heard some bad comments on some of the others. Just that one article that I read about  
28 this nurse saying that we lost over two hundred nurses, it’s just not true. Yet, see, there’s  
29 no one to say that’s true. Well, I tried my best my best notifying the historical nurse, but  
30 it’s too late. It’s been published. This one had some fantastic things that she did,  
31 impossible. See, I know impossible. I was there. I may have only been a second

1 lieutenant, but I knew what was going on. It wasn't derogatory, but I mean it wasn't true.  
2 So these other books could well be the same or they could be very good, I don't know.

3 KV: You said at the beginning that there were some, I'm not sure what you were  
4 referring to, that's why I want to ask you, that some of the things written about nursing in  
5 Vietnam made you mad or something.

6 AH: Did I say that? I don't think I said mad, I don't use the word mad.

7 KV: Okay, maybe not then. Okay, so maybe it wasn't even that. Did you see—?

8 AH: Did I say they disturbed me, but I don't know anything that was written  
9 about nurses that disturbed me. I don't know offhand. I'd have to get back into what we  
10 were talking about.

11 KV: Okay, maybe I'm thinking different things. Who knows? Did you ever see  
12 that show about nurses in Vietnam that were trying be—that show that was on, did you  
13 ever watch that?

14 AH: No, I met the actress. What was her name?

15 KV: Dana, Dana Delaney.

16 AH: No. It was something else. No, I didn't see it, no. That was on—I can't  
17 comment on it because I didn't see it. I think most people like that—I think they liked  
18 that.

19 KV: A lot people did, yeah.

20 AH: I think that was taken where our 6<sup>th</sup> Comm was and that hospital is on where  
21 President Johnson had his White House over there in Vietnam. I can't think of the name  
22 right now. Can you think of the name?

23 KV: I'm trying to think.

24 AH: Then it was called China Beach but it was—

25 KV: It's not Vung Tau—

26 AH: No, no, not Vung Tau.

27 KV: That's south.

28 AH: No, it's south. It's south but Vung Tau is real south. It was maybe fifty miles  
29 above Saigon. I can't remember it right now. Well, that on my—see on my dresser or not  
30 on my dresser, but my commode that was given to me by the nurse anesthetists at the  
31 convalescent center and that's where China Beach was. It might be on that—Long Binh,

1 no, not Long Binh, but not too far from Long Binh. I don't know how you remember that.  
2 Why do you ask me if saw on South Beach or whatever it's called?

3 KV: *China Beach*. I just wondered because I always ask, there's certain things I  
4 always ask everybody because everybody has different opinions. So it's just interesting to  
5 hear everybody's different opinions about the *China Beach* or about the memorial or the  
6 books, there's *Home Before Morning* and then—

7 AH: Oh, *Home Before Morning*, yes.

8 KV: Different ones. There's just certain things I always ask just to see.

9 AH: Well, the younger nurse would probably be more aware of those books than  
10 I because they're just now coming out. Those are the people who have served in Vietnam  
11 would really want to get to them and see just like if I had left China, Burma, India, and I  
12 wanted to get back and see what they're writing on China, Burma, India. I just sort put  
13 them away because right now I have other priorities with my family and with myself. I  
14 had a knee replaced four weeks ago. I stumbled on this top step. So if my maid or the girl  
15 who works for me wasn't here—I had taken her tray because I was so afraid she was  
16 going to spill it. I shouldn't have taken it because when I got to the top step, oh, I don't  
17 know why this leg just didn't go up to the next step and I stumbled and I broke the leg  
18 and my ankle and tore the cartilage in this leg and in my knee. So I had to have this knee  
19 replaced. It's been probably two years now and I'm doing very well. I've had one thing  
20 after another since I've retired. Then, of course, I bought a home over in Spain, I had a  
21 beautiful mansion over there, I really couldn't afford it now. I've enjoyed my life, try to  
22 enjoy my life and I serve on boards here and then go back to Spain. I just go back and  
23 forth.

24 KV: Are you still going back to Spain?

25 AH: No, I sold it in '86. I wish I still had it, but I couldn't afford it. I couldn't  
26 buy it back now. It was going way for over one million dollars and I couldn't begin to  
27 afford that, not to have this place. The reason I gave up I thought I was getting old in '86  
28 so then I would've been, how old, sixty-six and I thought I'm too old to travel. Here I'm  
29 still living. But to keep this place going and that place and I had a gardener five days a  
30 week, of course, it didn't cost much over there, but you can imagine a beautiful place

1 over there. It was really gorgeous. I still send Christmas presents to the maid and to my  
2 gardener, they don't have much. As I said, I have a wonderful life.

3 KV: Yeah, you retired at thirty years in '71.

4 AH: Yeah at fifty-one years of age. The Army has been good to me, very good. I  
5 never dreamed this would happen to me (unintelligible). I've been very fortunate.

6 KV: Did it ever hit you along the way that I might end up chief or—?

7 AH: I never thought about being chief even when I was assistant chief—as I said,  
8 I wanted to be chief nurse of the hospital.

9 KV: Uh-huh, Walter Reed.

10 AH: That was my desire. When they sent me to school for my master's I didn't  
11 know what they were going to do with me, but I thought, "Uh-oh." Maybe I thought to  
12 myself maybe I'm going to be chief of Walter Reed. I was very happy to be chief of the  
13 corps, but I never expected it. I never expected to be assistant chief. So I was just  
14 fortunate. I always say if you're prepared—and I must say I felt when I was giving  
15 nursing care that I always did my best and I suppose it was noted taking care of the  
16 president. That sort of helped I'm sure.

17 KV: Didn't hurt anything.

18 AH: Didn't hurt. But I've had such tremendous experiences along the way and  
19 it's never—no, I never dreamed of being assistant chief let alone chief. I was  
20 disappointed I never became chief of Walter Reed. That was a disappointment. If they  
21 had told me that I could've been reduced in grade to a colonel for a certain period of time  
22 and gone back and become chief I would've done it. One of our former chiefs did that.  
23 She was a full colonel and she had a couple of years left before her thirty years the way I  
24 understand it and so then she went back and became chief nurse of Europe as a lieutenant  
25 colonel, Colonel Bryan. Then when she finished that tour she went back to her full grade  
26 of colonel, but that wasn't to be as a general officer, couldn't do that.

27 KV: What exactly was the difference between a general officer and another  
28 officer? When you say you were promoted to general, but that it's a general officer rank,  
29 what does that mean as opposed to why weren't you a general officer as even a lieutenant  
30 or a major or a captain or whatever, just for the nonmilitary person?

1 AH: Yeah, right, for a nonmilitary person, as I mentioned, the Army has so many  
2 generals that Congress decides how many general officers they're going to have. Every  
3 person who's promoted to general has to be approved by Congress. Then it goes up. First  
4 it goes by promotion if you're approved by the Department of the Army, DOD, Congress,  
5 signed by the president. Okay, so if I'm lieutenant colonel or colonel none of that is  
6 necessary. It has to be through promotional—it's through the Department of the Army,  
7 but there again DOD decides and Congress actually decides the structure. They'll say  
8 you're going to have so many Army soldiers, you're going to have so many Army  
9 officers. Then it's broken down into grades. So whether they're second lieutenants,  
10 captains, majors, or colonels or lieutenant colonels. When you become a general officer  
11 you're always a general officer. The difference is you're supposed to be prepared to do  
12 any job. They're generally not going to take a nurse—

13 KV: They send it to the WACs (Women's Army Corps) or the—

14 AH: Yeah, but they're generally not going to take a professional nurse, see, and  
15 put her in charge of artillery. The thing is that I'm able to lead or supposed to be able to  
16 lead and to organize because I'm a general officer. Well, that's expected of everyone to  
17 lead in there—wherever they are. When you become a general officer, generally in the  
18 old days you take away your, "N," and you have another insignia which means you're a  
19 general officer. So you're able to just lead any troops anywhere, but that's more or less  
20 fiction because it's not done, per se. The chief of the Army Nurse Corps now still wears  
21 her nurse insignia even though she's a general officer. You wear the star of a general  
22 officer, but you wear your nurse corps.

23 KV: I just want to get clarification on that.

24 AH: A graduate of West Point now, say, a graduate of West Point when she  
25 becomes or he becomes a general officer he's supposed to be prepared to work in any  
26 area whether it's infantry artillery or whatever, but they generally don't do that because it  
27 would be foolish, wouldn't it. If somebody is prepared to be any infantry officer and has  
28 gone through school, different schools that they have to prepare them as an infantry  
29 officer and then make them surgeon general, I mean, it's an impossible thing.

30 KV: Right, okay.

1 AH: So when you look at it you just know that a general officer it's a different  
2 grade structure and the one star is the lowest and the two stars, three stars, four stars. I see  
3 in the future there will be a four-star female, as I said, I hope it's going to be a West  
4 Pointer. It doesn't have to be, of course, but it would be nice to be because it's not going  
5 to be a nurse see they're not going—because the surgeon general is only a three-star and  
6 that three-star came just because it was General Heaton and because President  
7 Eisenhower made it possible. Before our surgeon general was a two-star.

8 KV: A nurse couldn't be above her.

9 AH: No, of course not.

10 KV: Who's above her?

11 AH: No, of course not, see. Sometimes people talk about things and they don't  
12 really know what they're talking about.

13 KV: Yeah, I knew that it was a big deal this, general officer.

14 AH: Right, right.

15 KV: I wanted to get clarified.

16 AH: Supposed to be able to lead the troops and management, set the example.  
17 The only difference, I tease about it, but I was chief of the corps, I was made the general  
18 officer, went to what we called charm school, they orient general officers. I had no  
19 difference in responsibility because I was so busy, but I did get one perk and that was a  
20 parking space. So before I was a general officer I didn't have that parking space because  
21 we were so short of parking spaces. Once I became a general I got a parking space and I  
22 was very happy for that. Before I had to take a bus don't you see into the surgeon  
23 general's office. Then I got—that was really a joke, though, because I was able to park,  
24 but I really didn't have a specific space that I was to use. When I was assistant chief in  
25 the early days of chief I took a bus. Then we had our building where you have the  
26 Vietnam Memorial just down on Constitution Avenue all torn down now. The lake is  
27 there. That's where our building was. Then we moved to the Forest Hill building which is  
28 on Independence Avenue. There were more spaces there, but we didn't have a designated  
29 space, but once you get a general officer it would be a reserved space. So it was good. I  
30 always teased when they'd say, "Well, what's the difference?" I would say, "Well, I got a

1 parking space.” It’s sort of an exaggeration, but it’s still the truth, it’s still the truth and  
2 more money. The pay was increased. I didn’t think about that, though, too much.

3 KV: Did it ever really hit you that you’re now—I mean did all—because people  
4 and people for hundreds of years are going to write about General Ann Mae Hays, the  
5 first women general. Does any of that ever hit you or not?

6 AH: No, not really, no. I look upon my job as chief of the Army Nurse Corps.

7 KV: That first.

8 AH: That first, yeah. Serving my country as a general officer was just something  
9 I never expected. The Nurse Corps never expected it, don’t you see, but things change.  
10 As I say, some day there’ll be a four-star. It’s the way our society goes, forever changing,  
11 which is good. We have to be dynamic. If we stand still we’d never get anywhere. That’s  
12 what I used to tell the nurses. If you don’t have education and research, if you’re just  
13 standing still and you’re not doing anything to prepare for what you have to do then  
14 you’re losing out. You just lost everything that you gained. I always feel if you’re  
15 prepared and you’re at the right place at the right time and you know the right people—I  
16 know one of the biographies, auto-biography really written by one of my succeeding  
17 chiefs talks about going to the Pentagon and seeing all the generals and all of that stuff  
18 and that’s why she became a general. Don’t quote me, but it could possibly be true. She  
19 didn’t become a general officer because she went over there and told them that she’d love  
20 to be (unintelligible). Whatever is written you have to realize some of it may not be quite  
21 true, but you try to be honest. I mean, everyone who does that tries to be honest, but still  
22 there are little things that aren’t quite so, not quite so, but it was a privilege. I should’ve  
23 written a book a long time ago I know but a lot of things. I grew up, you know, as a  
24 Salvation Army family. So I was exposed as a youngster to a lot of responsibility. I had a  
25 Girl Scout troop when I was young. It was during the Depression I taught kids how to  
26 play the piano, charged them ten cents and then with that I could contribute toward my  
27 lessons. I used to stand on the street corners with the other Salvationists. On Sunday we’d  
28 all go to the jail to sing and preach to the people in jail. So, you know, I grew up  
29 assuming a lot of responsibility. I played for church services on the piano. When I was in  
30 Korea I used to play the pump organ out in the field. I used to do the same thing at  
31 China-Burma-India theatre. I had a little pump organ I used to play for all the churches

1 whether Catholic or Protestant, it didn't matter. I just played the organ. Yeah, I grew up  
2 having a lot of responsibility. My mother and father were equated. My father had rank  
3 and my mother had rank. So, you see, I never saw a difference that they were putting or  
4 diminishing my mother in any way. They were equal. I grew up men and women equal. I  
5 never thought of anything else. Then, of course—but I still didn't think I would ever  
6 become an Army nurse as I'm growing up. My mother and father thought I was going to  
7 be a missionary over in India. It's ironic isn't it that I was sent to India.

8 KV: You got to India.

9 AH: I was. I know that they've told me that often that I was going to be a  
10 missionary nurse I know it because that's the way you are. I don't know how I was.  
11 When you have responsibility to me you just do it. If you want to finish your dissertation  
12 you're going to do it. If you don't want to do it you're not a doctorate, you don't have  
13 your doctorate. That's what you're taking when you send someone to school to get a  
14 doctorate and they wouldn't write their dissertation, something else would come up and  
15 then they would put it off and put it off and put it off and then they never got it written.  
16 That wasn't right because they used monies that could've been spent on someone else,  
17 but that's life again. Well, can you think of anything else?

18 KV: I think we've covered everything.

19 AH: Well, if you misunderstand anything you certainly aren't going to use much  
20 space on me. This is going to be on nurses in Vietnam, but if there's any question just  
21 give me a call.

22 KV: I'll go through this and transcribe it and send you a copy, too, that way  
23 you'll have that. If there's stuff that I don't understand or—

24 AH: Really far off, uh-huh, right. Of course that takes time, but I'll try to do it  
25 because you shouldn't have too much on me, please, concentrate, concentrate. That's  
26 why I want you to get to people like Colonel Salsby. I'm so sorry that the nurse who was  
27 the first chief nurse at the 8055 that unit you—

28 KV: Uh-huh.

29 AH: Just has beginning Alzheimer's, just beginning and she's just, just this year  
30 been moved back to Massachusetts or somewhere in the northeast to be with—to go I  
31 think into an Alzheimer's unit. I'm not sure on that just which unit, but to be near her

1 family. This is why I'm saying some of the nurses who are older, you never know what's  
2 going to happen. My very (unintelligible), see, I started in the office having not just an  
3 assistant chief I've mentioned this, but I also had an assistant to the chief and then I had  
4 another person there who became the first chief nurse of the MUST unit and that unit, by  
5 the way, was bombed over in Vietnam and the commanding officer was killed.