

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret) PHYLISS ELSASS, NC, USN,
FORMER CO, NAVAL SCHOOL OF HEALTH SCIENCES, BETHESDA, MD

CONDUCTED BY
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The date is May 16th, 2014. Today we have the great pleasure of talking with retired Nurse Corps CAPT Phyllis Elsass. Over the course of her 31 years on active duty, CAPT Elsass served in a wide variety of leadership, clinical, and administrative positions across the Navy medicine enterprise. Today we will be looking back on her distinguished career. This session is being conducted as part of the BUMED Oral History Project.

Q: Captain, thank you very much again for your time today. As with all of our sessions we always like to start off at the very beginning. I understand you grew up in Canton, Ohio. Can you tell us what that was like?

A: You know, it's been so long ago now that I don't remember. At the time it was a steel town. Timken-Roller Bearing¹ had its big plant there, and it was a pretty active city. It has since declined as many Midwestern cities have. I remember high school² better than anything else, of course. I was active in the choir and attending football games. Actually, our high school football home games were played

¹ The Timken Roller Bearing Company was first incorporated in St. Louis, Mo. in 1899. The company moved to Canton, Ohio in 1901. Today Timken is a multi-national global corporation.

² CAPT Elsass graduated Canton Lincoln High School in 1950.

at Fawcett Stadium,³ which is now part of the Football Hall of Fame.

Q: Did you ever take part in any activities outside of school?

A: Not many, not that I can think of.

Q: Can you tell me about your parents, George and Allahda?

A: My father was a printer. When I was a young child, he worked as a lino-type operator⁴ for *The Canton Repository* newspaper. I was a freshman in high school when he started his own business, and it was essentially an offshoot of his work at the newspaper. His company was "Elsass Typesetting," and he was a one-man operation.

My mother was a stay at home mother, as many were in those days. She was active in the church—they both were. It was a pretty classic, middle-income, mid-American family. My brothers John was two years younger than I, and David came along as a "Johnny-come-lately." He was 14 years younger than I, so it was almost like a second family.

Q: Did you have any mentors growing up in Canton?

³ Football stadium in Canton, Ohio named after local athlete John Fawcett. It is used for the annual Pro Football Hall of Fame Game.

⁴ Along with letterpress printing, linotype was the industry standard for newspapers, magazines and posters from the late 19th century to the 1960s and 70s, when it was largely replaced by offset lithography printing and computer typesetting.

A: I'd have to say my guidance counselor in high school, Helen Gatchell was a mentor.⁵ She actually came to my retirement in 1987.

Q: So did she guide you into nursing?

A: In those days, unless you had a lot of money, which we didn't, there were primarily two careers open to young women, and those were nursing and teaching and I didn't want to be a teacher. I could go to the Aultman Hospital School,⁶ and my parents paid \$371 for three years of education. Of course, we were slave labor at the hospital. They couldn't have kept the hospital open without the students.

Q: What was a typical day like at the hospital?

A: Well, we worked on the wards, and we went to classes. So frequently we worked what they called a "split-shift." We would work from 7:00 to 11:00, and then we would go to classes all afternoon, and then we would go back and work from 3:00 until 7:00.

⁵ Helen Marie Gatchell (1920-2010)

⁶ Now known as Aultman College of Nursing and Health Sciences. CAPT Elsass graduated from the school in 1953.

Q: You were there for three years?

A: Three years.

Q: And you decided you were going to stay in nursing?

A: Oh yes. I stayed at Aultman for almost three years. I was living at home and I got bored with that. And a friend kind of mine was looking at the Air Force, and so she was trying to talk me into the Air Force. The Air Force sent me a package about that high, a couple inches, of papers. I was supposed to go to the police department, be fingerprinted, this and that. And that package arrived in the mail the day I bought my first car. It was a 1951 Plymouth. And that meant increased independence, so I was satisfied for another year or so. And then I got the wanderlust again, and somebody was talking about their sister in the Navy, so I contacted the Navy and they said, "Fine, come to our office in Pittsburgh and we'll take care of everything." So I went to Pittsburgh, and had an interview and then a physical.

Q: Now, was this a recruiting office?

A: Yes. I could have gone to either Pittsburgh or Cincinnati, but Pittsburgh was closer.

Q: So you enter the Navy. What was the next step? Do they send you to OIS?

A: No, we didn't go to OIS in those days. We had our own indoctrination program, and I was trying to think how long it lasted and I don't remember.

Q: Was it 15 days?

A: Oh no, it was longer than that. It was at the Naval Hospital St. Albans,⁷ which is, of course, closed a long, long time ago.

Q: So do you recall what it was called?

A: It was just for nurses. And we learned how to march, how to salute, what it was like to work on a ward and that kind of thing.

Q: Were there any senior nurses defining expectations?

A: Yes, we had one who was a former prisoner of war.

Q: Leona Jackson?⁸

⁷ Naval Hospital St. Albans, NY operated from 1942 to 1974. In the late 1940s and 1950s, St. Albans was one of the primary medical facilities in the Navy along with Bethesda, Long Beach, Oakland, San Diego, and Philadelphia.

⁸ CAPT Leona Jackson, NC, USN (1909-1998) was serving in Guam when the island fell to the Japanese in December 1941. She briefly served as a prisoner of war before being released in January 1942. She served as Director of the Nurse Corps from 1954-1958.

A: No, it wasn't Leona Jackson. It was Edwina Todd.⁹ She was the senior officer at the indoctrination program in St. Albans. She was in charge of the program, and then there were a couple of other senior nurses. But senior, in those days, was a lieutenant. There was one captain only in the Nurse Corps, and that was the director. And she was only a captain while so serving as director.

Q: Did she get promoted from lieutenant to captain?

A: No, there was a progression, but I don't remember. But Leona Jackson was the director when I came on active duty. But the moral of the story is if you got to be lieutenant commander you were senior in those days.

Q: So, did you come aboard as an ensign?

A: Oh yes, that's the only way to do it. You don't want to come in any more senior than that because the more senior you are the more they expect of you, but you're still brand new in the Navy. I saw people come in as JGs and as lieutenants, and that was much more difficult for them because all people saw was their rank.

⁹ Edwina Todd (1911-1996) was one of 12 nurse POWs in the Philippines (1942-1945). After the war she continued to serve until retiring as a Captain in 1966. She served at St. Albans from 1955 to 1958.

Q: What were your first impressions of service?

A: Oh gosh, I don't remember.

Q: You mentioned that you said you were going to stay for two years.

A: Yes. We joined as reservists, and from St. Albans I went to Pensacola, and I was there for two years, and much to my surprise, one day, the chief nurse called me in and said, "I have your orders to inactive duty," and it was close to two years.

I said, "I don't know that I want to go to inactive duty."

Then she said, "Well, then you have to request an extension on active duty."

Q: All nurses had to join as a reserve?

A: We all joined as reserves, yes. When you are first commissioned, and unless it's changed recently, and then after you've been in for a period you have to request "augmentation into regular Navy." Now they call it something else. But you have to request going from reserves

into regular Navy. And I did that, I guess I was in about four years when I did that.

Q: Now, your first duty station was actually Naval Hospital Pensacola. What was the state of affairs at the hospital?

A: We were in the old hospital. The main building was brick, but then we had all these outlying World War II ramp wards. You walked out on a wooden ramp and they were almost like barracks.

Q: So, the wards were like in these barracks too?

A: Yes, some of the wards were. Now, some of the wards were in the main building. The dependent's ward and labor and delivery and psychiatry were out there.

Q: What was the typical job as a staff nurse at Pensacola? What were you doing?

A: Ward nursing. You would go on rotations. I started out on orthopedics, that's where I oriented, and I remember the charge nurse was an older, salty lieutenant. I can remember the very first day I was there and she was going down the

Kardex¹⁰ of patients and she was telling me about each patient and what was wrong with them. "This guy was in an automobile accident." "This guy fell down." "This guy...", etc. Now, remember, Pensacola is a Naval air station. I think there were two on the whole ward that were airplane accidents. The rest of them were injured in motorcycles and cars, you name it. But it was a good orientation to the Navy because Pensacola is Navy.

While I was in Pensacola, after a relatively short stint on the military wards, I went to pediatrics and I worked there much of the time I was there, except when it was my turn to be on night duty. I then worked labor and delivery because they found out that I had civilian experience in labor and delivery. Nobody wanted to work it, especially if you didn't have experience, which I did. So, when I was working days I worked on PEDS; when I was working nights, I worked labor and delivery.

¹⁰ Originally, the proprietary name for a filing system for nursing records and orders that was held centrally on the ward and contained all the doctor's orders and identifying information of patients. Although this system is no longer used for nursing records, since care plans are now held at the patient's bedside rather than centrally, the term "kardex" continues to be used generically, for certain centrally held patient record systems.

As I said earlier, while I was in Pensacola I got orders to inactive duty but I requested to extend. I got orders to Naval Hospital, Bethesda. Then when I came to Bethesda, I asked to work on PEDS. I mean, they asked me if I had any choices. I said, "Yeah, I'd like to work on PEDS." So I was assigned to the medical ward, which was a bunch of old men.

Q: Well, this is the president's hospital. You probably get a lot of VIPs. Do you remember any?

A: Not on medical ward, no. They were up in the tower. The Medical ward was on the 3 side.

Q: Was that an intimidating experience to be sent to Bethesda?

A: No, I was too naive to be intimidated. And at that level it really didn't make that much difference. It's only when it gets senior that you really have to deal with that. And Ruth Erickson¹¹ was the chief nurse.

Q: Did you have any dealings with Ruth Erickson?

A: Oh yes. I loved her. I really didn't have that much to do with her because, remember, I made JG while I was at

¹¹ CAPT Ruth Erickson, NC, USN (1913-2008) served as Chief of the Nursing Service at Bethesda before being appointed Director of the Navy Nurse Corps in 1962. She retired from this role in 1968.

Bethesda. But I'll tell you what I remember about Ruth Erickson. Again, I had orders to inactive duty, and again, I extended. And I got orders to Guam. And while we were at Bethesda, they came out with the new two-piece summer uniform. It was blue and white striped Dacron. It was awful. And I got one, of course, but I had not worn it. It was too long; I had to have the skirt shortened. And I didn't realize it, but the seamstress that shortened it did not make the hem to regulation size. I don't remember if mine was too big or too small, but I remember when I had my exit interview with Captain Erickson and she said to me, "Before you report for duty on Guam, you're going to have the hem on your skirt fixed, aren't you?"

"Yes, ma'am." But in later years, I got to know CAPT Erickson pretty well.

Q: She's a legend.

A: Yes, she was a no-nonsense person, but she was very attuned to what was important to people.

Q: Now, for a young woman looking for adventure, I think Guam sounds like a perfect experience.

A: Oh, Guam was fun. When I was at Bethesda, I eventually was assigned to PEDs, and the pediatric ward at Bethesda was very active because the chief of pediatrics was a man by the name of Tom Cone,¹² and he was an internationally known pediatrician. We used to joke that to be a Naval attaché at an embassy in Washington from a Latin American country, you had to have a child that had some kind of chronic illness because it seemed like we had kids with leukemia and all kinds of disorders. CAPT Cone was well-known, so we had a lot of interesting patients. But it was also very busy, and very demanding service. We used to run a census between 35 and 37 children, and they were mostly pretty darn sick kids in those days.

It was up on the sixth floor in the tower and I swear, I used to have nightmares. We had two elevators and one staircase, and I used to have nightmares about how we would ever evacuate all those kids in case of a fire. Fortunately, we never had to find out, but it was worrisome, to put it mildly.

¹² CAPT Thomas Edward Cone, Jr., MC, USN (1915-1997) was a renowned pediatrician specializing in clinical genetics. His distinguished career included clinical pediatrics. Dr. Cone was author and co-author of more than 120 peer-reviewed articles and book chapters.

Q: How many nurses did we have in the pediatric ward, at a given time?

A: I think we probably had two Navy nurses and one civilian. And then we would have hospital corpsmen, but I don't remember how many corpsmen.

When I moved to Guam, it was a real let down because the hospital was not busy at all. I remember my first assignment was in the enlisted medical ward, and the officer's ward, and between the two of them, there wasn't enough to keep us occupied. And then about a month after I got there, we had a World Airways¹³ plane that was carrying dependents, as well as active duty, crash on Mount Barrigada.¹⁴ And, of course, we went to general quarters and it turned out we only had four survivors, but they were all critically burned.

Q: It must have been terrible.

A: Yes, it was terrible.

Q: What do you do in your free time in Guam?

¹³ World Airways was founded in 1948.

¹⁴ On September 19, 1960 a World Airways DC-6 took off from Guam-Agana Naval Air Station runway 05L for a night-time VFR flight. The plane made a right turn after takeoff and climbed continuously until striking Mount Barrigada. The plane struck the mountain 300 feet above airfield elevation and slid into thick underbrush cutting a swath for nearly 1000 feet before coming to rest. Eighty passengers and crew personnel were killed in the accident.

A: There was a group of Seabees there that we got to know. I don't know if there was any pairing up, I don't remember that. But, it was a routine on Sundays. Everybody would go to church, come home from church; the Seabees would come over with their pickup trucks and they would have cases of beer in the back in coolers, and there were all kinds of historic places to go on Guam. We climbed Mt. Lamlam,¹⁵ which is a glorified hill. We went to Talafofo Falls,¹⁶ which is in the middle of the island. You had to hike in. We went to the tank fields, which were left over from World War II. We went to see "Tweed's Cave."¹⁷ Tweed was the sailor who was there during the Japanese occupation. So there was a lot. Not things you would do any other place. And then there was, of course, always the beach and water skiing. And we used to go down to Andersen Air Force Base.¹⁸ I was only on Guam a year.

In those days we had split tours. If you went to the South Pacific you had a year on Guam or someplace else. And then we rotated to Yokosuka for a year. So I had a year on

¹⁵ Meaning "lightning" in Chamoru, Mount Lamlam is a peak located near the village of Agat in Guam.

¹⁶ Scenic series of cascades on the Talafofo River on Guam.

¹⁷ Named after Navy radioman George Tweed (1902-1989), this was a hiding place used by Tweed during the Japanese occupation of Guam. Tweed was subject of the book, *Robinson Crusoe, USN*.

¹⁸ Andersen Air Force Base was established in 1944. It was named after Brigadier General James Roy Andersen (1904-1945).

Guam and a year in Yokosuka. For the staff nurses that was the best of all worlds because we got to enjoy both. For a chief nurse it was a headache because you had a constant rotation of people in and out. It was a pain in the neck. Fortunately I was a staff nurse. And I loved Japan. I was a little leery. I didn't know what kind of relations we would have with the Japanese because this was in 1962.

Q: It's not too far after the war.

A: Right. But they were wonderful. I never had a bad experience with the Japanese.

Q: Did you immerse yourself in the culture at all, or pick up any of the language?

A: Very little. Japanese is very difficult to learn. But we lived in the nurse's quarters and we had Japanese maids, which was great. They did our laundry and our ironing. I worked mostly OB when I was there.

It was funny because one of the obstetricians that had been in Pensacola with me and knew that I had OB experience was now in Yokosuka. He asked the chief nurse to assign me to OB, so I got stuck there, but I didn't mind.

Q: Would you say it was busier than Guam?

A: Definitely, Japan was pretty busy, but nothing compares to Bethesda. But I enjoyed seeing a lot of the country. I climbed Mt. Fuji. My Fuji stick is down in the garage; I will not get rid of it. It proves I made it up there.

Q: Then you find out you're going back stateside. Two years in the Pacific, you're coming back home.

A: Yes, I went to Great Lakes. While I was on Guam I had augmented into the regular Navy, and that made me eligible to request to go to school for DUINS, Duty Under Instruction. But before I go any further I should step back.

I think in that era things were very different than they are today. They were much more personalized. Let me go further and I will explain. When I got to Great Lakes and I had my "welcome aboard" interview with the chief nurse, who was Commander Helen Samonski; she almost literally said to me, "Welcome aboard. When do you intend to go to school?" Now, they were starting the big push to get people to get bachelor's degrees. And I remember saying to her, "Oh gosh,

I just got back from overseas and I really hadn't thought about that. Yes, I know I need to go to school."

"You get yourself over to Waukegan. The University of Illinois has an extension center there. You get yourself over there and you start taking courses."

And I swear, every time I saw her in the passage way, she would ask, "Have you been to personnel yet to request school?"

"No, ma'am, I haven't. I just started my course at the University of Illinois."

"Okay, well you get yourself over to personnel." So finally, I did; I put in a request. I hadn't even finished that first course in English and I had orders for school. I reported to Great Lakes in December, and I had orders to detach in May. And, of course, I got the worst part of the weather from December to May, and believe me, it is cold coming off that lake. But, I had orders to the University of Colorado. The Nurse Corps was primarily sending nurses to the University of Indiana and the University of Colorado. And I went down to the nursing office and said, "I don't want to go to Colorado. I just came back from

Japan; I'm pleased to be able to be within driving distance of home. I don't want to go to Colorado." And the assistant chief nurse there was Commander Verna Barton,¹⁹ and she said to me, "You listen to me, young lady. You go out there to Colorado." She said, "Henrietta Loughran is the dean there and she has a really good program." And she said, "This is probably heresy because I'm a graduate of the University of Indiana." But she said, "You go out there to Colorado." Well, that was the best advice anybody ever gave me.

I went to Colorado. I went into the graduate nurse program, which was a program that they had set up for diploma graduates to earn a bachelor's degree. And I don't know how to say this without sounding like I'm bragging. I'm not; this is what happened. I've always been a good student. It caused me lots of problems while I was in high school and nurse's training because I always elevated the curve and everybody always hated me for it, and I couldn't help it. I am compulsive about studying. I grew up a fat kid, so I was a typical wall flower, but grades were my avenue to success. And so I did very well while I was in Colorado. I loved it; I was a 31-year old with a bunch of

¹⁹ CDR Verna Dorothy Barton, NC, USN (1919-1986) was a 20-year veteran of the Navy. She retired on December 1, 1963 while serving at Naval Hospital Great Lakes, Ill.

18-year olds in freshman classes in algebra and political science and everything, but I loved it. The kids were wonderful.

We started in the summer of '63, and I was supposed to finish in the middle of the spring semester in '65. We were supposed to do public health in eight weeks and then I would be finished and graduate. Well, I had a lot of encouragement to try to stay for graduate school, and I told them, "It just isn't going to happen. The Nurse Corps doesn't operate that way. They send you for your bachelor's degree; you have to do your obligated service for that, and then you can request to go onto graduate school."

Well, you know, they told me, "The NESEP²⁰ do it all the time," in engineering, whatever.

I said, "You don't understand. We're talking Nurse Corps."

They said, "Well ask."

This was the XO of the ROTC unit that we were assigned to. So we sent a letter to BUPERS, which is what they would

²⁰ Navy Enlisted Scientific Education Program (NESEP).

normally do with the men. Of course, it doesn't work that way with medical, you have to go to BUMED. So they came back saying, "No, you have to send request to BUMED." In those days, we had one person in the nursing division that said "yea or nay" on the applications for school. Her name was Ouida Upchurch,²¹ and she was a commander at the time. It turned out that her philosophy had been that when they had a nurse that was successful at the bachelor's level that they should let them stay on for graduate school. Well, it had never been done before, and I was the first, so they said I could stay. So I did, but I had to do an 18 month program in 12 months, so it was kind of a hectic time.

Q: Well, it sounds like some of these senior nurses were looking out for you.

A: Absolutely. But it's not as big a thing now because more people are recruited with bachelor's degrees. Diploma schools are almost a thing of the past. There are very few left in the United States. Mostly what you see now are nurses coming in with an associate's degree and then going

²¹ CDR (later CAPT) Ouida Upchurch, NC, USN (1915-2001).

for a bachelor's. And I have to admit, I'm out of touch. It just happens that I was Christine Bruzek-Kohler's²² mentor, and so I have kept in contact with a lot of things through her. I have lost touch with a lot, so I'm not exactly sure what the status is now, but I know what it was then.

I finished my master's in June of '66. And, just before I graduated Commander Upchurch came to visit. It turned out that she was also a personal friend of the dean at Colorado, and she came out to visit shortly before I graduated. And I was in the throes of doing a master's research project, so I was very gung-ho for research. She talked to me about her current assignment to the Naval Medical Research Institute (NMRI) to start a nursing research effort. This is 1966. And she wanted to know if I thought I might be interested in coming to work with her. Well, as I said, "That sounded just wonderful."

The upshot of this was when I graduated I got orders to the Naval Hospital, Bethesda with the idea that as soon as Commander Upchurch was able to finesse it, I would get transferred to NMRI, which is what happened. I was at the

²² RADM Christine Bruzek-Kohler served as the Director of the Navy Nurse Corps (2005-2009). She served as the Commanding Officer of the Navy Medical Center San Diego, Calif. and Navy Medicine West from 2009 to 2010.

hospital for two months, and then I went to NMRI. I was there for five inglorious years.

Q: Why do you say inglorious?

A: I disliked it. There was no money for nursing research, but Commander Upchurch found a way to get funding through education and training, so instead of being nursing research department, we became the Education and Training Sciences Department. And I remember I had been there a few months and there was nobody but Commander Upchurch and me. She had all these big ideas about all these projects we were going to do and she was trying to hire civilian GS nurses. We could spend the whole day talking about that, which I don't want to do.

Anyway, I saw my PRD²³ was 1970, and I said, "If I'm here until 1970 they'll carry me out in a pine box." And I didn't leave until April of '71. But, I have to say, it was a very good learning experience because it put me in close contact with the Bureau, and a lot of the nonsense that the Bureau has to deal with and what it means when it funnels down. So I learned a lot.

²³ Projected Rotation Date (PRD).

Q: Okay, you did go back to Pensacola?

A: I went back to Pensacola. At that time Admiral Duerk was Director of the Nurse Corps.²⁴ She had come to Yokosuka, Japan, while I was there; she came there as assistant chief nurse, so I had known her in that capacity. When I was at school, she had come back to the States and was at BUPERS. I encountered her when she was a commander at the ANA Convention in San Francisco. It must have been 1966, summer of '66. And she knew where I had been, what I had done, and she knew I had stayed for graduate school. I couldn't believe it.

She went to Great Lakes as the director of Nursing Services at the hospital, and I had some contact with her there. By the time I was ready to leave NMRI, she was now the director of the Nurse Corps. And she invited me down to her office, and we talked about what I wanted to do. She wanted to know if I wanted to go back to nursing service or if I wanted to go back to school for my doctorate. In

²⁴ Alene Duerk was promoted to rear admiral becoming the first woman in the Navy to achieve flag rank. As Director of the Navy Nurse Corps (1970 to 1975), RADM Duerk ushered in many advances including the development of Nurse Corps Practitioner Program (1971). Under Duerk's leadership, Navy nurses were finally able to specialize in ambulatory care, anesthesia, midwifery, pediatrics, and obstetrics/gynecology.

retrospect, if I had gone back for my doctorate it would have changed everything. But I decided to return to the nursing service. And she asked me where I wanted to go. I said I didn't care where I went. I cared about who I was going to work for. So she suggested that I go back to Pensacola because the perception out in the field is that if you worked in [the] D.C. [area] other than at the hospital you were coming from the Bureau. Well, I wasn't coming from the Bureau, but yes, I had had contact with them.

At the time, Commander Mary Ruth Tyler²⁵ was the chief nurse at Pensacola; and Admiral Duerk said she thought Commander Tyler would help me reintegrate into nursing service and I would get along. Commander Tyler was wonderful. I had not been in a hospital for eight years because I was at school for three and I was at NAMRI for five, so you can imagine everything had changed. I didn't know how to use an IVAC²⁶; I didn't know how to start an IV with a catheter but I was made supervisor for all the military wards because I was a commander.

²⁵ CDR Mary Ruth Becker Tyler (later Kelley, 1917-2012) served at Naval Hospital Pensacola from 1970 to until her retirement in 1973.

²⁶ Trademark for a portable intravenous (IV) pump that electronically regulates and monitors the flow of IV fluid. It is usually attached to the IV stand.

After I was there for a short while I identified two nurses—one was the charge nurse on the surgical ward and one was the charge nurse in the medical ICU—and I said to both of them, “Look, I haven’t been in a hospital for eight years. I don’t know this; I don’t know this.” I’m supposed to be teaching the new ensigns because we got a lot of new ensigns coming right from OIS. And, “I carry a pager, whenever you’re doing to do a procedure, page me and I’ll come and watch.” Well, they were wonderful. Now, not the right kind of people could have certainly taken advantage of that, but they didn’t, they were great and they made all the difference in the world, so it turned out to be a very good experience there.

I guess I was there better than a year or so when CAPT Duerk came to Pensacola. She spent her last day as a captain with us on one of her visits. And she left Pensacola, went back and the next day was promoted to admiral. We knew it was going to happen.

Q: What was the view among the nurses that one of their own was going to be the first woman flag officer?

A: Of course it was wonderful. We were all rooting for it. And, of course, the fact that it was Admiral Duerk meant a lot. This lady is a giant among us.

Q: Exactly, she's also from Ohio.

A: Toledo area. She lives in Lake Mary, Florida now, and as a matter of fact, I just talked to her on the phone a couple weeks ago. She's 94 years old; still lives alone in her own condominium. She has a lady that comes in four days a week, and she's incredible. She's just as sharp as a tack.

When she was at the hospital visiting, she put up a schedule and any of the nurses that wanted to see her for any reason could make an appointment. Well, I didn't make an appointment with her because there wasn't anything I really needed to talk to her about. I figured I was there for at least another year, so I didn't have any questions about next duty station or anything like that. The afternoon before she left she said, "You didn't make an appointment with me."

And I said, "Well, I figured I would let the youngsters take your time. I didn't need to do that." Well, we sat down and talked for quite awhile and she said, "Well, what do you think?"

I said, "Well, I'm thinking about buying some new furniture and getting a new car. How much longer do you think I'll be here?"

"Well, let's see, what's your PRD?" And I told her it was at least another year and she said, "Well, BUPERS is really, pretty much, holding my feet to the fire on PRDs, so I think you can plan to be here that long." This was June of '72. She went back, got promoted, and about two or three months later Commander Tyler paged me and said, "Admiral Duerk wants to talk to you."

So, I talked to her on the phone and she said, "I'd like for you to go to Spain as chief nurse." Of course, nobody says no to Admiral Duerk. Anyway, who would say no to that opportunity? I went to Rota January '73, and I was there for two and a half years.

Q: First time ever as a chief nurse?

A: First time ever as a chief nurse. The guy who was the CO²⁷ had never been a CO before. The guy that was the finance officer had never been a chief finance officer before. The guy that was the director of administrative services had never been a director of administrative services. I had never been a chief nurse before, and here we are in Rota, and we were about seven or eight hours ahead of BUMED, so there was a very short window where we could get any guidance if we needed it.

Q: I hope you didn't all report at the same time.

A: No, it was staggered. But the guy that was the CO, the kids used to call him Colonel Sanders because he had a white beard.

Q: So this was back in the 70s, you could have facial hair?

A: Yes, but he was a really nice man. But that was the problem, he was too nice. Nelson was his name. But, that was a unique experience; I loved Spain. The hospital was not outrageously busy, and it was an old hospital. The ceiling in the kitchen was literally falling down, but I lived on the economy only two blocks away from the bullring

²⁷ CAPT Albert Davis Nelson, Jr. (1919-2005) served as Commanding Officer of Naval Hospital Rota from 1971-1974.

in Puerto de Santa María,²⁸ which is the third most important bullring in Spain. The ultimate is Madrid but you can't fight in Madrid unless you fought in Seville, and you can't fight in Seville unless you have fought in El Puerto de Santa María, so that makes it the third most important bull ring in Spain. The bullring was right next door to the Osborne bodega. In Jerez, which in those days was the sherry making capital of the world, there was the Sandeman bodega. They gave the Nurse Corps birthday party at their bodega. And one of the first things my predecessor did was to take me over to Sandeman and introduce me to the managing director. His first name was Hugo, I don't remember his last name. And I said, "How did this ever get started, that the Sandeman gives the Nurse Corps birthday party?"

I remember him saying to me, "The first time I looked into the blue eyes of a Navy nurse, I was gone." And that was the only explanation I ever got. I never could find out how that ever started. But I was there for three years, and it was an experience.

²⁸ The Port of Saint Mary municipality located on the banks of the Guadalete River in the province of Cadiz, Spain. It is famous for its bullring which is the third largest (after Madrid and Valencia).

Q: I can imagine that the birthday balls in the 1970s were very boisterous affairs.

A: Yes, it was just before Franco²⁹ died, and I left there in '75. He died in November 1975. He was a tyrant, but things really ran well, I tell you. I wouldn't have hesitated to walk down the middle of the street in Puerto at midnight, it was that safe. It isn't anymore. But that was a wonderful experience.

I was due orders and by that time Dick Morin³⁰ was the director of administrative services and he was a good friend of mine, MSC officer. And he kept saying to me, "Phyllis, when are you going to call BUMED and ask when you're going to get orders?"

I said, "Dick, I'm not. When they're ready to give me orders they'll give me orders. I'm not going to ask until they're ready because I might not like the answer I get."

²⁹ Francisco Franco (1892-1975) was dictator of Spain from 1939 until his death in November 1975.

³⁰ LCDR (later CAPT) Richard Morin, MSC, USN (ret.)

Finally, by that time, the director was Maxine Conder³¹; Maxine was a good friend of mine. We had known each other for a number of years. We never had duty together, but had attended conferences together. And we all came back to the States for a chief nurses conference, and of course, the big speculation was who was going to relieve Admiral Duerk. We all thought it should be Maxine. I remember, we talked about it socially, and she kept saying, "I don't think I want it." But we all promised that if she was selected, we would do whatever she asked us to do in support. So when I got orders to BUMED as a nursing consultant in facilities planning, I didn't know diddly-squat about facilities planning. And I truthfully did not want to go into that job. But, I felt that I had a commitment and Maxine was doing the asking, so I went.

Q: What were the major differences between Admiral Conder and Admiral Duerk in terms of their leadership styles?

A: I never really worked directly with Admiral Duerk, but she was very positive, and very energetic. Maxine was too, but she was a little bit more laid-back, and soft-spoken.

³¹ RADM Maxine Conder, NC, USN served as director the Navy Nurse Corps from 1975 to 1979. She was the Chief of Nursing Service at the Naval Regional Medical Center Philadelphia, Pa. before assuming this position in July 1975.

Q: Now, you're there when Custis³² was Surgeon General.

A: I knew Admiral Custis from stepping back to when I was in research, and when we took those guys to Philadelphia, Admiral Custis was then captain, and he was the executive officer at the Naval Hospital in Philadelphia. And so he was my contact. Every month that I went to collect research data I had to report to him when I got there and when I left, what happened during that time. And he was very open with me. And even before then, I knew him when he was a surgeon at Bethesda. But he was very candid. He did not support the idea of using a Corpsman as ward manager. He was very cooperative, could not have been more so. But, after we finished the project, and he was already on his way to becoming CO at Danang, he stopped at Bethesda and he took Captain Upchurch and me to lunch. He told me that he was wrong about the ward managers. "They were great. We really liked them. The nurses loved working with them. The system worked out great. The only problem was they were an extra person and so BUPERS wouldn't support it-they

³² VADM Donald Custis served as Surgeon General from 1972 to 1976. He served as the Commanding Officer of Naval Support Activity Danang, Vietnam from 1969 to 1970.

wouldn't give us the extra people, so it never flew as a program." And I always admired him for that. He was great.

Q: You were still at BUMED when Admiral Arentzen³³ came on board. He seems to have made an impression with everyone who served with him and everybody seems to have an Admiral Arentzen story.

A: I have a good one. Admiral Arentzen's big thing was "one Medical Department." We weren't Nurse Corps or Medical Service Corps, we were one Medical Department. So, instead of having a Nurse Corps birthday party and an MSC birthday party, and Medical Corps, which they never really did, we would have a Medical Department birthday party. Well, of course, in some of the hospitals they rather openly, and some surreptitiously, still had their own corps birthday parties. But at BUMED we didn't. We were good kids, so we went to the Medical Department ball. And as Nancy Lundquist³⁴ told the story, she and I were perusing the buffet table and Admiral Arentzen came up to us and said, among other things, "Now ladies, don't you think this is a much better way to do it to have individual corps balls?"

³³ VADM Willard P. Arentzen (1921-2013) served as Surgeon General from 1976 to 1980.

³⁴ CAPT Nancy Lee Lundquist, NC, USN (ret.)

And I said, "No, sir, I don't." Needless to say, it was a short conversation. But, I didn't have a great deal of contact with Admiral Arentzen. Most of it was through others. I did see the mission message and inquiries he sent out.

Q: How were these messages disseminated?

A: I don't remember. That was before the days of email.

Actually, I think we got a lot of them via then-Captain Joe Cassells.³⁵ He would bring them up to Admiral Conder and we got the word from her.

Q: So you're at BUMED, and then you get sent up to Newport where you become the director of nursing?

A: Actually, I had orders to Great Lakes as the assistant chief nurse, which I wasn't too happy about, but obviously I was going to go. But then something happened up at Newport. The gal who was chief nurse had an illness and she needed to be relieved on short notice. I was already on orders, so that made it easy for me to go there, which was

³⁵ CAPT (later RADM) Joseph Cassells (1933-2003) served as Deputy, Special Assistant to the Surgeon General for Education and Training (1975-1977) and later Special Assistant to the Surgeon General for Professional Matters (1977-1978).

great. I loved Newport. I went there in December of '78, and it was not a troubled command exactly, but the Nursing Service wasn't too happy because my predecessor had not been well for quite some time. The morale was not too good.

Q: How did you change the atmosphere?

A: Well, it happened that I got there in December, which was good because it was a quiet time; people didn't come in for elective surgery if they could avoid it, so it was pretty quiet in the hospital. And I put up a schedule; I met with every Navy nurse and every civilian. And we tried to iron out what the problems were and go from there. And it worked out well.

It was a Naval Regional Medical Center, so that meant I had responsibility for clinics, and I say that loosely. I didn't have day to day operational responsibility. The region went up as far as Maine, and we had clinics in New Hampshire and one in Maine, I think there were five. And so somebody from the command, once a quarter, went to all the clinics to deal with any problems. I went periodically; sometimes the XO went; and sometimes the director of administrative services went.

Q: Well, then you would spend the remaining six years of your career in Bethesda.

A: Yes, being director of nursing service at the hospital was the greatest job in the world. I loved it.

Q: How so?

A: You have to understand, as a young nurse, I thought the two top jobs in the Nurse Corps were director of nursing service at Bethesda and the Corps Director. Well, let's just say that when I left BUMED, I did not think that I would ever come back to this area because my perception was that then director of the Nurse Corps did not have me high on her list.

So, when she came to Newport to address the OIS class, and asked me to come to Bethesda, you could have picked me up off the floor. I was so astonished. And this is where the big changes in the Medical Department and everything come in. I reported September '81; I reported the same day

that Admiral Crews³⁶ reported as commanding officer. Within a month to six weeks, we had the Navy Medical IG inspection. Now, Bethesda, I don't know how it is now, but back then was notorious for having chiefs of medical services who stayed forever and ever and ever; it became their kingdom and they were their own little gods in their own department.

So, we had medical IG. Fortunately, the nurse that was on medical IG was a friend of mine and so she was very helpful. We made all the rounds together and she pointed out—because we were scheduled just about a month later to have JCH³⁷—so she pointed out to me the deficiencies that she found in nursing service. And not so much from the perspective of it being a deficiency, but this is something that you have to work on before JCH comes. And so, that was a tremendous help. And Bethesda was very busy, and we were only just about a year or so into the new building, so there were still lots of issues. Nursing wise, we were very understaffed from what we were expected to be doing.

³⁶ RADM Quintous Earl Crews, MC, USN (ret.) served as the 25th Commander of the National Naval Medical Center (then known as the Naval Medical Command, National Capital Region) beginning in September 1981 to 1984.

³⁷ Joint Commission on Accreditation of Healthcare Organizations (JCAHO)—now known as the Joint Commission— is a United States-based nonprofit tax-exempt organization that accredits more than 20,000 health care organizations and programs in the United States. A majority of state governments recognize Joint Commission accreditation as a condition of licensure and the receipt of Medicaid reimbursement.

JCH came, and nursing came off great. I think we maybe had one or two things that they said that we needed to work on, but they were minor. On the medical side it was awful. The JCH physician scheduled meetings; the doctors didn't show up. The quality assurance program—and this is when quality assurance was a new issue—was in shambles. Even though Admiral Crews had been assured that it was in good shape; we had a director of quality assurance and the whole nine yards. Well, the upshot was that we were given a one-year conditional accreditation. Now, for Bethesda that was the kiss of death.

Bethesda has always been under the looking glass from BUMED, but now it was much worse. Plus, the Secretary of the Navy got involved, and the question became, "Why do all commanding officers have to be doctors?" I can't remember what the sequence was, but not too long after that inspection was when Admiral Crews retired and Captain J.J. Quinn came.³⁸

³⁸ CAPT James J. Quinn was the Commander of the Naval Medical Command, National Capital Region. In 1985, he was one of three officers censured in connection with the hiring and appointment of CDR Donal M. Billig, a former Bethesda Naval Hospital surgeon who was court-martialed following the deaths of four patients.

Fortunately, I knew Captain Quinn from BUMED. We had been on a number of committees together, and I actually liked him. He was a hard worker, and he was always an active participant in committees. When he came to Bethesda one of the criticisms was the new hospital had three 10-bed ICUs. We only one 10-bed unit functioning because I didn't have nurses to staff them. And so, Captain Quinn told them at BUMED that we would open a second ICU.

The bottom line was I was in his office one morning at 0500 and I said, "Do you trust me? I'm supposed to be your expert in nursing services."

I said, "Because if you don't, you better ask to have me relieved because I'm telling you, I do not have nurses to open a second 10-bed ICU. It won't even be basic services let alone safe services. We cannot do it." At this time, we were also being tasked with sending people out on deployments. We were in the summer hiatus when we weren't getting a lot of new staff, and we just couldn't do it, and he said, "Okay."

I'll put it this way, there were a lot of people who liked to wear his stripes. I remember on one occasion when somebody came to my office and said, "The CO wants an alphabetical listing of all the Hospital Corpsmen on nursing service."

I said, "What does he want that for?"

"I don't know, but he wants it and he wants it now."

Well, I went down to his office and I said, "Do you really want an alphabetical listing?"

"Where'd that come from?"

I said, "Well, so and so told me you wanted that."

He said, "No, I don't need that." But that was just typical of the kind of things.

An outgrowth of all of this was the first selection board for a command. The director of the Nurse Corps used to have chief nurses conferences, and ironically, they had them down at NSHS,³⁹ and I was at the closing session, and Admiral Shea,⁴⁰ who was then director, had been a member of that selection board, and she gave the closing address of

³⁹ Naval School of Health Sciences, Bethesda, Md.

⁴⁰ RADM Frances Shea was the Director of the Nurse Corps from 1979 to 1983.

the course. And, of course, she couldn't tell us the results of the board, but she could tell us about the workings and how they consider things. And I remember, I was sitting next to my friend Captain Lundquist, and I remember saying to her, "The last thing I want to do is be a commanding officer." And I left that meeting, went back to my office at the hospital, and in the middle of my desk was a letter saying, "You have been selected for command."

Q: Were you the first Navy nurse to be selected for Commanding Officer?

A: Well, there were two of us. JoAnn Jennett and myself.⁴¹

I remember, I got a call from the detailer. He wanted me to go to Europe to set up the new regional command in Europe and I said "I have never turned down orders in close to 30 years, but I'm going to turn these down. I do not want to go to Europe."

I had been short-toured twice. I was short-toured at Pensacola. I was short-toured in Newport and I had a house

⁴¹ In October 1982, the first major Command Screening Board was held for the Navy Medical Department. CAPTs Elsass and JoAnn Jennett were the Navy's first Nurse Corps Officers to screen for command. Later Mary Hall was selected to serve as CO at Naval Hospital Guantanamo Bay, Cuba.

to sell, and I had only been at Bethesda for less than two years and I said, "No, I'm not going to Europe."

And he said to me, "Well, would you consider going to NSHS?"

I said, "Yes, if it keeps me in the country. I'm not crazy about going down there, but yes, I would go there." And this was an MSC officer that's asking me that, and I said, "But that's always been an MSC command."

He said, "I know. I'll take a lot of heat for it." So that's how I went there. I knew so many of the MSC officers because when I was at NMRI they were there or they were at the school. We had a bowling league; I used to bowl with them, so I knew a lot of them. And the CO, Ray Christian was my predecessor as a CO, and the XO was Lenny Moore. And Lenny Moore, I don't know if you've ever heard that name before, but Lenny was a character. He's still living out in Gaithersburg. He was a real character, and Lenny spoke his mind. I remember I went down to talk with them about the change of command. And after we finished talking, Lenny said to me, "Well, goddamit, who the hell would think we'd ever have a nurse as a CO down here? At least I'm glad it's

you." So he was my executive officer for my first two years.

Q: So, as commander, what initiatives did you implement?

A: We did a lot of things. I say we, I actually mean my staff. My approach was the same as it was when I was director of nursing service. My job was to get the resources, the time, whatever was necessary for my nurses to take care of the patients. Well, that's the way I felt at NSHS. My job was to make sure that we had the people, the resources, the equipment, whatever we needed for the staff to do the training. And so I had some tremendous people; they just needed to be given their heads and say, "Go to it." And they did.

Q: I know you've mentored many nurses over the years, and you've mentioned Admiral Christine Bruzek-Kohler. What sort of advice did you give some of your mentees?

A: It was always individual-specific. Chris came to Newport when I was there. She was a lieutenant at the time; she came from Naples and when she had her welcome aboard interview she said, "I'm here. I'll do my obligated service and then I'm out of here."

It turns out she was married when she left Naples with a lot of bad feelings, so she was going to get out. It didn't take long to see that she was very independent, very motivated, and a damn good nurse. I made up my mind I was going to keep her in the Navy, and we did. And so then over the years, when I was at NSHS, I got a new billet for a Nurse Corps officer with a master's in education and training management, which Chris had, so I asked for her. She came there and was with me for, I guess, a couple years. I tried to challenge people and ultimately I made her a department head even though she was a lieutenant commander, but she was the most qualified person.

I remember she called me one day and she said, "You know, I got my letter. I'm statutory retirement. Do you think I ought to write to the flag selection board and tell them not to consider me because I'm going to be statutory?"

I said, "Hell no. Don't take your name out of the running, who knows?"

Well, she was selected. So, I guess it depended on the situation, and selfishly, I always tried to get the best out of every one of them.

And I remember Judy Brinckerhoff,⁴² for one, when I was at NSHS and she was still up at the hospital. She had orders for the IG and she didn't know what impact that would have on her career. And I said, "Well, if I'm any model, any job you do and do well is going to be good for your career. It doesn't make a difference where it is." This was the time when nurses started branching out into a lot more different billets. The only problem with that, and I addressed it in my retirement speech, there's almost nothing that a nurse can't do as well as or better than anybody else, but the problem with that is who's going to take care of the patients? We only have a certain number of billets in the Nurse Corps, and if you've got nurses out being executive officers or commanding officers and on the IG, that's one less nurse you have at the bedside.

Q: What do you think makes a good leader?

A: There are volumes and volumes on that. First of all you've got to know your people and you've got to do whatever it takes to get to know them. And then, you need to support them in any way you can, and that doesn't always mean

⁴² CAPT Judy Brinckerhoff, NC, USN (ret.) served on active duty from 1972 until 1994. In 1989, she became one of the first Nurse Corps officers to serve on the IG staff.

agreeing with them. I mean, I'm sure Chris would be the first one to tell you that I didn't always agree with her. I say with no humility whatsoever that the nurse that the Navy sent for a Ph.D.—the first one that ever was—also was one of my mentees.

Q: Who was that?

A: Karen Rieder,⁴³ and you may not have heard Karen's name because unfortunately Karen died at the age of 43 when she was just ready to retire from the Nurse Corps. She had cancer. I met her first in Pensacola; she was a very bright, very opinionated young lieutenant. She was very outspoken, but very, very talented. And over the years—she was another one I was at NSHS with—she was head of the research department. One day, she called me and said, "Do you think the Nurse Corps would send me for a Ph.D.?"

I said, "There's only one way to find out. Ask." She did and they sent her.

Q: What is your proudest legacy in your 31 years in the Navy?

⁴³ CAPT Karen Munson Rieder, NC, USN (1944-1988).

A: I think the people are the proudest legacy. The Chris's and the Karen's. A lot of them are not well-known, but I remember a young nurse that came to see me for an exit interview at Bethesda. She was one of the OR nurses and I said to her, "Why are you getting out?" and she said, "I'm going to Catholic University on my own time and I have one more year to go and they want me to transfer." And she said, "I just don't feel like I can give up my school."

I said, "That's crazy. Does the detailer know that?"

And she said, "I told her."

So I called the detailers and we worked it out. She got to stay at Bethesda; she finished her degree, and then she transferred. But I think that's my legacy.

Q: You've accomplished a lot in your career in the Navy. Is there anything that you would change if you had to go back?

A: Oh gosh, there are probably a lot of things if I really thought about it. But nothing that stands out. I met a lot of wonderful people, worked with a lot of wonderful people. Admiral Duerk is my idol.

Q: Would you say that she's probably the finest leader you've met or you've worked with in your tenure?

A: Yes, I think so. The one person who is very important to me that I did not mention was Loretta Ford, who was on the faculty at the University of Colorado. And through some personal contacts I got to know her very well, and she definitely became my mentor. She was my civilian mentor; Admiral Duerk was my Navy mentor.

Q: I've got one last question. What do you think is the greatest accomplishment for Navy medicine in the time that you served from '56 through '87? What do you think Navy medicine should be proud of?

A: Well, I think the adaptation to change. An organization like Navy medicine is difficult to change at best. But I think they've done pretty well at adapting to the changes of not having physicians as COs everywhere. We've had a lot of nurses, a lot of MSCs, a lot of dental officers. Dick Shaffer was the keynote speaker for my retirement.⁴⁴

⁴⁴ From 1984 to 1989, RADM Richard G. Shaffer, DC, USN (1934-2012) served as the Commander of the National Capital Region, Chief of the Navy Dental Corps and Assistant Chief of the Bureau and Surgery for Dentistry. He retired in February 1989.

Q: He was a neat guy.

A: I loved him. I had duty with him and Barbara, his wife, in Rota and got to know him there. Of course, he was the CO of the medical center when I retired. He allowed me to have my retirement ceremony in front of Building 1 at Bethesda, and it was a glorious day in June. I remember Dick started his speech by saying, "Well, I had two versions of my speech today. I had a short version for bad weather, but it's a beautiful day..." So we got the long version. But that was a wonderful change of command and then retirement immediately, so it went on forever.

Oh, and I have to tell you the best story. A couple days before my retirement, a chief petty officer retired and they had this little red carpet, and the side boys stood by the red carpet, and I was so impressed by that, I thought that was really neat. So, when we were having the rehearsal for the change of command ceremony, I said to my executive officer, who was by that time Bob Kayler,⁴⁵ who was a wonderful guy, "You remember when we went to the

⁴⁵ CAPT Robert Kayler, MSC, USN (ret.)

chief's retirement and they had that little red carpet? Do you think we could do something like that?"

And Bob said, "I'll look into it Captain." So the day of my retirement, Dick Shaffer, his office was on Tower 18 at that time, had a little reception before the ceremony and he invited my family and Admiral Duerk was there and a few other dignitaries, and I'm looking out the front window and here is this huge red carpet. And I said to Captain Kayler, "Bob, where did that carpet come from?"

"You don't want to know, Captain."

Q: So where did it come from?

A: I don't know. They rented it from some place.

Q: Wow, well, ma'am, this has been delightful. I really appreciate your time today. Thank you for sharing some of your experiences.

A: Well, there's nothing I like better than talking about the Nurse Corps.

Q: Well again, thank you so much ma'am. I've enjoyed this.

A: You're welcome.