

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH LT (ret.) SARA GRIFFIN CHAPMAN, NC, USN

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TELEPHONIC INTERVIEW

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**Telephone interview with Sarah Griffin Chapman, Navy nurse during the Korean War. Served in Naval Hospital Oakland's Physical Therapy Department with amputee patients.**

**Where are you from originally?**

Americus, Georgia, down in Carter land.

**Did you always want to be a nurse?**

Yes. I always wanted to be a nurse when I was growing up. I wanted to be a missionary nurse but that didn't turn out.

**Where did you go to nursing school?**

West End Baptist Hospital in Birmingham. I graduated in 1943.

**When did you join the Navy?**

The 5th of January 1944.

**What was it like to join the Navy?**

It was very enlightening to me. We first started off with this drilling. I was an older nurse and not some kid just out of school. Being a little country girl from the south, I just saw all kinds of things I didn't expect. I started to work on an eye, ear, nose, and throat ward.

A lot of the girls got orders aboard this hospital ship so I went to the commander in charge of the EENT department and asked him why everyone but me had been assigned to a hospital ship.

Anyway, I got orders to North Africa. We left for there in 1945. There wasn't much to do once we got there because the war in North Africa was winding down by that time.

**Where were you stationed?**

Oran. There was a Navy hospital there. We all lived in Quonset huts. We didn't do much sight-seeing. When VJ day came, we got orders back to the states.

**Did you get out of the Navy after the war?**

No. I changed from reserve to regular Navy. I had gone from Oran to Bainbridge, MD, and stayed there until I transferred to Guantanamo, Cuba.

One day I was out on a picnic with a group. We were walking along the edge of a cliff when I got too close to the edge and fell about 25 or 30 feet down into the water. I landed on top of coral. The officer I was with wanted to come down and get me but I told him not to do that because I thought he'd fall like I did. The other people I was with on the picnic got some sticks and made a stretcher.

When they reached me they floated me back to shore and got an ambulance. They put my left leg in a Thomas splint. I had fractured the tibia of the left leg. They didn't realize that the heel of my right foot was jammed up into the ankle. When I got to the hospital, the head of orthopedics decided I needed to come out of the splint and go into a cast.

So they put my left leg in a cast; nothing was done to the right foot. I really don't know what transpired because I've heard all types of stories since then. There were many problems among the doctors. I was semi-conscious for a few days; I don't remember too much. I recall waking up and screaming with pain in my left leg. When they cut the cast off I had wet gangrene from above the knee to the end of my foot. From then on the gangrene gradually went down to my toes. At first I lost the two middle toes--the second and third toe. I couldn't put any weight down on my foot. If I did, I'd get a blister on the big toe.

They finally sent me to Jacksonville. A neurosurgeon there examined me and said that I should be transferred to Bethesda because he felt he was unqualified to take care of me. But instead of doing that, they decided to keep me for a while to see what they could do to increase the circulation in my leg. They gave me three spinal injections but that didn't do any good. So they finally sent me to Bethesda.

There they worked on my right foot and finally got it straighten out. But every time I'd stand on that foot I'd get a big blister. They didn't know what to do so they sent me to the retiring board which found that I wasn't qualified for active duty and should be placed on retirement.

I went back to the hospital but wasn't discharged. One day I was on an elevator with CAPT [Bart] Hogan. He said, "Miss Griffin..." When CAPT Hogan spoke to us we just shivered. He said, "I'd like to see you in my office if you don't have anything to do."

Of course, I didn't have anything to do. So I went to his office and we talked. Finally, he said, "Miss Griffin. I'm not happy with your treatment and I'd like to interfere with your orders if you will give me permission. I'd like to send you to the West Coast to see Dr. [Thomas] Candy."

When I got out there they decided that the best thing was to remove my limb below the knee--the left leg. I was on the operating table and Dr. Candy said, "Miss Griffin. Do you know what day today is?"

I said, "Yes, I do. It's May the 13th--Friday, May the 13th." It was 1949.

So they went ahead with the amputation. I had no problems and got along fine. In July I had a prosthesis and was walking on it

and making good progress. Of course, they didn't let me go very fast. You had to take things gradually and go to physical therapy for exercise on your stump.

**What hospital was it?**

Mare Island.

**Were you still under the orders of the retiring board?**

Yes. I was sent home after my treatment. I was out of the service.

**But then something else happened. The Korean War began.**

Before I left Mare Island, Dr. Candy wanted me to stay on at the hospital and work with him.

In the meantime, I had gone home and awaited orders to go back on active duty when I got this "Dear John" letter telling me that due to the economic crisis, they couldn't have a nurse assigned to special duty. Special duty meant that I could not be transferred from station to station. So I was very unhappy.

Then the Korean War came along and Charles Asbell, who was in charge of the amputees under Dr. Candy, wrote me a letter suggesting that I write a letter to BUPERS. They still told me I couldn't come back into the Navy. But when they began getting all the amputees, I am assuming that Dr. Candy talked to [R]ADM [Clifford] Swanson [Surgeon General]. I got a letter from Swanson asking me if I would come back on active duty and work with the amputees. I wrote back immediately telling him that if he thought I would be of value to the Navy, I would be happy to come back. I then got my orders to return to active duty in October of 1950. I don't have his letter to me but I have the letter I wrote back to him. I'll read it for you.

"Since you think that I could render a valuable service to the Navy and to my country in rehabilitation of the amputees in the naval hospital, Oakland, California, I would be happy to volunteer for active duty for this assignment."

**And he said yes.**

Yes.

**You must have been pretty excited.**

Indeed I was. Dr. Candy wanted me because he liked how hard I worked to become a good walker. And I was a good walker and he felt that if I worked with amputees I could be of value.

So I worked with the amputees from October 1950 to January of '53.

**What was your rank when you went back in the Navy?**

It was lieutenant j.g. Then I got a temporary appointment to lieutenant.

**You are very unique in getting to come back on active duty like that. What was it like to report to Oakland your first day?**

I was very happy that they thought I was capable of doing something like that. I loved the Navy and I wanted to be a part of it.

**Now you yourself were an amputee, and were able to understand the problems these young men had. Were there a lot of these patients coming in then?**

Oh, yes. We had a ward full of patients--40 some patients. They were both below-the-knee, above-the-knee, and quadruples. I still correspond with this one man at Christmas time. He lost one leg above the knee and one below the knee. His name is Warner Reininger.

**As an amputee yourself, and having been through that experience, you were able to offer these men what? What special talents did you have?**

I told them that if they put their minds to it, they could walk again.

**So, you weren't just a nurse but an inspiration to them?**

I actually didn't do any nursing. I just worked with them and told them that if they worked hard they could accomplish what they wanted to and live a normal life again. You know all the things amputees can do now. They skate, ski, run, play baseball and other sports. It's just miraculous what amputees do.

**What might a typical day have been like at Oakland? What did the amputee ward look like? How many patients would you have had?**

My days were very challenging, sometimes very disappointing and sometimes very rewarding. There were so many different personalities to work with each day. Some didn't want to walk and I had to be creative to get them to. I wasn't on the ward; I was in physical therapy. We had about 40 patients. Once a week I went around with Dr. Candy and Charlie Asbell, who was civil service, a nurse, and Jack Bates who was also a civil service employee. Jack was an amputee above the knee. We'd make rounds and Dr. Candy would talk to the patients. The patients would then come down to see me. I'd talk to them about working on their balance and working to

strengthening their legs and muscles. I told them they would have pain but that they would just learn to live with it. I told them that if they walked properly and did the things they needed to do like balancing and building up their muscles in the remaining leg and arms, why they wouldn't have any problems.

We worked with the patients for 2 hours in the morning and 2 hours in the afternoon. In physiotherapy--we called it the walking clinic--I had two physical therapists, both of whom were civil service men. They guided me since I wasn't a physical therapist.

**Are there any patients that stand out in your mind where there may have been a dramatic turnaround?**

No one except for one man who was a quadruple amputee. I really worked hard with him.

**How many patients would you have had at any given time?**

About 15 or so. I was constantly working with a group--some individuals depending on how far advanced they were, how cooperative they were, what their desires were. Some of them you didn't push. Some were gung ho. We saw patients all day long from 8 in the morning until 4 in the afternoon.

**And these were mostly young kids.**

Yes, 18, 19, 20, 21 years old.

**Oakland was noted for being the West Coast center for these patients. Did they make their own prostheses there?**

Yes.

**Suppose someone lost a leg below the knee, like your injury for example. What kind of prosthesis would they have used for that?**

People who have a good muscle can wear a suction cup prosthesis. I didn't wear one of these. Because I was patient for 2 years before my leg was amputated, I had lost all my muscle. I wound up with a stump shaped like a light bulb with no muscle between the end of my stump and my knee. I don't have a light bulb stump now but still can't wear a suction cup socket because of my circulation.

**But you still function well? You still can walk?**

Oh, yes. I walk all the time. Over the years, people sometimes noticed that I had a slight limp but until 1990 no one knew I had a prosthesis unless they noticed the color of it. That year I fell and broke my left femur just above the knee. So now I walk with more of a limp and don't walk like I should. Nevertheless, I'm still on my prosthesis 12 to 14 hours a day.

**Did you also work with patients who may have lost their arms or hands?**

No, I didn't work with them, just patients with missing legs.

**What happened when the war ended?**

I was out of the service when it ended in '53. I married in November of '52 and got out in January of '53.

**What did you do after that?**

My husband was in the service and we stayed in Monterey for a year. Then we came back to Norfolk. Then he got out. We came to Atlanta, where he went to school and I worked at St. Joseph's Hospital for 19 years part time. Since 1972 I've been a housewife. My husband has been deceased now for 9 years. But I still maintain my home. I don't do any yard work because my stump won't stand it. Everyone's afraid that I'll fall and hurt myself.

**Do you ever think back to those days at Oakland when you worked for the Navy?**

I remember the times we had and the problems we faced. I think about many of my patients and wonder what happened to them. Sometimes I remember specific patients. I'd talk to a patient who was despondent and refused to walk. I was determined that he was going to walk. "I don't know why you want to me to do this," he'd complain. "You don't know my pain. You have two legs and don't know how it is. You can't possibly know what I'm going through." At that point, I'd reach down and knock on my prosthesis. That would generally set them straight. From then on, they had no more excuses.