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**Army Medical Department Profiles**

Brig. Gen. Dorothy A. Pocklington

Army Nurse Corps Reserve

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Office of Medical History  
Office of The Surgeon General  
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## Foreword

In 1998, Lt. Gen. Ronald R. Blanck, Surgeon General of the Army, reestablished an official historical program under a new Office of Medical History. Oral history forms a central element in the new program which will conduct regular interviews with key Office of The Surgeon General and Medical Command active and retired personnel, publish selected interviews in a "Medical, Memoir" series, and provide coverage of current operations and issues with participants and decision makers.

The first interview to be published in the Medical Memoir series is one conducted by Col. Robert B. McLean, Medical Corps, with Lieut. Gen. Leonard D. Heaton under the Senior Officers program at the Military History Institute, United States Army War College, Carlisle Barracks, in 1978. General Pocklington's Army Nurse Corps Reserve oral history was conducted on 26 May 2000, in Washington, D.C., by Joseph Freschette, Office of Medical History.

General Pocklington's oral history reflects a lifetime of successes in command, surgical medicine, staff, and teaching positions and is highly recommended to those interested in or researching Army Nurse Corps history.

## **The Interviewer**

## **Acknowledgments**

Editing and formatting of this oral history was done by Dr. Barry W. Fowle, Lt. Col., U.S. Army Retired, Major Jennifer Petersen, and Annita Ferencz, Office of Medical History.

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## **Dorothy A. Pocklington**

Dorothy A. Pocklington [REDACTED] attended Southwestern Louisiana Institute which is now called The University of Louisiana at Lafayette. She taught there for two years as an assistant instructor before attending Catholic University of America in Washington, D.C. for two years. She graduated with a Master of Science Degree in Nursing with a major in Advanced Medical Surgery Nursing.

In August 1964 Pocklington entered the army as a captain. She attended the Basic Course, then went to Munich, Germany for two years, initially as a staff nurse, then as Head Nurse of the Emergency room and Clinical Areas.

Upon return from Germany, Pocklington was made an Assistant Professor, WRAIN faculty in 1968 as head of the Junior Medical Surgical Department. She married in 1970 and informed personnel that she had but two years left.

Major Pocklington was transferred to Fort Detrick as Chief Nurse, United States Army Research for Infectious Diseases in 1972. She was there for three years (1972-1975) before receiving a call from personnel asking if she would like to go back to Walter Reed as Chief of Education and Training.

Lieutenant Colonel Pocklington went to Walter Reed for about two years when a call came to fill a special assignment in Europe. Pocklington had been in the army 13 years at that time, so she told them, no, she was resigning. She had told personnel five years previously that she planned to resign because she was married, and did so in 1977. Her husband was not going to follow her around the world and she did not intend to leave him.

She joined the reserves - - the 2290<sup>th</sup> General Hospital in Rockville, Maryland - - a thousand bed hospital. She was offered a number of civilian positions in the Washington, D. C. area. She decided on the position of Director of Continuing Education at Walter Reed for a year. The Army Defense Nautical Information Systems (DNIS) offered her a job as an army nurse consultant. It was a job located on the grounds of Walter Reed, so she worked there for a year.

As a reservist, Pocklington was asked to take over as Chief Nurse of the 2290<sup>th</sup>. The 309<sup>th</sup> Medical Group came under the 2290<sup>th</sup> Hospital, and since the Chief Nurse of the 309<sup>th</sup> Medical Group outranked her they decided to change positions. This was her first assignment to a field duty unit.

In 1981 she moved to Louisiana where she found a position in the 4010<sup>th</sup> United

States Army Hospital (Reserve). She came on Active Duty for the Desert Storm and Desert Shield operations. The reserve unit from Pennsylvania that was hit by a Scud had most of its injured flown into Walter Reed because of the severity of the injuries. The chief nurse would call by phone and give me a list of their patients and I would make the rounds with the Chief Nurse from the 2290<sup>th</sup>. They would call back and she gave them a status of what was happening to their patients.

One of the real problems in the Reserve was the shortage of 91-Cs – Licensed Practical Nurses. Some commanders wanted to cut the content of the 91-C school or just cut out the program entirely. If the content were cut, then the civilian community would not accept them as Licensed Practical Nurses, and if the MOS were cut completely, then the impact would be on the RN who would be overworked. At a meeting with the Surgeon General of 17 generals, Pocklington was the only one who favored the 91-C program. The other 16 opposed the program but failed to solidify their opposition so nothing was done.

Another area was that of command. Nurses could not command hospitals, yet lower ranking MSCs could. The Surgeon General supported Pocklington on nurses having command and in applying for non-branch specific command positions

Pocklington became Deputy Chief of Public Affairs in 1992, a two-year assignment. Togo West was appointed Secretary of the Army just before time for retirement so Pocklington sent in a request to see him, but his colonel advisor said it wasn't necessary. She advised the Deputy Chief of this, and he got her in on an appointment, and West gave her even more time when he saw the information she wished to impart to him.

Brigadier General Dorothy Pocklington retired from the Reserves in 1994, then in March 1999, she retired from the Army Nurse Corps.



**Personal Data**

[REDACTED]

**Education**

[REDACTED]	<b>Degree</b>	<b>Date</b>
Southwestern Louisiana Institute	NA	1952
University of Louisiana at Lafayette	BSN	1956

**Military:**

Catholic University of America	MS	1960
University of Maryland	PhD	

**Career Summary**

**1964**

Entered on Active Duty  
Officers Basic Course  
Captain 1964

**1964 to 1966**

Clinical and Staff Nurse; Head Nurse of the Emergency Room and Clinical Areas,  
Munich Germany

**1966 to 1969**

Assistant Professor, WRAIN Faculty

**1969 to 1972**

Chief Nurse, United States Army Research for Infectious Diseases, Fort Detrick,  
Maryland  
Major 1969

**1972 to 1974**

Chief of Education and Training  
Lieutenant Colonel 1974

**1977**

Retirement from Active Duty

**1977**

Chief Nurse, 2290<sup>th</sup> General Hospital( Reserve), Rockville, Maryland

**1978 to 1981**

Chief Nurse, 309<sup>th</sup> Medical Group

**1981 to 1988**

Chief Nurse, 4010<sup>th</sup> United States Army Hospital, Louisiana  
Colonel 1981

**1988 to 1991**

Assistant to the Chief, Army Nurse Corps for Mobilization and Reserve Affairs  
Brigadier General

**1992 - 1994**

Deputy Chief of Public Affairs

**1994**

Retirement from Reserves

**1999**

Retirement from the Army Nurse Corps

**Awards and Decorations**

Distinguished Service Medal

Meritorious Service Medal with two Oak Leaf Clusters

Commendation Medal

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**Army Nurse Corps, Reserve**

**BG Dorothy A. Pocklington**

**Army Nurse Corps**

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**Dorothy A. Pocklington**

**Dorothy A. Pocklington<sup>1</sup>**

**Early Years**

Q: The first question is, I guess, very basic. While you were on Active Duty, did you always serve under this name?

A: No, when I came on Active Duty in 1964 I was single, and I came in under the name of Dorothy Ann Butcher.

■ [REDACTED]

■ [REDACTED]

Q: And your sex?

A: Female.

Q: And race?

A: Caucasian.

Q: What was your address when you entered Active Duty?

A: My address when I entered Active Duty was [REDACTED]  
[REDACTED]

■ [REDACTED]

■ [REDACTED]

**Nursing Degrees**

Q: What is your civilian educational background?

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<sup>1</sup>This is an oral history interview with Brig. Gen. Dorothy A. Pocklington conducted by Joseph Frechette, Office of Medical History, Office of The Surgeon General of the United States Army at Washington, D.C. on 26 May 2000. This document has been edited by Dr. Barry W. Fowle, Major Jennifer Peterson, Annita Ferencz, and by BG Dorothy Pocklington,. The original manuscript and tapes are located in the Office of Medical History Archives, Falls Church, Virginia.

A: In college, I went to Southwestern Louisiana Institute, which is currently now called the University of Louisiana at Lafayette, and I went into the nursing program in 1952 after I graduated from high school. It happened to be a new program, and I was in the second class that they had at that university in nursing.

Then, of course, after my baccalaureate degree, I taught for two years at the university as an assistant instructor, and then I went to graduate school and was in graduate school from 1958 to 1960 at the Catholic University of America in Washington, D.C., and there I received a Master of Science degree in nursing with a major in Advanced MEDSURG Nursing.

### **Military Educational Programs, 1958 to 1960**

Q: When you joined the military, did you go through any military educational programs for nursing?

A: The only program I was in was the basic for officers, and then the other program I went to was a physical assessment course, which was in the seventies. It was the first time that nurses were going to actually take over a role that physicians had had, which was assessing the patient, and actually getting basic histories, and physicals, and so forth. It was a test course, and they selected nurses throughout the Corps. We had to all be master's prepared, and we went to Fort Sam. But that program was only about two or three weeks. But other than that, I really didn't have any other advanced courses in the military, for various reasons which I can go into later, because it's unusual that you get to a senior rank and you haven't gone through some of the other course classes.

Q: And your clinical field was —

A: Advanced Medical Surgical Nursing at that time. In fact, just as an interest factor, when I went to graduate school in 1958, the government had a new scholarship program, called a traineeship program, where they actually paid all of tuition and expenses for those people going into nursing to get a graduate degree. What was unusual about that was until that time, almost all nurses who went to graduate school were usually those who had 10 and 15 years of experience, even 20 years of experience because it was so expensive to go to school. And they had many years either as supervisors, even directors of nursing, before they ever went for their master's programs.

But when the government then began to fund nursing, when I went to Catholic University, we were the youngest group of students they had ever had. We were anywhere from 22 to 26 years old. This was unheard of in the graduate level. So

we were sort of like a test case, because most of the time women were usually in their mid-thirties and even early forties when they went to graduate school. So that was kind of unusual.

### **Dates of Promotion**

Q: If you could, just kind of give a brief resume of your ranks, when you were promoted, that sort of thing.

A: I entered the army in August 1964. I came in as a captain because I was master's prepared. There was a question of whether or not I would have come in as a major, but I think at that time I had only eight years of experience, and you had to have had 10 years of experience to come in as a major. So I became a major — I became a captain when I entered, and when I went to basic there were five of us in the basic class that were actually captains. Everyone else was either a 2d lieutenant or a 1<sup>st</sup> lieutenant.

I can tell you that the reason why I went into the Army Nurse Corps, I had already— I was 29½ years old at the time, and I had completed my graduate degree, had been working at the university for about six years, and I was looking forward to going on for my doctorate degree, and the recruiters would come in every year and speak to our seniors, to encourage them to consider the military as a career. The army, navy, and air force were given one hour, which they had together, where they would present their corps to the nurses.

Now, one of the no-nos was that recruiters could not recruit faculty because naturally, the deans would not want them to be on their campus if they were going to try to recruit their faculty. And so I had known all of the recruiters quite well over the years, because they kept coming back to the university. And this one time the army recruiter came into our faculty lounge and made just a general announcement, did anyone know of anyone in Louisiana who was an experienced nurse who would like to have a direct assignment to Germany, because there was a special program on in the Corps called the Nightingale Plan, and that was where you would come into the Nurse Corps experienced, and you could get assigned anywhere, your choice of any assignment in the United States. But on top of that, they had also selected a few assignments for Europe. I think they were disbursed according to states or whatever, and Louisiana had one assignment available for one nurse to go to Europe, and it was to Germany. And I was just at that time considering going to graduate school for my doctorate, and I was a little tired of the school because I had been teaching since I had gotten out of school and had gone to graduate school. So I thought, you know, this might be a nice just rest — I thought it was going to be a rest — to go directly to Europe for two years.



Instead of going as a vacation of two weeks, why not go for two years and let the army take care of me. So that's how I happened to say, "Send me the papers, I'm interested."

When I filled out my papers to go to basic, there was a lot of questions that came back because when I got to basic, they were very concerned on how to classify me because they had never had someone with experience and a master's degree come into their basic class. So they had to kind of, you know, look hard as to say okay, what rank will she be. I think they were also thinking, will she fit in.

Q: When were you promoted to major?

A: Gee, I don't have my dates. I'm sorry. Let's see, I was in in 1964, first assignment was Germany. I came back in 1966, and was assigned to the Walter Reed Army Institute of Nursing as a faculty member. I think three years later, it was either 1969 or 1970 I was promoted to major. That was right at the time where Congress had passed a law that allowed more nurses to be moved from a major to lieutenant colonel, and lieutenant colonel to colonel, and we had a lot of — in 1970 we had our first general officer in the Army Nurse Corps. And because, I think one of the reasons why within three years I was eligible was they counted my civilian experience as experience. So it was only three years before I was able to make major. So that was very fortunate.

Q: How long before lieutenant colonel?

A: Lieutenant colonel — let's see. I'm trying to think. I was at Fort Detrick as Chief Nurse of the Research Institute of Infectious Diseases, and that was — it was between maybe 1974 and 1975 that I was promoted to lieutenant colonel. Each one of those times, when I was promoted to major and lieutenant colonel, I came out of the secondary zone.

I really didn't have a good handle on the military having come in for a short period of time, and I didn't realize how unusual that was, to have all of my promotions come out of the secondary zone, but that was captain — for major and lieutenant colonel.

I was selected for colonel in, I think, 1981, and that was my first promotion when I was not on Active Duty. In 1981, I was in the Reserves at that time, so my promotion as a colonel in 1981 was out of the Reserves, because I had joined the Reserves in 1977 when I went off of Active Duty.

And as brigadier general, that was in 1988 I was selected, and then promoted in 1989. So I was colonel promotable in 1988, and brigadier general in 1989.

### **Awards and Decorations**

Q: Did you receive any awards, decorations, honors, anything really significant?

A: Well, gee, you have to understand you're talking to someone who was both on Active Duty and in the Reserves, so consequently, I had many awards as a civilian, and awards in the military.

In the military, let's see, I received the Commendation Medal, I received the Meritorious Service Medal with two Oak Leaf Clusters, and I received the Distinguished Service Medal.

Q: While you were on Active Duty, did you publish any articles or give any speeches, that sort of thing?

A: On Active Duty, I published one article when I was Chief of Education and Training at Walter Reed, and also — that was a published article, and I wrote one book in conjunction with another Army Nurse Corps officer on — it was a computer technology bibliography, all on computer technology, and I did that — no, I'm sorry, I'm getting confused here because I'm mixing, and maybe we should talk — I don't know how — you talk about civilian and then military because, see, part of my — my rank of colonel and my rank of brigadier general was in the Reserves. All of my other ranks were on Active Duty.

When you ask me what kind of honors I received, etc., well, before I ever came into the Army Nurse Corps — I'm trying to think of what I was — it was after I got out of Active Duty.

[simultaneous comments; unintelligible] [need correction or delete]????

Maybe what I should do is chronologically go for you when I was on Active Duty, because it mixes up when you say honors and so forth, because we're talking two different careers all put together.

Q: You know what, it's probably best to just talk about both at the same time.

A: All right, I think I'll do it sequentially. We'll start — I've already told you where I taught at the university for six years before I ever went into the army, and my first assignment was in Europe. I definitely had requested that I not get an

assignment in the field of education because I had been in education for so long, I wanted to be in the clinical area, and that was very fortunate. I was assigned to Munich, Germany, for two years, and I was able to work in the clinical area both as a staff nurse, and then before I left I was head nurse of the emergency room and clinical areas.

Before I even came to my first assignment in Germany, I was interested in the Walter Reed Army Institute of Nursing because it was a new program the army was starting, and it was going to be under the auspices of the university, which was the University of Maryland.

So when I left basic and was sent to Germany, I stopped over in Washington before I took my flight out of Charleston to go to Germany, and I stopped at the ANC personnel branch and asked them if there was any possibility that I might be considered as a faculty member in the Walter Reed Army Institute of Nursing. And it was very interesting because the person sitting there said, "Well, isn't that interesting we have your card right on our desk. We were looking at you as a possibility here."

They informed me, however, that the Army Nurse Corps could only turn in names to the University of Maryland that were qualified to teach, but they could not appoint us. The University of Maryland was the one which selected the faculty from the Army Nurse Corps.

While I was there that day, and during the time that I was at the personnel branch, by the way, the Corps chief's office was also in that area, and that was Mildred Irene Clark. She was the chief of the Corps. She wasn't there that day, and they said, you know, it was too bad she wasn't there, that I could have met her.

Well, as I'm talking to the person in personnel, Anna May Hayes, Colonel Anna May Hayes came up, and she was the assistant to the chief of the Army Nurse Corps, and had just come back from graduate school, and I think it was at Catholic University. And so they introduced me to her and she said to me, "Well, gee, you know, won't you let me show you the chief nurse's office. I think she would like you to see her office, since she isn't here." And I think she did that because the current offices were in the basement of a navy building in Washington. It was a horrible old World War II building, dark and dank, and all the desks were pushed together. It was really ugly looking. But when you walked into the chief nurse's office, it had windows, and carpeting, and it really looked very executive style. And that was very nice, and little did I know that Col. Anna May Hayes would become our first general officer. So that was a very nice courtesy shown to me,

who was just a captain walking in saying, "Gee, I kind of might be interested in another assignment."

But basically I had only gone into the Army Nurse Corps for two years, and that was to go to Europe, come back, and then I was going to go on to graduate school for my doctorate. The only mistake I ever made in the Army Nurse Corps was when I was talking to them and they said, "Well, we can't appoint you, but what you can do is when you come back from Germany, we can make an appointment for you to talk to the University of Maryland faculty, and you will find out whether or not you will be a member of the faculty WRAIN and I said, "Well, I'll be out of the army when I come back because my two years will be up." And they said, "Well, then, all you have to do is extend for six years. Then you can have time to come and talk to the University of Maryland." And I was very suspicious. I said, "Absolutely not. I will not, because six months, it may mean that I don't get the position, and I'll want to be out of the army because I'm going on for my doctorate." And the individual said, "Well, why don't you let us send you for your doctorate?"

### **Doctorate Program, Army Nurse Corps**

They had never sent an Army Nurse Corps officer for their doctorate before, and I could have been maybe the first one. And I said, "Oh, absolutely not. I don't want a commitment to the army. It's very important to me that I have this first two year commitment, but I do not want a commitment to the army." So I turned that one down, and went to Europe, and we were able to communicate — I was able to communicate with the University of Maryland. They had given me the method to do so from the ANC, and by letter writing, we were able to confirm that I was eligible to be one of their faculty members.

One of the things that the University of Maryland said was you have to have a personal interview. We will not select you unless we have a personal interview. And so I wrote back to them and said would they consider having someone in Munich interview me, because they had an extension program in Munich.

Well, nursing is very strange. Nurses have to talk to nurses. They can't have someone administratively talk to you unless they are a nurse. So I said, you know, I was sorry — so I offered that, you know. Would you let someone interview me here. Then, for some reason, I put a PS on the end of my letter and I said, "For your information, one of your faculty members was a classmate of mine at Catholic University. Perhaps you might want to talk to her."

### **Assistant Professor, WRAIN Faculty, 1968**

As a result of that PS on that letter, they wrote back to me and said, "We don't need to interview you. You are now selected as the assistant professor." And that was it.

So I came back and was in the WRAIN faculty. When we were on faculty there, I was first of all — the first class came in 1968 and I was there in 1968, and they had designated that I was the teacher in the junior class — no, I'm sorry, I was the teacher in the senior class in the area of infectious diseases. And since there wasn't a hospital in that area that took care of things like tuberculosis, they sent myself and another ANC officer to Valley Forge. That's where all of the dependents and Active Duty who had tuberculosis were treated. And we were sent there for six months to set up the program to prepare for the senior students because our students entered the program as juniors. So I wasn't teaching the first class as juniors, but I would teach them as seniors.

So we went to Valley Forge and set up the program in preparation for the senior students that would come in. By the time we were there for six months, they notified us that the curriculum had changed. They weren't going to be teaching that particular course, and that we were to — I was going to be teaching in the junior Med Surg department.

So I came in for one year and taught in the junior MEDSURG department as a faculty member, and then at that time — during that time in the WRAIN program, the department heads or division heads were all civilian university and faculty members. They were not military. One year later, after I think they felt they could trust us, and we were really capable of doing it, they decided that the division heads would be military.

I was selected to be in charge of the junior MEDSURG Division. There were 10 faculty members, including myself. The interesting thing was that of the other nine faculty members, I was outranked by eight of them. They were all majors and lieutenant colonels, and there were several captains. It was an unusual situation because in the military this doesn't work very well when you've got — in charge of an area where the people you're in charge of outrank you. But one of the reasons why — the reason why I was selected as in charge of that division was I was one of the only faculty in that group that actually had experience on the university level before I came into the army.

So it worked out all right, and the colleagues I worked with were just wonderful. They came to me and they said we understand why you were selected. We support

you all the way. And when it came to writing up their OERs, the director of the program would write the OERs and I would just give input to it.

So that normally, when you were in the WRAIN faculty, you were there for four years, and then you could be reassigned. But one of the things the University of Maryland required is that the faculty be there at least four years. They couldn't have faculty continually transferring out. But because I was a division director, I had a six year assignment there. So I actually had six years there.

### **Marriage, 1970**

At that time, in 1970, I had gotten to WRAIN in 1966. In 1970 I had gotten married, and my husband and I had made a decision that he was not going to follow me all around the world. He was a civilian, and I thought well, that's all right, because I was never — I just took this assignment because it was something I wanted to do, and I never had thought about the army, truly, as a career. In fact, they were constantly asking me to come down to sign, to go in Regular Army. At that time all you did was sign a paper, Regular Army. But if you did, you were going to have a three year commitment, and I kept saying, I don't want a commitment. I'm not going to sign.

So I wouldn't sign for Regular Army, and they said, "Well, you know you're not going to be able to go — we won't fund you for school if you don't," and I said, "Well, that's all right because I'll go to school on my own if I decide I want to go to school."

### **Resignation and Fort Detrick, Maryland**

Then I figured that after my six years were coming to an end, I called personnel and I said, "You need to know that I will be resigning, because I recognize that you have to assign me to a certain area, and I'll probably be geographically somewhere else, and I really can't accept that assignment. So I just thought I would tell you ahead of time, don't assign me." I said, "The only thing that I can tell you is that if you do need me in the area in some particular area like Fort Meade or Fort Belvoir, I'd be willing to do that, but I recognize probably it will be a farther distance."

So a few weeks later I got a call from personnel and they said, "Well, how would you like to go to Fort Detrick?" I said, "Well, where is Fort Detrick?" And it happened to be in Frederick, Maryland, 50 miles away. And actually, it was even closer to my home than Washington, D.C. was. So I said, "Well, you know, that sounds all right. What kind of position did you have available?" You know, I

thought, you know, staff nurse, supervisor nights and evenings, something like that. And they said, "Well, we want you to go as chief nurse of the United States Army Research for Infectious Diseases." I thought gee, chief nurse. I don't know if I'm ready for that.

### **Chief Nurse, United States Army Research for Infectious Diseases, Fort Detrick, Maryland**

So I went to Frederick, Maryland. Now, interesting note — Chief Nurse of the Research Institute — I had like all of two other ANC offices working for me, and sometimes only one, and then I had about five civilian nurses. That normally was an assignment for two years, and after the second year I said to myself, well, I'm not going to even call them. I'll just wait until they make my assignment and then I'll tell them that, you know, I'm getting out of the army. Remember, no commitment. Always no commitment.

### **Walter Reed**

Then the third year went by and I still didn't call. This was unusual because normally it was a two year assignment. I thought, I think they've forgotten me. Then I got a call from personnel and they said, "We would like you to go back to Walter Reed as chief of education and training." I thought wow, well, that's okay.

So I went to Walter Reed, and I was there for about nine months when — they wanted — I was a lieutenant colonel by that time, and they wanted a full colonel in the chief of education and training's position. So they had told me when I got there, "You know, when we get a full colonel, you will become the assistant." And I said, "Well, that's no problem with me."

About nine months later we did get a full colonel in, and I became her assistant. I was in that position totally from the time I went to Walter Reed for about two years, when one day I was off on leave and my colonel called me, who was chief of ed and training, and she said, "You know, we just got word that we have a new — there's a new assignment for you, and it's a special assignment to Europe."

Now, at that time I had been in the army for 13 years, and I said, "Don't even tell me where it is, and don't even tell me what the special assignment is because I'm resigning." And that caused a little — they said, you know, how could she resign 13 years. It was like a surprise. And I said, "You know, this isn't a quick decision I made. I made the decision many years ago, actually at the time that I had hit my eighth year, I had already decided I was resigning because I was married. So you just gave me five more years, which were wonderful, but I'm leaving now."

So when I got off of active — and while I was on Active Duty is when I wrote my first article with my staff in education and training, and then when I was ready to leave Active Duty, they told me that I would be joining the Reserves.

### **2290<sup>th</sup> General Hospital (Reserve), Rockville, Maryland**

Well, I thought you had to join the Reserves. You really didn't, but I didn't know the difference. I had been taking orders for so long, I thought oh, boy, you know, this is it. I have to join. And so I did join the 2290th, which was — I think it was a thousand bed hospital in Rockville, Maryland.

At the same time I was looking for, you know, I knew I would have to have a civilian job, and I got a lot — in fact, it was very interesting. Once you're in the army, I didn't tell anyone specifically except the Corps officer personnel that I was leaving, and I began to get calls from a retired MSC officer who was at one of the hospitals in Washington, asking if I would be interested in one of their positions, in charge of their continuing education.

I got a call from one of our past ANC officers who was working for the Red Cross, who asked if I would be willing to be their national educational director. It was wonderful, you know, to sit back and get all these inquiries. But I knew that going with, for instance, the Red Cross would mean a lot of travel, particularly since it was a national office, and I just didn't want to do that kind of traveling.

### **Director of Continuing Education, Walter Reed Hospital**

So then what happened was the chief nurse at Walter Reed said, “Well, couldn't we offer you something here?” And I said, “Well, you really don't have anything,” because I knew that there were very few civilian nurses at Walter Reed, and they were hired only at a certain level. I said, “You know, you really don't have anything that I would fit into here, particularly at the level that you're hiring at.” And she said, “What if I make a new position and it will be director of continuing education. I can't hire you for that certain level, but you could do that.”

I thought well, you know, it would give me — I felt that I needed a transition time. I had had 13 years on Active Duty. This would be kind of nice. It would be kind of gently letting myself down outside of the military into a community situation.

So I decided I would work there as their director of continuing education, which I did for a year, and then the Army Defense Nautical Information Systems, which is called Army DNIS, who works with all of the Department of Defense computer systems that go into our hospitals, had one army nurse consultant. She was a



lieutenant colonel who I knew, and she had decided that they needed a civilian nurse consultant in that position. And so she called me and said, "You know, we're going to be advertising this position." By the way, it was located on Walter Reed's grounds. And she said, "I think you should apply." And I said, "Well, I don't know anything about computers."

You have to remember, this is 1977 and everybody is brand new. You have just mainframes. You didn't have the PCs, things like this. And she said, "No, I think you should apply."

And so I did, and it was run by an \_\_\_?? colonel, and so I applied for the position, and I was very honest. I said, "You know, you have to know that I don't know a great deal about computers," and he said, "Well, that's all right. We have a lot of technical people who know all about computers. I'm looking for someone who knows the military, and who represents users."

And I mentioned this in my history because I stayed in the military as a civilian during that time, and I stayed an army dean for three years. So my first four years out of the army was in a military setting. Meantime I had joined the Reserves, and in my Reserve status I was put in charge of — the chief nurse there wanted something from a person working just with education, and so I was the perfect person for her.

So I worked there with her in that capacity for a year, but very unfortunately, before the year was up, almost about the time the year was up, she became the chief nurse of our Reserve, and became very ill, and actually they found out she had metastatic cancer and was not even coming back. But our general officer, the general who was in charge — the commander of our unit didn't want to remove her because she had gotten sick so suddenly, and we didn't know what was going to happen. So he called me in and asked if I would take over as acting chief nurse "until she either came back or they had to decide there would be another chief nurse."

So I took over as chief nurse of the 2290<sup>th</sup>, just as acting. But when our chief nurse died, then they had to have a regular chief nurse. And I felt very strongly that I had just recently gone into the Reserves only about a year and a half, and there was another chief nurse who was in the 309<sup>th</sup> Medical Group who was part of our unit in an administrative part of the unit. So there were two separate units, but that 309<sup>th</sup> Med Group came under the 2290<sup>th</sup>. And the chief nurse of the 309<sup>th</sup> Med Group was senior to me, and I felt very strongly that basically she should really be chief nurse of the 2290<sup>th</sup>.

### **Chief Nurse, 309<sup>th</sup> Medical Group**

So she and I were friends, and we talked, and I said to her, “You know, probably the better thing would be for us to switch roles. Let me be the 309<sup>th</sup> Medical Group chief nurse, and you be the chief nurse of the hospital.”

Actually, it wasn't up to us to choose this, but we went to the general and we recommended that he do this, and he said, “Okay, that sounds fine.” And so she moved over into my position and I moved over, and I became then the chief nurse of the 309<sup>th</sup> Med Group.

Now, the Med Group was responsible for all the medical units in Maryland, Virginia, and Delaware, so a three-state area. And some of those hospitals were field units. Now, the hospital, the 2290<sup>th</sup> was not a field unit. It was a general hospital. And so I had to learn a whole lot about being out in the field. I said to people, “I went into the army, but I did not become a soldier until I went into the Reserves,” because while I was in the — the time period that I was in the army, from 1964 to 1977, if you were a nurse, unless you were in the field, if you were in a medical center or a big hospital, I mean, you wore your uniform, you saluted, but you didn't get any kind of field experience whatsoever, and you didn't stand in formation.

The first day that I got to — weekend that I got to my Reserve unit, they had a change of command ceremony, general officer change of command. We were in formation during that change of command ceremony, with a lot of commands coming as to right turn, left turn, about face, salute, etc., and I frantically tried to think about what did I learn in basic 13 years ago, because I have never been in formation since I have been on Active Duty, except in basic.

Now today it's a totally different story. They put the nurses through field experiences, etc., and they are much more military. But at the time period I was in, they were not. So I said I learned to be a soldier in the Reserves, because that's what happened. And we were out in the field a lot, so I was there until 1981 as the chief nurse of the 309<sup>th</sup> Med Group.

### **The Individual Ready Reserve**

Then I moved to Louisiana. At that time, fortunately, they were allowing Reserve units to be over strength if they were nurses because there was a nurse shortage. But I was concerned as to whether or not I would find a Reserve unit that would be willing to take me because I had just been promoted, or at least I had gone up for promotion for colonel, and had received a promotion, but my promotion date

wasn't up yet, wasn't, you know, at that time. So I was a lieutenant colonel promotable.

Now, in the Reserves, when you become a lieutenant colonel promotable, you are competition for a chief nurse position, and some chief nurses are not real secure. And so you have to figure gee, am I going to be competition for someone, you know, and will they want me in their unit, especially a senior officer. So I was a little concerned as to whether or not I would get — in fact, I was prepared to go into the IRR instead, and have no unit because of my rank. And I knew there was one unit in New Orleans, and it was full strength. So I didn't feel like that I would have much of a choice of getting into the New Orleans unit.

### **Computer Technology in Nursing**

I was returning, by the way, to Louisiana to be near my family, and I was going to be teaching again back at the university where I was teaching before. So — oh, and by the way, while I was at the army dean \_??\_ as a civilian, I worked side by side with an Army Nurse Corps officer. We were the first two that really were working in computer technology in the Army Nurse Corps. Consequently, nursing also at that time was beginning to be a part of computer technology. So that's when she and I wrote the book on computer technology and nursing, and it was a bibliography. It was the first one.

We had some time, and we asked our commander if we could actually put — we were reading a lot of information on computer technology, spending a huge amount of time, and a lot of things were not very good, and we thought why should nurses continually have to repeat what we're repeating. So what we did was we took and put together all of our notes and looked at the literature from 1966, which were the first articles that ever came out for nursing and computer technology, up to 1977, and we actually pulled it together, and did actually an annotated bibliography.

Q: What was the title?

A: It was Computer Technology in Nursing. I think it said Annotated Bibliography, and we cross-referenced it according to research, administration, education. Now, remember, you also didn't have it on the Internet, or you didn't have it in any way. It had to be hardback. That was it. And they actually — we put it together, and we got HEW, the Division of Nursing to publish it, because we didn't want to make money on it. We couldn't make money on it. But we wanted it to be disbursed throughout the country.

We ended up, it was the second — we were hoping to be the first book out on the market in the country relative to computer technology nursing. But one book beat us by a few months. But that's what we put out.

And so then, when I went to the university in 1981, you see, that's where everything mixes with my military and civilian. When I was at the university in 1981, there were only a few of us in nursing who really had been on the ground floor of computer technology. So I did workshops all over the country because there were no courses for nurses to take. There were no degrees for nurses to take in that area. So it was sort of like, you know, a grass roots type thing.

So I did that, I edited one of the magazines, a total magazine on computer technology. We revamped—the Army Nurse Corps officer and I who had done the annotated bib, updated the bib in 1982 and had it published by Lippincott outside of the Division of Nursing.

Q: Who was the Nurse Corps officer?

A: It was Major Linda Guttman, and she's here at the conference. And so we did it, and so she was stationed in Washington State at that time, at Madigan, and I was in Louisiana, but we worked together and updated it and then published it with Lippincott.

Then I had the *Nursing Clinics of North America* that I edited all of the articles on computer technology. That was before we had a magazine that was all on computer technology. And, let's see, I think there was some other publishing — oh, and then I edited a book with Dr. Virginia Sabba, who was at Georgetown University. It was an anthology in computer technology. That was in 1986. Then we put a second anthology out just three years ago, which we did a second book, an anthology book, that we edited.

Q: When you went to Louisiana, which Reserve unit did you go to?

A: Now, what happened was when I went to the Reserve unit, I happened to go to a chief nurses conference, which we had annually, and I talked to a nurse out of, you know, it's sort of like a grapevine. She was a nurse who was a native of Louisiana, but was working in Texas. And I was just chatting with her, and since we were both from Louisiana, she said, "What are you going to do when you get to Louisiana in the Reserves?" And I said, "I don't think I'm going to get a unit. I'll just probably go into the IRR." And she said, "I know the exact chief nurse for you to meet and I know she'll take you into her unit."

### **4010<sup>th</sup> United States Army Hospital, Louisiana**

So she introduced me to Colonel Vera Gilbert, who was the chief nurse of the — now I'm getting so that I can't even remember my units anymore. It's probably something I'm going to have to put in — oh, it was a field unit, and I was there for a year, and then was able to transfer — they discontinued — they moved the flag of the unit to Texas, and when they did, they opened up all the slots in New Orleans if we wanted to go to the 4010<sup>th</sup>. And so I went to the 4010<sup>th</sup> U.S. Army Hospital there.

When I was in the field hospital, that was in the northern part of the state, I would go to Fort Polk and do my weekend drills there, and then one year later I moved to the 4010<sup>th</sup> in Louisiana. There, there were five full colonels, and that's a lot of senior rank, and only one chief nurse. And so, you know, as the senior officer, I supported the nurse, you know, the chief nurse as much as possible, set up a satellite unit in Lafayette where I lived, which was two hours away.

Then we had a change in our chief commander of the unit. The commander left rather suddenly, and they assigned the only female position that we had, and she had been long-term in the unit, and she had also been a nurse in World War II, and then had gone to medical school. I had met her in one of our annual trainings that we had gone to because you don't meet a lot of the doctors many times in your units because many times they do their weekend drills, doing their own practices in hospitals. So you meet them periodically. It's not like they're there all the time. And I just happened to meet her in one of our two weekend trainings. And so when she was selected to be an acting commander, and I got a call from her and she said, "I want you to be my chief nurse," and I said, "Oh, I feel very strongly that the chief nurse should be selected by a board, and I feel very uncomfortable."

But that's the way they did things in the Reserves, because when I was in the Reserves in Maryland, the commander just said, "I want you for my chief nurse." While I was in the three years in the Reserves there with the other chief nurse, who was Colonel Eleanor Duvall. We were able to change the system, which meant that every unit in the three-state area would select their chief nurses by board, and not by the commander.

We felt very strongly about that, and also that there would be a ten year policy where they would only serve let's say two, three, or four years, because we had chief nurses when I first went in to the Reserves that were there for 20 years. There was no way for any nurses to move up, because once they got to be chief nurse, that was the end of it. And so when Colonel Duvall and I took over, we said no. And Colonel Duvall — it was interesting — had had 12 years of Active Duty.

So she and I were both Active Duty background, and we felt very strongly that it should be a board that selects the chief nurses.

So I just told you that we were able to successfully set up a board selection with chief nurses in Maryland, Virginia, and Delaware. So when I went to Louisiana and the commander says, "I want you to be my chief nurse," I felt very uncomfortable because I felt still again we were back in the time where commanders were selecting chief nurses, and I said, "You know, I really think it should be a board." And she said, "Well, I'm not going to take over as commander unless you are my chief nurse."

So I very reluctantly agreed to go ahead and take the position. Possibly that may have been — now remember, up to that time, from 1981 to the time I became chief nurse, which, goodness, I must have been in the unit about four years before that occurred, I was a staff nurse. I supported the chief nurse. I didn't have any special assignment. And then when I got to be the chief nurse of the 4010<sup>th</sup>, and I asked her, I said, "You know, one of the things I want to do is when the selection is to be made the next time, we really need to have a board. We really shouldn't just, say, appoint this kind of thing. Let everybody compete." I felt very strongly that we should have an equality there, and that it becomes unequal once you start looking at credentials. But if the credentials are all alike, then I think, you know, everybody should have a chance to say I want to be chief nurse and this is what I can offer.

So I don't remember what date it was when I became the chief nurse, but during that time, in the reserves, we did not have a general officer position. That was one of the things that every time I went to one of the chief nurse conferences, we would have — there would be discussion about that. But I figured yes, we will be able to get a chief nurse, someone as chief of the — as a brigadier general. But it's going to be when I retire. I mean, I figured it's when I'm going to retire. It won't be before then.

So I never really looked at anything like I have known nurses who have prepared themselves to be a general officer regardless, you know. that's what they want to be. I just didn't feel like that was going to happen in our time period, and so I never was punching buttons kind of thing.

Oh, by the way, I did — one of the reasons why I just explained to you why — you asked me early on what kind of courses I took, you know, like a war college, or C&GS school or that kind of thing. Well, when I got off of Active Duty, I had not gone to the Advanced Course, and the reason why is I was a senior major and they told me that I was over — at that rank they didn't take senior majors into the

Advanced Officers' course. But that was — then I was teaching at WRAIN, so I couldn't leave anyway. Whether I could have left earlier, I couldn't do that because of the appointment I had at WRAIN.

So by the time I finished, I wasn't really worried about it because then I was too much — my rank was, what would you call it, old, whatever. I was too senior in rank. And so I wasn't really worried because remember, I had no commitment. This is not going to be my career kind of thing. So I just went on with all of the things that they told me to take, but nothing for six months or anything like this.

### **Education in the Reserves**

So what happened was when I got off of Active Duty and went to the Reserves, the Reserves were very tuned into Advanced Officer's course, the C&GSC, the war college. I mean, you got all those courses. I'm way behind time. I'm a lieutenant colonel coming into the Reserves. So I immediately signed up for C&GSC. I decided I would take the three year course instead of the correspondence. I'm not a good correspondence person. So I said, "I'll go every Thursday night for three years, and I'll go and take it."

Well, I took it at Walter Reed. They have the course on campus there, and I was with some of the Active Duty nurses that were taking it also, and I went for about four months. Then they told us to sign in — you register, but you register the day you start your classes, and then the papers go through and it's months before you get your registration back. But four months later, I got a call and it was from the instructor and he said, "You know, I just got your papers back from the application, and you're not eligible for this course."

I said, "What do you mean, I'm not eligible?" He said, "Because you are too senior ranked." I was a lieutenant colonel. I said, "Whoa, wait a minute. There are two lieutenant colonels right now in the class." They were, I don't know, the office of another corps. He said, "Yes, but they went in — you have to do a special application for it." And I said, "Well, I can't believe this. I'm not eligible for this." So I said, "Okay."

But he said, "You know, I think they made a mistake. You just keep coming to class." So I kept going to class. About three months later he called back and said, "You know, you really are not eligible."

## **Application for Brigadier General**

By that time I had already — my papers had already gone out for colonel and I had been accepted. So I thought well, I tried my best to go through the classes and I still got — not that I should be complimented, but the fact is I still got promoted to full colonel. That's all the promotions I could get. So therefore, you know, I've done everything I can. So I never did complete the C&GS course because of that. And I backtracked here just to explain to you because now, all of a sudden, all full colonels get this letter of invitation to apply for the brigadier general position, the first position offered in the Reserves to nurses.

So I thought wow, should I — I don't even know if I'm going to be competitive or not. But my husband said, "I think you should go ahead and fill it out. Go ahead and fill it out." And I thought well, you know, it could be a plus and a minus. I do have 13 years of Active Duty. That might be plus or it might be minus because this is a Reserve position. And by that time I only had like about eight years in the Reserves, 13 years on Active Duty. Many people had 20 years in the Reserves.

So I thought well, okay, I'll go ahead and apply, but I really, quite frankly, did not think that — I recognized that I hadn't had the C&GS and that would have been the final thing that I really had had. But they do give you — there's a term they use. What is it. it's not waiver, but they allow you — there were times when some officers couldn't go to certain schools for certain things, and they give you — I guess it's a waiver, or they actually give you credit for it. So I had a credit sort of like my waiver, so it didn't show. You're supposed to — it shows that you still have the course, even though you don't have it.

## **Selection to Brigadier General**

So I thought well, you know, it doesn't look good to show credit by waiver, but they did legitimately give it to me, so I'll just go ahead and apply. And I have the dates, but I think it's like March 15, 1988, at 2:30 in the afternoon I got a call from General Adams-Ender, and she said, "Congratulations, you have been selected as the brigadier general."

Interestingly, General Adams-Ender and I were captains together in the WRAIN program, teaching in the 2d Division. So that was kind of interesting.

When I was selected — at that time — when I was selected in March, I had just made a decision at the university that I would be leaving and moving back to Washington. I had made that decision in September of 1987, so I was going to



move back to Washington. I didn't know that I was going to be selected in March as the general officer.

Many people thought, or assumed, because I was going to Washington was because I had been promoted to general officer, but that wasn't so. It just happened that I had planned to move back to the Washington, D.C. area, and I also got a position back to go in \_\_\_\_\_ They had a position available and they offered it to me, or I was going to teach at one of the universities here, but I went ahead and did that.

### **Assistant to the Chief, Army Nurse Corps for Mobilization and Reserve Affairs**

So I went in — came in as the first female in the army Reserve as a general officer. They never had a female before. But the Nurse Corps was also the first general officer position that was offered to the Nurse Corps at that time. So I was the assistant to the chief, Army Nurse Corps for Mobilization and Reserve Affairs. That was my official title.

When I came into the position, I worked under General Adams-Ender in her office, and I was in the position from 1988 until 1991. We had determined it was going to be a three year assignment. During that time, we had Desert Storm and Desert Shield. I was — one of the things that happened when Desert Storm and Desert Shield started was that at the Pentagon, General Adams-Ender had called me in about the end of August when they were determining about bringing in the Reserves. She asked me to come in on a weekend. And so we had meetings that weekend, and that Saturday night the surgeon general was supposed to go to a meeting of all the generals and officers in the Pentagon. But General Ledford could not go, so he asked General Adams-Ender to go for him. And so General Adams-Ender invited me to go with her.

So she and I went to the Pentagon that night, and as you walked in the Pentagon, they had real cameras. Everybody going in and out was being taped and everything else. So we went into the briefing room, and in the briefing room she and I were probably one of the few that were in uniform because most of the others had been working, remember, since 2 August, night and day, and this was on a weekend and many of the officers were in civilian clothes that night, and they were talking about Reserves, and bringing in the Reserves. That was one of the things that they were talking about.

I do not know who this officer was, but I have to assume it was a four-star general who was there, who was leading the group. I didn't know him at that time, who it

was. One of the things he said was, “I do not want Reserve general officers walking around this Pentagon being called in on Active Duty.”

Q: Did he say why?

A: Well, they just didn't want any — see, I come from both sides, and I know Active Duty very well and I know Reserves very well. There's a lot of Active Duty people who feel that the Reserves do not carry their own weight, even today, but more so even eight years ago or whatever. And they didn't want any—no general officers around. Very interesting, isn't it?

So General Adams-Ender — we went back to the — she says, “Well” — I said, “Well, let me say this. I don't have to be called in on Active Duty.” This was ridiculous. They were bringing in the Reserves and everything, but they said they did not want any general officers called in on Active Duty. In other words, they would call in their troops, but not the commanders.

So I said, “Well, I'll tell you what. I have” — as a general officer in the Reserves, you're given so many days a year on Active Duty, like 60 days, and you set up your own time. You're not called to—I mean, your agency can ask you, but the basic thing is you can say okay, you need someone for two weeks, I can get orders for two weeks to come in or something.

### **On Active Duty for Desert Storm and Desert Shield**

So I told General Adams-Ender, “You know, I still have time left from this fiscal year. If you would like, we're calling in the Reserve units now. What about if I come and work in the office for three or four weeks?” She said fine. So I put myself on Active Duty, and was there — so I was able to — one of the big things that I did when they called in the Reserve units — of course, they get statuses on the units as to how many doctors, how many nurses, what kinds, etc. Well, those reports can be very misleading. Numbers that you send to headquarters can then sometimes not really tell you the picture of what the unit is really like.

And so what I would do is as soon as I would find out that there was a unit that was called up, and had been told — I mean, I knew ahead of time, but I could not contact the units until they were officially informed, they were called out. Then I would call the units and talk to the chief nurses and say okay, give me your real story. What kind of nurses do you have, how many do you have, that kind of thing, which would give us sometimes advanced information and also give us a

picture of what was more than just numbers that General Adams-Ender would receive.

Then I visited all of the units that were leaving for Saudi Arabia, and was in contact with one of the chief nurses in Riyadh — no, it was in Dhahran. Remember when the scud missile hit the unit that was on Pennsylvania and so many were killed and so many were injured? Well, they were treated there, and then they were sent immediately back to the States. Most of them came to Walter Reed because they were — a lot of them were from Pennsylvania or the East Coast, and so all the doctors and nurses who were taken care of had no way of knowing how they were doing or anything.

So once a week I would get a call from Dhahran, and the chief nurse would give me a list of their patients they had.

Q: Who was the chief nurse?

A: I'm sorry, I don't remember her name, but she was one of the reserve chief nurses. And I would go to Walter Reed and work with the chief nurse, who had been assigned from the 2290<sup>th</sup> to work at Walter Reed, and she would go around and check all the patients, and they would call me back and I would give them the status so they would know what was happening with their patients. So we did things like that.

### **The 91-C, The Licensed Practical Nurse**

One of the things that I really pushed while I was assistant to the chief, Army Nurse Corps, we met with the — all of the medical commanders and the reserves who were general officers, and myself, met with the surgeon general twice a year, and we would bring up certain issues that were coming up. There were two big issues that came up that I was really — really worked on.

One of them was the issue of the 91-C. This was the licensed practical nurse. The 91-C was — there was a great shortage of them in the reserves, and as a result of that, commanders, when they report those shortages, it doesn't make them look good, and they did the best that they could trying to get more 91-C's in. Now, you know, these become licensed practical nurses, so they have to pass tests in the states that they're in, etc., and the school is like a year long, full-time kind of thing. And so it's very difficult to get the full component of 91-C that they needed.

So some of the commanders wanted to cut out the 91-C program and cut out a lot of the course content that was in the 91-C program, which would then mean that

number one, they couldn't be licensed in their state, which was a recruiting factor because some young men would come in and win it, and would take the 91-C program, and then they could actually work in a civilian job as a licensed practical nurse if they wanted to.

Now, if they cut out the courses that were required for accreditation, then that meant these people would have a program that would prepare them to be "medics," and maybe even advanced medics, but it wouldn't do anything to be recognized in the civilian world for a job because where do they fit in? It's not military, you know, kind of thing. And so a lot of them wanted to cut down the actual school so they wouldn't be — they would be like advanced medics, but not 91-C's.

Now, also how that impacted us was when we set up hospitals — military hospitals, there are so many nurses we put, and so many 91-C's, and so many 91-B's who are at the head of the medics who go out, and I had to try to interpret to them there were two important factors relative to 91-B and 91-C. One was the fact that if we did not give these young men and women a license that was recognized in states that they could use for their civilian jobs, you're going to have very few that want to go into this very long program, which doesn't give them "a legitimate license" to practice in a particular state, just in the military.

Secondly, when we set up hospitals and we put so many nurses — military hospitals — so many nurses in charge, and so many 91-C's and 91-B's, if they cut out the 91-C's as to what they could do in their complexity, they would then require more Army Nurse Corps officers. We would have to change our entire numbers, and we were already short of nurses.

So it was sort of an interpretation kind of thing. You can't just go and change schools like this, even though it makes your record look bad because you don't have enough of them, you know, that you're supposed to have, and so that was kind of a fight on your hands. And very interestingly, I had almost all the general officers, except for about two or three, wanted to change the schooling. So when we met with the surgeon general, here we were 17 general officers and the surgeon general, and we had decided that we weren't going to bring this up right now to the surgeon general because there were too many ifs, ands, and buts about it.

Sure enough they brought it up, and then they said well, let's go around the table and have each one of us tell the surgeon general what we think about this. Now, I have 17 officers who are going to speak in one direction, and I'm going to be the lone one. So they start, you know, three or four down, and they all speak, well,

you know, I think we should — we should really cut the number of supplies, and then when they got to me they said, “Oh, General Pocklington, we’ll just skip you and we’ll come back to you last.”

So they did, and then they came back to me. And so I just looked at them. I said, “How many of you would like to be in my position right now?” They all laughed because they knew what they had done. They had put me under the firing line to be the lone contender. Then after it was over with, I had two or three generals say, “You know, we do agree with you.” That was all. But that was one big issue that I really had to work on, and fortunately, we were able to — they didn’t have their act enough together to really make such a change in the army, quite frankly.

### **Nurses for Command Positions**

The other thing that I really worked on very, very hard was for command — for nurses to be able to command, because in the army Reserve, there was no regulation that said nurses could not command hospitals. And many times we would have a commander who really was not very good, and then the chief nurse would be the one who really was commander of the hospital, unofficially. Let’s put it that way, unofficially.

On the Active Duty side, the problem was they did have a regulation that said nurses could not command hospitals, actually stated it. For the Reserves, it was strictly an interpretation. So I was in hot water a lot with that, because the MSC officers knew that we were going to be their competition if we could command because, you see, they could command some of the units periodically, but if it was a nurse — many times I was in a unit where we would have a lower ranking MSC officer commanding, and the nurse was the more senior officer.

So anyway, that was a big fight, and the — Active Duty was very supportive even though they had their own regulation which set their nurses at that time. Remember, we’re talking ‘88 to ‘91 could not command. That was a real interesting situation. I had many MSC officers who made phone calls to the surgeon general trying to stop what I was doing. I even had the Surgeon General come to me and say, “I’m not going to worry about what they were saying, General Pocklington, I’m going to support you.”

So those were my two things that I really worked very hard on, plus support for Desert Storm and Desert Shield.

Q: Which surgeon general?

A: That was General Ledford. And then after that, I don't know if you know that in the reserves, when you have finished your position of three years, there are two choices you have. You can take another position as a general officer, but you have to compete for it all over again. Or you can go back to a colonel's rank. In the Reserves you can go back to a colonel's rank.

I just — I thought — there's no way — I mean, that — and some have done that, but I think that's terrible. The idea that you go — first of all, I hope they can change the thought process from a general officer to a colonel, number one, and secondly, I think it sort of degrades the position you were in to be going back into a lower position. That was not an option for me at all.

I didn't know — I wasn't certain how much of an option getting another position was, but what they do is they allow you to go into what they call two years of inactivity where you can still have your rank, no position whatsoever. You cannot formally be — participate in anything with your uniform and your rank, but you're still a general officer. You haven't lost your rank, but it doesn't count against the number of general officers that are out there during that two year period of the time that you have in order to find another position.

Well, I had been preaching to all the nurses across the country when I would go to speak to them on number one, what was their procedure in applying as a general officer, because nurses did not even understand what it was all about. And we had no ol' boys network to tell us, which men had had for years and years and years. So I would go over the procedure — for 15 minutes I would give them procedure. If you're a colonel and want to be, or you think that one day when you're a colonel you want to be a general officer, this is what you have to do. This is how you have to be competitive. This is the procedure. I did that everywhere I went.

### **Nurses for non-branch Specific Positions**

Secondly, I also encouraged them—I had begun to find out there were general officer positions that were non-branch specific. And you see, we weren't tuned in to any of this. We really didn't understand it. So I tried to explain to them there were also other positions that I felt many of them were very well qualified for, because they had been able to go all the way up to the War College, even some of them by residency. so I felt that they would really be competitive. I said, “Don't just look at this nurse position. Look at other positions, too, and apply for it.”

So when I was in my two year period in the first year, I thought, you know, I have been telling people that they should apply for non-branch specific positions, and

I should really do that sort of to test the waters. I didn't expect another position. I just thought, you know, boards need to see nurses applying for other positions besides a nursing position. And it won't hurt my feelings to put my paper in and know that maybe they're laughing when they read it, saying, "When can a nurse do this or that?"

So I thought, I'm going to go ahead and do it. And in the way in which you do it, when you apply for a general officer position, besides turning in hundreds of papers of your background, etc. Or you actually apply for certain positions, and they give you a list—they give you a whole list of all general officer positions available, and then they tell you're if they're non-branch specific or not, and then they say okay, you can list as many as six that you're interested in.

That's something I always thought was ridiculous. I said no, I'll put two or three down. So I selected off a list of things that were like a personnel position. I thought, you know, I can do personnel. There was—I've forgotten what other positions there were—public affairs position, there was another third one. So I put three down. I thought well, we'll see what happens here. Then I put it in and didn't think a thing about it.

### **Deputy Chief of Public Affairs, 1992**

The next March I get a call again. I happened to be in Denver at a special executive — federal executive workshop that they were having, in my civilian job. That was in 1992. And I had been selected as deputy chief of public affairs under the secretary of the army.

So I was the second nurse to go into a non-nursing position as a general officer. The first nurse was General Adams-Ender, who I had worked with, who became commander of Belvoir. She had come, and then just a few months after that I became deputy chief of public affairs. So I was the first female they had ever had, and I also was the first nurse they ever had that was in that particular position.

So as deputy chief of public affairs, I don't know if you know -- in the reserves you have — your job — you learn what your job is on mobilization because that's what you're about. If you're mobilized, what is your responsibilities going to be?

I was going to be in charge of the Los Angeles Office of Public Affairs, working with film industry. I was in charge of the — I would be in charge, if activated, with the New York Office of Public Affairs with the army, working with all advertising and publishing companies; charge — *Soldier's* magazine; army TV and radio services, and hometown news, you know, a little thing that goes there.

So for that period of time, I went across the country and began to get smart on what I would do as far as those particular positions, and learn who the Active Duty people were, what their jobs were, etc., and I also was responsible for — we had 99 IMAs Reservists who worked for the department, as far as public affairs.

I don't know if you know this, and I didn't know this either, until I got there, that the public affairs units, all of them are in Reserves. They're not on Active Duty. I'm talking about the small units that go out are all Reservists.

So I did that for two years, and at that time I decided — it was a four year assignment, but I was going to be 60 at that time, and I decided — and that would be mandatory retirement after two years. So I thought well, I'll go ahead and retire in two years.

I started under Secretary Stone, then we had an acting secretary of the army, and then Togo West came in. He came in in November. I came in — and I had been there for a year and a half. And so I thought well, he's new here. I probably won't go and see him right away, but I'll wait about a month and then I'll go in and see him. I'll give him a chance to get his feet on the ground.

So in December, I sent a note up to see him because at that time, there were only five general officers, all one star, in the army. IO was the only Reservist, and there were four Active Duty at the time. We've dropped by two. We've lost some. And I at that time was the most senior female general officer in the army. The Active Duty ones were junior as far as date of rank is concerned.

So I thought well, he should leave his most senior female officer. And so I sent a note upstairs to tell him I wanted to meet with him. I got a note back from his colonel, male, military advisor of the army who said this was not necessary. I was incensed. I was absolutely incensed. This was Christmastime.

So when I came back in — well, I guess February was the time I went back to the Pentagon and I said to the deputy chief who was the deputy chief, Active Duty, I said, "I cannot believe I'm leaving the army in March. I'm the most senior female officer in the army, and I cannot get an appointment with the Secretary of the Army."

He said, I'll take care of it. So in March, the beginning of March, I went in to see Secretary Togo West. I came — I had a 30 minute appointment, and I don't know if you've ever been in the Secretary of the Army's office, but when you do, they have a little bell that rings when your time is up. And I have a list — I went in and I had a list. I said, "I would like to share with you my observations as a female



general officer. But I want you to understand I never — my position was such I was only a general officer. I never tried to be the female. That was not my job. But I certainly, as a female, can tell you some observations.

So I started making my list out. He said, “Wait a minute.” He ran to his desk, he got a yellow pad of paper, and started scribbling down. Then he said, “In 30 minutes the bell rings. You have to come back. You haven't finished your list. I said, “No.” He said, “Well, you're going to have to come back.” So I said, “Okay.” I said, “One hour.” He said, “Set up an hour appointment.”

So I went back at the end of the week and I saw him, and so I said — so he said — Well, I said, “You know, I have to apologize, I did all the talking and I didn't allow you to do any talking.” He said, “No, finish your list. Finish your list.”

And so there were things I was telling him like, for instance, he had gone — the first time I saw him, he had just gone the week before to the Senate Committee and had to testify, and one of the questions that came out was why women were not two-star generals. I could have given him information onto why — where we were and why we were, and he didn't even know he had the resource.

So then he said, “Why are you leaving?” I said, “Because I'm going to be at mandatory age of retirement.” He said, “I'll give you a waiver right now for two more years.” I said, “No, I have been a general officer now for I'd say five years. I need my time, and this is a good time to leave.” But that's how it went.

### **In Retirement**

Q: Since you retired, what have you done?

A: Well, you see, I was working with Army \_\_\_\_\_. When I came back in '88 I was working with Army \_\_\_\_\_ and I have to say as a military organization, they were absolutely fantastic, because remember I came as a general officer in the Reserves, and when I found out — I was to report to them in May, and I found out in March that I was to be a general officer.

I called the deputy of that agency, who I knew was a civilian, and I knew that the commander was a lieutenant colonel. He wasn't even a colonel. and I said, “You know, you need to know this. And if this is going to cause a problem at all because I happened to have been promoted to this in the reserves. I said, “I need to know because I can just get a job somewhere else, because I don't want to make it uncomfortable for anyone. I am a civilian when I worked there, you have to understand that. But still they know what I am.”

And so he called me, he said, “I talked to the commander. There's no problem whatsoever.” And I had three commanders the time I was there as a general officer in the Reserves, and they were wonderful to me, you know. I mean, everything I did was leave, you know. I'd just take leave like — except if they wanted to know what I was doing. All they knew was I was taking leave. That was it. But sometimes I had to go to the Pentagon, and I would be like in an afternoon meeting or something, and I would just take the afternoon off.

Well, I would go and change in the ladies room, and then I would go out the back door. That was one thing I never, ever did was there in uniform, you know. And if it was winter, I'd put a civilian coat over me so they wouldn't know.???

But one day I was rushing out. It was in the back, and I walked out the back door, and there was my commander right there. He said, “Gee, it's like Superman. You go in a telephone and you change your clothes and you're out.

I felt since I worked for a military organization that I shouldn't confuse people. They only knew me as a civilian, not as a military person, as least, you know, as much as they could. But they like to ask me questions and things like that.

I'm sorry, I interrupted, but you said what I was doing. But I work with the Army Defense Medical Information Systems, and I retired last year. So I'm really retired, because when you're in — I always tell my Active Duty counterparts that you actually are busier in the Reserves than you ever will be in the Active Duty, because Active Duty, that's your whole duty, nothing else but that. Even if it's 24 hours a day, that's what you do. When you're in the Reserves, you have a civilian job and you have a military job, and the reserves are not just weekends, even though people think so. So you're actually balancing two jobs all the time.

So it was really — I retired from the Reserves in 1994, and would you believe Secretary West presided at my retirement, and I was the first general officer that he retired — he had presided at for that ceremony, which I was very pleased about. Then in 1999 — March of 1999, I retired from the Army Nurse Corps, so I truly am retired-retired.

### **Comparing Civilian Nursing Experiences with Military Nursing Experiences**

**Q:** Since you've been and had a foot sort of in both camps, could you compare your civilian nursing experience with your military experiences? Were there any dramatic differences that you noticed?

A: Well, interestingly, one of the important things that is different from military to civilian is the number of male nurses you work with because, you see, our Corps is made up with like almost a third, or now a little bit more than a third of our Corps are male nurses, and civilians, if you look at the percentage of men that are in nursing, it's a very small percent. I'm sorry, I don't know what it is. But that was one of the things that I took for — once I started in the Army Nurse Corps, that I took for granted was the number of male nurses I worked with. And then looking into the civilian sector, there are much fewer that you work with. So it's a real positive on the military side to work with so many male nurses. That was a real plus, and different.

One of the other differences that I think is very significant is that every Army Nurse Corps you work with has a bachelor's degree, and that makes a big difference. There are very good nurses who come out without — you know, that a diploma prepared, that don't have their baccalaureate degree, but to have every one with a baccalaureate degree, all having gone to college, puts a little difference — that educational background does show, when you look totally across the board at your nurses and the nursing care that's given, that's a biggie there, and that was what was so difficult. However, I will tell you, in the reserves where they still took diploma nurses in the reserves, but they could not go on Active Duty.

Now, what I would do when the nurses came on was caution them that they could only progress to a certain degree without their baccalaureate degree, and that was a real plus that you would help them, to mentor them and say, you know, you really need to go for your degree.

One of the best things that you can see is when you see these nurses in later years and they — I had a nurse who had an AD degree in New Orleans. I just went back this past year. She is now a lieutenant colonel, and she's working with a master's degree now. If she had stayed without ever being in the reserves, I'm wondering whether she would have really gone on for all of her degrees. You know, those are the kinds of things that I noticed.

Certainly, I think since I had a lot of civilian experience as well as military. I could look at both of them, and each one has their negatives and their positives. I think they balance off very nicely. But there is still, to me, a special professionalism that you have, and a commitment in the Army Nurse Corps that sometimes is not there in the civilian sector.

Q: I guess to kind of focus in a little bit on sort of your clinical assignments, if we could, now, your area of specialization ....

A: Was Medical Surgical Nursing.

### **Assignment Outside of My Area of Specialization**

Q: Were you ever assigned outside of your area of specialization at all?

A: Well, I don't know if you want to call it outside of your — my very first assignment was a medical ward, which was wonderful, and then I was head nurse of an emergency room in an out-patient clinic area, which still is a type of MEDSURG, but more emergency type things. But at that time when I went in, in 1964, we didn't have such things as — they were just beginning intensive care units, and just beginning emergency medicine. I mean, they didn't even have anything, I don't think, even as emergency medicine in 1964. So medical surgical nursing was a very natural transition into an emergency room and to clinic areas, etc.

But as far as being outside — then, of course, they kept me in education. I was very fortunate, I was kept in areas initially that I was prepared for in education. But as you get more experience, you might not have a formal education as an administrator, but you develop those administrative skills, and certainly that's what — so to move as chief of infectious diseases at Fort Detrick — chief nurse of infectious diseases, that was — infectious diseases was not a particular area that I was really skilled in. But anytime you're pushed into something that you think you don't have any background in, you study yourself and you become expert in it.

And then, of course, moving over in charge in in-service education when I moved back to Walter Reed was totally — even though I had a background in education, in-service education was totally different in another way. So the Corps was always pushing you. I always tell people who come into the Nurse Corps, you're going to be doing things that you never even thought you would be interested in, and you weren't interested in it, but the Corps will give you that assignment, and all of a sudden you become an expert in something you never thought you would become an expert in.

### **Orientation in New Assignments**

Q: When you got these new assignments, did you generally receive any kind of orientation, or was it on-the-job training?

A: Oh, well, I had basic orientation, you know, when I got my first position kind of thing. But my orientation like as the first time as a chief nurse, maybe a week with

the other chief nurse. I mean, it's very informal. And then when I went as in-service educator at Walter Reed — basically, I got no — in fact, I got no orientation whatsoever. It was a department in total disarray. Total disarray. The current person that I was taking her place was only there because she was doing a favor to the chief nurse, and she said flat out, she was a supervisor, not an educator, and it was true.

The department I went into had absolutely no credibility whatsoever. And we're talking about Walter Reed Army Medical Center, the pinion of the Army Nurse Corps. But that happens. But you know what? You can do it. And you get a lot of support from the officers that surround you. So, I mean, you know, the army is just like civilian life in many ways. You can go into a wonderful situation, very well prepared, etc., and you go in another situation where — but I'll tell you what, when it's an area you're going into where there's nothing you can do but up, it makes you look good. I mean, if you want to put it that way.

### **The Walter Reed Army Institute of Nursing**

**Q:** When you started at Walter Reed Army Institute of Nursing, could you just kind of describe the structure of the faculty, how many people there were, that sort of thing?

**A:** One of the things about the faculty was that faculty, even though the actual position was selected by the University of Maryland, the Army Nurse Corps presented the names to the University. And I consider that the nurses that they actually presented to the University were some of their top nurses in the Corps. What a wonderful experience to be able to meet — I mean, first of all, we were minimally masters prepared. Everyone was masters prepared.

One of the wonderful things about that faculty was the fact that many of them — some of them had taught in 91-C schools, etc., or maybe had been in education and training before. But the biggest thing, I thought, that was interesting, having come from a civilian setting, and then into the military setting of the same type of university setting was the clinical background of these nurses.

These were well experienced nurses who were majors, lieutenant colonels, captains, who had years of experience in the clinical area. They were clinical specialists. I mean, they really understood nursing and their area of nursing that they were working with, all masters prepared. They were in the lead of the Corps basically. And even the ones — there were so many elite, they couldn't all be selected. Sometimes you wondered why some weren't even selected. Maybe they didn't have their uniform on right that day. I don't know. But that was exciting,

because you had such very special colleagues that you were working with, which you rarely have an assignment where you're working with such hand-picked people.

Then you have the students themselves. Here was a program that was offering a four year scholarship to students, with everything paid for, as well as them getting a subsistence of some ....

### **The Diversity of Students**

I've talked to you about the WRAIN students that came to us. They were right out of high school, all expenses paid for them to come. One of the things was we could be highly selective because we had applicants from all over the country. And so consequently, the first year that they were there, I thought we had — and I don't have the statistics here. We had a large number that were from military families, because I'm not certain how well known the program was. So certainly the military families found out about the programs, and would want their children to take advantage of it because here was a four year scholarship all paid for.

Now, the interesting — this program was they could select to go to any school in the country for two years, the most expensive ivy league school that they wanted to go to for two full years. Then they were transferred to the University of Maryland in their junior year for their nursing content. Of course, they had to find a university that would fit the curriculum requirements, so they would be able to take the right courses. And when these students — the interesting thing is, though, when you have all students who come in with probably all A records, you've got a problem in the sense that they're not going to all remain A students in the sense that they are — how do you say this — all the top of the class. Now they're highly competitive.

And so that did cause some difficulties among the students themselves because here they were used to being the top dog in their class, and all of a sudden they're finding people just as smart and smarter than they are in that school, too. And it was a challenge to the teachers to teach those kinds of students, believe me. It was a real challenge.

### **Size of the Student Body**

Q: How large was the student body?

A: Oh, gosh. I don't know how many were originally selected, but it seems like to me 60 to 100. But, I mean, you would have to look into some other area. Maybe 100-120. But it was — it might have been 100.

Q: Generally, how many would be in each classroom?

A: Well, it depends where you have them split usually, so I don't really know. But you could have this large class of 60, 70, or 30. It depends on what you're teaching as to what you have.

But what happened was, I can remember I was not there the very first few weeks when the school opened. But it was in Delano Hall located at Walter Reed, and that particular building was totally renovated for the students. It was renovated in luxurious style. No such thing as anything looking military. You walked into this beautiful foyer that was like a huge reception area of a hotel, with plush carpets, chandeliers, carpeting everywhere, and the students rooms, we had red carpet everywhere. It was just really — it was like there was no tomorrow as far as what they were going to put out for the students.

The very first faculty that were there, I was in the first faculty, but I didn't get there when they first opened the doors. But I remember that group of faculty saying when they opened the doors that they even had to go up and help put sheets on the beds and everything because they wanted everything so bright for the students when they walked in that first time that they had class.

Actually, besides the students themselves being a challenge, the adventures of the students were just as much a part of this school itself. Whenever they had leave, they would go on these military fights. When we had semester breaks, it was to see which student came back with which story as to how far they had been — Brazil, Argentina, Spain, Germany. The faculty would say gee, I never went to any of those places.

So our students had a very interesting time, too. As far as faculty, we worked very closely with the University of Maryland faculty. At the very beginning there was a lot of — what would you say — suspicion from the university faculty that were civilians because they weren't quite certain what all this military was about. And they knew we had credentials, but could we teach? I mean, that was kind of like the question in their mind, and we had to prove over and over to them that we were good. And in fact, we many times had more credentials than their own faculty at that time. That caused a little bit of hostility because here you had faculty in military — military faculty who were expert clinicians, who might be working with a faculty member of the University of Maryland, who had great

academic credentials, but had nothing near the clinical credentials that the military had.

But within a year there was a new dean that came into the University of Maryland, which was Dean Marian Murphy, and she was able to actually be very ?? a fact in turning her own faculty around, with them recognizing the qualities of the military, and that was when — the year later is when the University of Maryland allowed the military to be the division heads. Because until that time, the University of Maryland appointed their own civilians as civilian faculty to be in charge of the divisions.

Then when she came and evaluated everything and realized hey, these military people have it, you know, and there's no reason why they should not hold those positions as well, especially for the students that were on the Walter Reed campus, because they had, you know, the campus at Baltimore, too, which was for the civilian students.

### **The Relationship between WRAIN and Walter Reed**

Q: Could you kind of describe the administrative relationship between WRAIN and Walter Reed as a whole?

A: Yes. What they did was we had a director of WRAIN, which was always a military officer and a nurse, and a full colonel.

Q: Who was the director?

A: The first director was Colonel Imadene Fyler, and then Colonel Drucilla Poole was the director when I was there—both Colonel Fyler and Colonel Poole, and then they had other subsequent faculty, you know, persons that were directors after that.

One of the other directors was Brig. Gen. Hazel Johnson-Brown, and she was a colonel at the time, and was doctrinally prepared, and was the director. And then she became one of our chiefs of the Corps.

We had a second person on faculty who became chief of the Corps, and that was General Adams-Ender. And then I became a general officer in the Reserves. So out of the faculty, we have had three general officers come from that original faculty — not original, but the faculty that have been there. So I think that says something to the army. They did try to put a lot of their people that were the best.



## **The Anti-War Demonstrations**

I'm trying to think of anything else because there were so many things that happened during those times, because we were a very special place to be, and gradually, as we moved along — oh, one of the things that occurred, of course. You know, this is when we were having the anti-war protests for the Vietnam War, and here we were having these young people coming in of that era, and it was always a little bit of a concern of ours as to how our students felt about the whole business of the anti-war demonstration.

I remember one time we had some of our students go to downtown Washington to be part of the anti-war demonstrations, and then we found out that one of our students was going to be on CBS News. I remember the faculty sitting in the faculty lounge saying, “Oh, my God, what is that student going to say.” They're in the military. I mean, they actually held rank. They were PFC's in the army. I mean, they had to join the army when they were in our program.

So the student came on, and we thought oh, God, what is she going to say. And she did it beautifully. They said, “Well, how can you be in the army and be a protestor?” She said, “Well, I may not agree with the army or the military and what we're doing as our government, but our soldiers deserve the best of care that they can get, and that's how I feel comfortable with this.” And so we all had a big sigh of relief, you know. We thought there was going to be some anti-military statement made or something, and she did beautifully.

So we had those little situations. In fact, we had some students that were in freshman and sophomore classes that selected the University of Maryland to go to, so they were on the College Park campus. And we would go there and do some of the classes and their professional courses. And I remember when we went as faculty to the College Park campus, we were told we were not to wear a uniform, and we were hopefully not to have any military stickers on our car because that was in the very height of the anti-war demonstrations and anti-military sentiment on campuses.

So when we went to teach on campus — and we didn't teach a lot of—just one or two hours of a professional introduction class or something like that. We would go in civilian clothes, and hopefully our little decal that said Walter Reed would not cause a riot.

## **Problems at Walter Reed**

Q: Were there any problems around Walter Reed itself during this time?

A: Oh, yes, because we were on faculty when Washington was burned, and I remember as a faculty member it was in the late afternoon, and we had gone to the officer's club for cocktails that evening, and it was — I think it was a Friday because we always went on Friday evening. Someone came in and said, “You know, fires are starting in Washington. They're rioting.” And, gee, you know, Walter Reed is located in the northwest part, on the edge of the District, and so we thought gee, this is really something. So we thought well, we've got to leave early, you know.

So when we walked out, it was just a glow in the horizon, and I lived in Silver Spring, and so I drove from — I had like one mile from Walter Reed to the line, and then that Saturday I had to go in. sometimes I work on Saturdays, or check something that I had to do, you know, in my office, and I remember going in on that Saturday and there were National Guards at the District line with their rifles, stopping all cars, and all cars going into the District, besides being stopped to find out where they were going, cars going in and out would have written on their cars a lot of the African-Americans, in white shoe polish, “soul brother” on their car to tell the people that went into the District that they were African-American.

So it was—it was a very scary time during that time. But at the same time, we were kind of surrounded by this beautiful campus, with the walls around it, and you felt, you know, military installation, felt pretty safe. But that was not a good time. That was not a good time at all.

Gradually, as we went along with our classes coming in, we realized that the students that were coming in, many of them really needed to have interviews before they were admitted because though their grades were wonderful, sometimes when they came to us we would find that they were really not the kind of person that nursing would work for. Let me put it that way.

Sometimes very intellectual, always very smart, but you also have to be a people person, you know, and sometimes we would have students that we recognized on paper, looked fantastic, but really wouldn't fit personality-wise for what nursing requires. And then also there was challenges to our program because it was felt that we didn't have enough diversity in our student population.

### **Recruitment of Students at WRAIN**

So this is when we actually sent some of our African-American faculty to campuses and to high schools to recruit, and General Adams-Ender was one of them that was sent out, too, and especially if we had some students that represented diversities that were in their first and second years of college to

encourage them to continue, and to see if there was anything else we could do to help them so that they would be successful and could come in their junior year to our program.

So, you know, we went through ups and downs in different things. And then gradually, what we did also was require a type of interview besides just the packet. So the program evolved to get more and more sophisticated in the selection of students that we had, and to make certain that they would be successful. Because sometimes they're not going to be successful if you — you can almost sometimes talk to students and know that this is not going to be for them, and they're going to leave before, you know, it's over with.

### **Rejection by Academia**

**Q:** What sort of things about the program would have been different from the education a civilian nurse would have received?

**A:** Actually, nothing. And that was very, very important that it be exactly like other universities because that was the challenge to the school. Before that school opened, there were many—because remember I was teaching at a university when they even talked about that school. And I remember my dean going to national conferences and coming back and saying, “Oh, they can't have that military school.”

There were various reasons why that school was very much rejected by academia. They thought, number one, military cannot give diplomas and they were right. And it was a misunderstanding among some academia, the academic community, that the army was going to give a diploma. But the army was not. It was going to go into contract with another university, and the university would grant the diplomas.

We had to insure that we matched civilian schools, that there was going to be no difference, but in fact, there was a difference because I believe that we had one of the best qualified faculty that any school could have ever had. And we had a fantastic — let me put it this way. I think we matched any of the best schools in the country, if we did not surpass them. And another reason, we had Walter Reed Army Medical Center, a world renowned medical center that we had available for our students to practice in. Not many hospitals have that kind of surroundings, a clinical setting for students.

So in that sense, how did it compare? Equally or surpassed it. That's what I would say about it.

Q: But none of the training was particularly aimed at the military situation?

A: Absolutely not. It was never intended to be. It was to prepare them to be a nurse that was baccalaureate prepared, that then would go in the military, and once in the military then they would tap their regular—just as anybody else who came out of a civilian school. But where they were ahead of the people is that they grew up in their four years in the military environment. And you learn a great deal about the military, even though they didn't wear uniforms, and they didn't salute, etc. They were surrounded by military people.

So they learned a great deal about protocol, the atmosphere of the military, in a medical center, not the environment of a field area. But in that sense, they were able to move forward very rapidly, and UP would say adjusting to a military situation. And many of our very first students came from military families and we always had students that came from military families, but I think the first few classes had many more because they first of all knew about the program before others did, possibly, and secondly, a lot of them—they were comfortable in the military environment and weren't hesitant to join that program.

Q: Well, I think I'm about out of questions. Is there anything else you'd like to state?

A: No. No. No, this is fine.

Q: Thank you very much.

A: You're welcome.

\* \* \*

### Acronyms

AD	Advanced Degree
ANC	Army Nurse Corps
C&GSC	Command and General Staff College
CBS	Columbia Broadcast System
DMIS	Defense Medical Information Systems
DNIS	Defense Nautical Information Systems
HEW	Health, Education, and Welfare
IO	Intelligence Officer
IMAs	Individual Mobilization Augmentees
IRR	Individual Ready Reserves
MEDSURG	Medical Surgery
MSC	Medical Service Corps
OER	Officer Efficiency Report
PC	Personal Computer
PFC	Private First Class
PS	Post Script
Scud	Name given to early Russian Missiles
UP	United Press
WRAIN	Walter Reed Army Institute of Nursing

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