

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret) RUTH A. ERICKSON, NC, USN

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24, 30 MARCH AND 6, 12 APRIL 1994  
TELEPHONIC INTERVIEW

OFFICE OF MEDICAL HISTORY  
BUREAU OF MEDICINE AND SURGERY  
WASHINGTON, DC

**Telephone interview with CAPT Ruth A. Erickson, NC, USN, (Ret.),  
World War II nurse and later tenth Director of the Navy Nurse Corps.**

**Were you born in Minnesota?**

Yes, I was born in Virginia, MN, which is on the Mesabi Iron Range, about 50 miles northeast of Duluth. The population was about 12,000, but with the gradual depletion of the iron mines, the census decreased to 9,000.

**Did you decide to become a nurse fairly early?**

It was a choice between nursing or dietetics. As I progressed through high school, my desire to be a nurse became of firm intent. A relative had graduated from the Kahler School of Nursing in Rochester, MN. Therefore, this school was my sole choice. In September 1931 I reported to the school for the 3-year nursing course. Upon completion, I remained for 2 years to gain additional experience.

**Did you work in a hospital?**

Yes, as an assistant supervisor (non-existent level today) on a medical floor. Physicians of the Mayo Clinic staffed the Colonial Hospital. The larger hospital, at the west end of the city, is St. Mary's and it, too, had a nursing school.

As time passed, there was a desire to leave Rochester and explore elsewhere. Two classmates had relocated and were under the Civil Service system at a Veterans' Hospital in Texas. From general comments I learned they were pleased with the change. This inspired me to take action. Pursuit of the Civil Service requirements were made and partially fulfilled when meeting a Dr. Smith of the Mayo Clinic staff; also, an inactive officer of the Army Medical Reserve (as preferred--when or if possible--by the Veterans' application). He listened to my plan, but questioned the cognizance of either the Army or Navy Nurse Corps--"These were up and coming." Yes, there had been a passing note in the History of Nursing Course, but the exposure left no impression. However, now my curiosity was aroused.

Dr. Smith offered to write to the Army headquarters in Omaha, NB, for specific data. Better yet, he indicated there was a Dr. Joel White, a Navy physician, serving a 1-year temporary assignment in the clinic. Immediately, he called Dr. White's office to make the appointment. The inclusion of a military idea compounded my interest.

On the designated day, I had an introduction to my first Navy medical officer. He was very interested to learn that someone from

the Midwest might be attracted to the Navy. I assured him of my intense interest to move on. He mentioned the larger naval hospitals, then a few foreign stations such as: Honolulu, then considered a tropical duty, the Philippine Islands, Guam, Samoa, and other interesting places. All this evoked considerable excitement. However, more in depth thought would be necessary before I made a commitment.

Dr. White wrote the Bureau of Medicine and Surgery in Washington, DC, to obtain current information and requirements. Upon receipt, review and deep thought, I notified Dr. White of my positive decision, thanking him for his interest and all his assistance. I submitted my application for the Navy Nurse Corps. In due time I received my orders for the U.S. Naval Hospital, San Diego, CA.

I severed my ties of 5 years in Rochester and resigned midst the offer to return should there be dissatisfaction in my new adventure. In all, a comforting thought since the country was creeping out of the Depression and many nurses were idle.

I proceeded to my home in Virginia for a brief visit with family and friends. It was a distinct blow to my parents to realize I was leaving Minnesota! In 1936 San Diego could have been on the other side of the world.

After a 10-day visit, I traveled by train to San Diego, arriving on 27 July 1936. After a short taxi ride from the depot, I sighted dazzling coral pink buildings banked by green shrubbery on the rising hill. It was a beautiful approach to my new world. Then, going through the sentried gate, on my way to the Officer-of-the-day (OD) office for the official check-in, I glimpsed colorful flowers and manicured lawns. The nursing office was notified of my arrival and I was escorted to her office.

It was an honor to meet the Chief of Nursing service, Miss Berniece Mansfield, a lovely genteel woman for whom I would have everlasting admiration. After a brief conversation and the plan for the following day, an escort took me to the nurses' quarters.

The housekeeper welcomed me, led the way to my room of fair size with Navy furnishings, and then to the dining room for an assigned place at a table of eight with the senior nurse presiding as hostess. Passing nurses introduced themselves, all very friendly as well as those at my dinner table. It was a very full, exhausting, and exciting first day in my new adventure.

The next morning, with Miss Mansfield, I had introductions to the commanding officer, CAPT Porter, and Executive Officer, CAPT Johnson. Both were friendly and appeared to have concern for all personnel. From here, with a senior nurse, we proceeded on a tour

of departments and units, meeting the personnel who manned them; everyone was friendly.

Upon completion of the physical tour, I was presented with a compilation of material for study pertinent to the overall Navy.

This day, I was assigned to a ward (head nurse) to observe the daily routine and overall management of an active surgical unit; I remained there for 2 weeks.

The third week and confident, I had my own unit, along with an appropriate number of corpsmen and a medical officer; we were a team on Medical III.

At the end of 2 months, a written examination was routine, possibly as an aid to ascertain one's adaptability to a military regime. My only concern--I passed! One really was on probation for 6 months and cognizant at this level of evaluation, it would determine if one had adjusted to the service regime as well as to Navy nursing; the outcome would be retention or release. However, it did present an opportunity for the individual to leave if she wished. My peer group was all retained--and jubilant.

There were 55 nurses at this command. Since the nation was coming out of a depression, a number of junior nurses had been on temporary separation, and only recently been returned to geographical assignments. In latter 1936, with a corps of approximately 500 nurses, there was a trend for a slow, steady expansion. I considered myself fortunate to be in this era.

Many different and occasionally odd things occurred, one of which was the removal of 10 cents from the monthly check. I referred to it as a slush fund, but believe the money contributed toward our medical care.

**It was called the Marine Hospital Fund. They would take a few cents out of each sailor's paycheck and it was supposed to be used for medical care. It was kind of an insurance policy. When did they stop taking that money out?**

When World War II started.

**What were your first duties at San Diego?**

Aside from my orientation assignment, there were periodic rotations to other wards. The orthopedic service was probably the most active of all in that many of the patients were long term. Sailors had an affinity for motorcycles (today's models are vastly improved) and therein lies the answer. There were fractures of every kind. Complex cases would be long term strict bed patients, possibly in a cumbersome body cast which could be exceedingly uncomfortable in pressure areas. These kinds of cases are a challenge to the

caretaker. Nurses and corpsmen had to watch carefully for undue symptoms. These cases provided unique opportunities for teaching the more intricate details of nursing care. All this was in an era before antibiotics to counteract infection and the air conditioner to provide physical comfort.

Sick call was conducted daily, about 0900, by the ward medical officer, along with the nurse and senior corpsman. The nurse wrote the doctor's orders and requests and the doctor reviewed and signed them.

**So you had a good life at San Diego.**

Yes. During the summer months, we had afternoon tea in the garden adjacent to the dining room.

The work schedule was as follows:

Days: 8 am - 3 pm -- Off every third Sunday

P.M. 3 pm - 10 pm -- Off every third Sunday

Nights 10 pm - 8 am -- 28 nights, then off Sat and Sun  
Night duty about 2 times a year.

One reported to duty station 15 minutes before the hour for reports. A 5-day week was neither known nor heard of.

**Where did you live at San Diego?**

In the nurses' quarters. Single male officers resided in the BOQ (bachelor officer quarters). This was an era of room rentals in a private home or hotel.

**What was life like when you were off duty?**

We had tennis courts and a swimming pool which we shared with the commanding officer's and executive officer's families. There were riding stables about a mile down the road from the Naval Hospital. Five of us took riding lessons which proved to be a lot of fun and for me, a childhood wish fulfilled. Balboa Park was not too distant and a fine location for roller skating, fine summer concerts, and a noteworthy zoo.

**How long were you there?**

I was there until November 1938. Then I had orders for the hospital ship USS *Relief* (AH-1).

**What was your first impression of the ship?**

Magnificent. The huge white ship was dazzling in the sunshine! Launch schedules were convenient and I took one to the ship. However, I learned the need for better coordination and improved agility to leap from the launch (or gig) to the ship's platform.

However, I mastered that rather quickly.

The rules of the sea were: To come aboard, one first saluted the flag, requested permission of the quarter deck officer to come aboard, stated intention (if stranger reporting for duty) and permission granted. A deck hand (sailor) escorted me to the chief nurse's officer to meet Miss Helen Lord, a lovely woman who was a native of Massachusetts. Miss Winnie Gibson, the operating room supervisor (later Nurse Corps director) was being detached within a few days. I would meet her again sooner than expected.

There were 12 nurses in all. The chief nurse and the operating room nurse each had a single cabin; the remaining 10 were double bunked. The junior nurse had top and should the peer group be of even level, they made their own decisions.

The nurses had their own wardroom mess staffed by a cook and two cabin boys, all Samoans. Laundry facilities cared for our white duty uniforms and the starch content was a bit heavy at times.

#### **What was a typical day like aboard the *Relief*?**

Following breakfast (0700-0830) we reported to assigned units for the night report. The morning routine was about the same as an on-shore assignment. Afternoon duty and night duty were each covered by one nurse. When in port the orthopedic ward was activated by motorcycle injuries. Between ourselves we called them "murdercycles."

Lunch was at noon hour and then we returned to our units until 1500. Other than for the operating room, we rotated to other assignments.

In one section of the ship, I had the contagion unit, a neuropsychiatric section, and the brig. Dr. Bart Hogan was the medical officer. I never recall the brig occupied either by a patient or a member of the crew.

A line officer commanded the ship aided by his staff. the senior medical officers were CAPT [John F.] Riordan (Chief of Surgery), CDR Hall (Chief of Medicine), executive officer and Dental Department.

With the passing of time, three of these medical officers would become selected for rear admiral--Drs. Frank Cooper, Frank Kruez, and Bartholomew Hogan.

#### **Did you spend any time in the OR?**

No, only if I were on call.

**I understand there was certain etiquette nurses had to follow on the ship. None of the nurses were allowed to date any of the**

**corpsmen or any other staff members.**

We were informed of no fraternization with enlisted personnel in our orientation in San Diego. Staff officers were acceptable. I have no recollection of this matter being reemphasized aboard the *Relief*.

**The *Relief* was homeported in San Pedro, CA. did the ship leave port often?**

I knew the fleet was going to the east coast in 1939 for spring maneuvers in the Caribbean area. We sailed in late November. The fleet arrived a bit later. We spent a few days on the Pacific side of the Panama Canal and had a nice time shopping, sightseeing, and repeated the same on the Atlantic side. Transiting the canal was exceedingly interesting.

With very few patients aboard, we were able to have a little extra time to enjoy Panama.

Eventually, we met up with the fleet. Our location for the next few weeks was off the coast of Haiti. When off duty, we took the Navy launch or gig to the pier in Gonaives. There were a few native stores near the pier.

Aboard ship our nursing assignments were set and rotated to enable three to four nurses to go ashore each afternoon until 5 p.m. On our first time ashore, we called upon the hospital charge nurse to pay our respects. An Irish nun was in charge and had been for several years. She was so pleased to see and meet American women and especially nurses. Our visit became a very special event when she brought out a treasured box of cookies from Ireland. They were very stale but we expressed our enjoyment.

There was poverty and poor sanitation throughout the area. The hospital was a very small wood structure with about six beds and six cribs. Obstetrics and pediatrics were the chief features for care. Tropical diseases specific to the climate were about. The bleak so-called surgical room contained an old operating room table above

which a single light bulb on a cord suspended from the ceiling served as the only source of light.

There was no sign of a doctor unless one made a routine stop periodically. The nun with her trained group were the sole purveyors of medical care. Pre-natal care was probably unknown or unheard of as evidenced in two newborns of 3 days old. Too, the staff had so little to work with. Supplies were almost non-existent.

Upon our return to the ship, we reported conditions to the chief nurse, medical officer in command, as well as the ship's captain. All concurred the need to help.

In the next few days we made up a generous outlay of supplies and took them to the nun. She was overjoyed. In our ensuing visits we brought small gifts of candies and other items which might contribute to their personal comfort. By the ship's departure date, we had built up a fine supply to meet the necessities for a reasonable period. It was a privilege for us to have had this experience.

#### **Did you help out with the patients?**

No, we didn't have any patient contact. We observed, offered suggestions, and concentrated on supplies. The hospital was very quiet while in port.

After the maneuvers were over, we were assigned to an R & R (rest and relaxation) port of Charlotte Amalie, Virgin Islands. After 5 lovely days we followed the fleet, supposedly to New York to assist in the opening of the World's Fair of April 1939.

Upon reaching Norfolk, VA, everything changed. It seemed Japan was "rattling the saber." Thus, all ships were ordered to refuel, take on provisions, and immediately return to the West Coast.

When we reached the Panama Canal, the locks operated around the clock to get the ships through. The *Relief* was the last ship and we remained on the Pacific side for 2 to 3 days and then continued to our home port, San Pedro, CA.

When we arrived, we remained in port until February 1940. In late summer of 1939 we learned that spring fleet maneuvers would be in Hawaii, off the coast of Maui. Further, I would be detached to report to the Naval Hospital, Pearl Harbor, T.H. when maneuvers were completed. The orders were effective on 8 May 1940.

Tropical duty was another segment in my life's adventure! On this same date I reported to the hospital command in which CAPT Reynolds Hayden was the commanding officer. Miss Myrtle Kinsey was the chief of nursing services with a staff of eight nurses. I was also pleased to meet up with Miss Winnie Gibson once again, the operating room supervisor.

We nurses had regular ward assignments and went on duty at 8

a.m. Each had a nice room in the nurses' quarters. We were a bit spoiled; along with iced tea, fresh pineapple was always available.

We were off at noon each day while one nurse covered units until relieved at 3 p.m. In turn, the p.m. nurse was relieved at 10 p.m. The night nurse's hours were 10 p.m. to 8 a.m.

One month I'd have a medical ward and the next month rotated to a surgical ward. Again, I didn't have any operating room duties here. The fleet population was relatively young and healthy. We did have quite an outbreak of "cat [catarrhal] fever" with flu-like symptoms. This was the only pressure period we had until the war started.

#### **What was off-duty like?**

Cars were few and far between, but two nurses had them. Many aviators were attached to Ford Island. Thus, there was dating. We had the tennis courts, swimming at the beach, and picnics. The large hotel at Waikiki was the Royal Hawaiian, where we enjoyed an occasional beautiful evening and dancing under starlit skies to lovely Hawaiian melodies.

#### **And then it all ended rather quickly.**

Yes, it did. A big dry dock in the area was destined to go right through the area where the nurses' quarters stood. We had vacated the nurses' quarters about 1 week prior to the attack. We lived in temporary quarters directly across the street from the hospital, a one-story building in the shape of an E. The permanent nurses' quarters had been stripped and the shell of the building was to be razed in the next few days.

By now, the nursing staff had been increased to 30 and an appropriate number of doctors and corpsmen had been added. The Pacific fleet had moved their base of operations from San Diego to Pearl Harbor. With this massive expansion, there went our tropical hours! The hospital now operated at full capacity.

#### **Were you and your colleagues beginning to feel that war was coming?**

No. We didn't know what to think. I had worked the afternoon duty on Saturday, December 6th from 3 p.m. until 10 p.m. with Sunday to be my day off.

Two or three of us were sitting in the dining room Sunday morning having a late breakfast and talking over coffee. Suddenly we heard planes roaring overhead and we said, "The 'fly boys' are really busy at Ford Island this morning." The island was directly across the channel from the hospital. We didn't think too much about it since

the reserves were often there for weekend training. We no sooner got those words out when we started to hear noises that were foreign to us.

I leaped out of my chair and dashed to the nearest window in the corridor. Right then there was a plane flying directly over the top of our quarters, a one-story structure. The rising sun under the wing of the plane denoted the enemy. Had I known the pilot, one could almost see his features around his goggles. He was obviously saving his ammunition for the ships. Just down the row, all the ships were sitting there--the *California*, the *Arizona*, the *Oklahoma*, and others.

My heart was racing, the telephone was ringing, the chief nurse, Gertrude Arnest, was saying, "Girls, get into your uniforms at once. This is the real thing!"

I was in my room by that time changing into uniform. It was getting dusky, almost like evening. Smoke was rising from burning ships.

I dashed across the street, through a shrapnel shower, got into the lanai and just stood still for a second as were a couple of doctors. I felt like I were frozen to the ground, but it was only a split second. I ran to the orthopedic dressing room but it was locked. A corpsman ran to the OD's desk for the keys. It seemed like an eternity before he returned and the room was opened. We drew water into every container we could find and set up the instrument boiler. Fortunately, we still had electricity and water. Dr. [CDR Clyde W.] Brunson, the chief of medicine was making sick call when the bombing started. When he was finished, he was to play golf...a phrase never to be uttered again.

The first patient came into our dressing room at 8:25 a.m. with a large opening in his abdomen and bleeding profusely. They started an intravenous and transfusion. I can still see the tremor of Dr. Brunson's hand as he picked up the needle. Everyone was terrified. The patient died within the hour.

Then the burned patients streamed in. The USS *Nevada* had managed some steam and attempted to get out of the channel. They were unable to make it and went aground on Hospital Point right near the hospital. There was heavy oil on the water and the men dived off the ship and swam through these waters to Hospital Point, not too great a distance, but when one is burned... How they ever managed, I'll never know.

The tropical dress at that time was white t-shirts and shorts. The burns began where the pants ended. Bared arms and faces were plentiful.

Personnel retrieved a supply of new flit guns from stock. We

filled these with tannic acid to spray burned bodies. Then we gave these gravely injured patients sedatives for their intense pain.

Orthopedic patients were eased out of their beds with no time for linen changes as an unending stream of burn patients continued until mid afternoon. A doctor, who several days before had renal surgery and was still convalescing, got out of his bed and began to assist the other doctors.

**Do you recall the Japanese plane that was shot down and crashed into the tennis court?**

Yes, the laboratory was next to the tennis court. The plane sheared off a corner of the laboratory and a number of the laboratory animals, rats and guinea pigs, were destroyed. Dr. Shaver [LTJG John S.], the chief pathologist, was very upset.

About 12 noon the galley personnel came around with sandwiches and cold drinks; we ate on the run. About 2 o'clock the chief nurse was making rounds to check on all the units and arrange relief schedules.

I was relieved around 4 p.m. and went over to the nurses' quarters where everything was intact. I freshened up, had something to eat, and went back on duty at 8 p.m. I was scheduled to report to a surgical unit. By now it was dark and we worked with flashlights. The maintenance people and anyone else who could manage a hammer and nails were putting up black drapes or black paper to seal the crevices against any light that might stream to the outside.

About 10 or 11 o'clock, there were planes overhead. I really hadn't felt frightened until this particular time. My knees were knocking together and the patients were calling, "Nurse, nurse!" The other nurse and I went to them, held their hands a few moments, and then went onto others.

The priest was a very busy man. The noise ended very quickly and the word got around that these were our own planes.

**What do you remember when daylight came?**

I worked until midnight on that ward and then was directed to go down to the basement level in the main hospital building. Here the dependents--the women and children--the families of the doctors and other staff officers were placed for the night. There were ample blankets and pillows. We lay body by body along the walls of the basement. The children were frightened and the adults tense. It was not a very restful night for anyone.

Everyone was relieved to see daylight. At 6 a.m. I returned to the quarters, showered, had breakfast, and reported to a medical

ward. There were more burn cases and I spent a week there.

**What could you see when you looked over toward Ford Island?**

I really couldn't see too much from the hospital because of the heavy smoke. Perhaps at a higher level one could have had a better view.

On the evening of 17 December, the chief nurse told me I was being ordered to temporary duty and I was to go to the quarters, pack a bag, and be ready to leave at noon. When I asked where I was going, she said she had no idea. The commanding officer ordered her to obtain three nurses and they were to be in uniform. In that era we had no outdoor uniforms. Thus it would be the regular white ward uniforms.

And so in our ward uniforms, capes, blue felt hats, and blue sweaters, Laretta Eno, Catherine Richardson, and I waited for a car and driver to pick us up at the quarters. When he arrived and inquired of our destination, we still had no idea! The OD's desk had our priority orders to go to one of the piers in Honolulu. We were to go aboard the *SS President Coolidge* and prepare to receive patients. We calculated supplies for a 10-day period.

We three nurses and a number of corpsmen from the hospital were assigned to the *SS Coolidge*. Eight volunteer nurses from the Queens Hospital in Honolulu were attached to the Army transport at the next pier, *USAT Scott*, a smaller ship.

The naval hospital brought our supplies the following day, the 18th, and we worked late into the evening. We received our patients from the hospital on the 19th, the *Coolidge* with 125 patients and the *Scott* with 55.

**Were these the most critically injured patients?**

The command decided that patients who would need more than 3 months treatment should be transferred. Some were very bad and probably should not have been moved. There were many passengers already aboard the ship, missionaries and countless others who had been picked up in the Orient. Two Navy doctors on the passenger list from the Philippines were placed on temporary duty and they were pleased to be of help.

Catherine Richardson worked 8 a.m. to 4 p.m. I had the 4 p.m. to midnight, and Laretta Eno worked midnight to 8 a.m. Everyone was very apprehensive. The ship traveled without exterior lights but there was ample light inside.

**You left at night?**

Yes, we left in the late afternoon of the 19th. There were 8

or 10 ships in the convoy. It was quite chilly the next day; I later learned that we had gone fairly far north instead of directly across. The rumors were rampant that a submarine was seen out this porthole in some other direction. I never get seasick and enjoy a bit of heavy seas, but this was different! Ventilation was limited by reason of sealed ports and only added to gastric misery. I was squared about very soon.

The night before we got into port, we lost a patient, an older man, perhaps a chief. He had been badly burned. He was losing intravenous fluids faster than they could be replaced. Our destination became San Francisco with 124 patients and one deceased.

We arrived at 8 a.m. on Christmas Day! Two ferries were waiting there for us with cots aboard and ambulances from the naval hospital at Mare Island and nearby civilian hospitals. The Red Cross was a cheerful sight with donuts and coffee.

Our arrival was kept very quiet. Heretofore, all ship's movements were usually published in the daily paper but since the war had started, this had ceased. I don't recall that other ships in the convoy came in with us except for the *Scott*. We and the *Scott* were the only ships to enter the port. The convoy probably slipped away.

The patients were very happy to be home and so were we all. The ambulances went on ahead to Mare Island. By the time we had everyone settled on the two ferries, it was close to noon. We arrived at Mare Island at 4:30 p.m. and helped get that patients into the respective wards.

While at Mare Island, a doctor said to me, "For God's sake, Ruth, what's happened out there? We don't know a thing." He had been on the USS *Arizona* and was detached only a few months prior to the attack. We stayed in the nurses' quarters that night.

The next morning we picked up our orders in the commanding officer's office. They informed us that we were free until 0800 the following morning, which would be the 27th. That night several of us were invited out and we went to dinner in our white uniforms and capes. We really stood out in a group. Being Christmas, San Francisco was quiet and we were not feeling very Christmasy. We made some telephone calls for ourselves and our shipmates.

#### **When did you leave San Francisco?**

We left on the morning of the 28th of December to return to Pearl Harbor. We went aboard the *Henderson* (AP-1), an old time transport. The ship was really bulging with troops. These were the first troops to go out since war was declared. Too, this ship was talking the first mail back to Hawaii since the war began and included the

Christmas mail.

We arrived back at Pearl Harbor on January 10th and we three Navy nurses were picked up and returned to the hospital. It was like coming back to family. A bonding had been created by reason of our common experience beginning on December 7th. Fifty-five years later that bond still exists whenever one meets up with another.

About 6 1/2 months later, I had orders to return to the states, sailed on the *Republic*, arriving in San Francisco in July 1942. My orders came via the 12th Naval District for U.S. Naval Hospital, Corona, CA. After a few days leave I reported in August 1942.

The grounds were beautiful and the building had been a country club at one time. When I arrived there it was like going into the Mayo Clinic. The physicians who had been on staff there were now attached to the Navy hospital. Too, there were several nurses from St. Mary's hospital in Rochester, MN. About every week, two or three Hollywood actresses drove to Corona, sat on the verandas with the patients, sipped coke, visited, and played cards and records. It was enjoyable and therapeutic for these long-term patients.

**What were your duties?**

I was a fill-in whenever they needed extra help. I was there 4 months and detached in early December 1942.

**What kinds of patients were you treating there?**

Corona was considered a convalescent hospital where rheumatic fever patients had been transferred from Farragut, ID. In fact, my assignment was there.

I arrived there on the train in December and snow was up to the rooftops. There were probably six or seven of us who would leave this long train at the small station in Athol, ID. Very few people had ever heard of this place. The station was closed, but soon a huge semi-like bus came from the hospital to pick us up--five nurses for the hospital and me for the Naval Dispensary, which was under the Naval Training station command. The hospital was at the far end of the base.

I would be the chief nurse with 24 nurses. This was a very large training station with six encampments and about 1,000 recruits coming in at regular intervals.

**What did you do in your off hours there?**

Well, one made his/her own fun. There was a large officer's club where one could go to dinner, movies, or play the slot machines. Being a large training station, there was a sizeable staff of line Navy besides medical and dental personnel.

Some of the men went fishing for what I believe was known as Coho salmon. The mountains seemed to rise out of the very deep and treacherous lake. Sunsets were consistently beautiful.

But we weren't into the beauty very much when we were in the throes of fighting a war. We heard what was going on in the Pacific and some days were highly traumatic.

**Was it the news that was traumatic or were you getting casualties?**

No. It was the news. We were not getting war casualties. Our primary mission was caring for the trainees along with any staff illness.

I'd like to point out that 200 dentists were attached to the training station. One section worked from 7 to 3 and the second section went from 3 to 11. The recruits required tremendous dental treatment.

A scarlet fever outbreak occurred in late '42. The patients received good care. Patients were all placed in one building and the outbreak soon abated. There was a lot of rheumatic fever because of the geographic location and demands of the mission. Supposedly, the Indians had referred to this area as "Fever Valley."

**How long were you there?**

About 15 months. I then received orders for the U.S. Naval Hospital St. Albans, NY. I traveled by train on the Century Limited, very comfortable and smooth riding.

**How long did it take to get there?**

Enroute I was able to arrange for about 2 1/2 days to visit my family in northern Minnesota. In all, the timing would have been 7 days on the basis of proceed and travel time.

At St. Albans I was a supervisor of the surgical nursing wing. Except for dependent care, it was a big hospital with all specialties. There were many long-term patients convalescing from war injuries, daily surgical schedules, teaching programs for corpsmen, weekly head nurse meetings to keep communication up to date in and for all segments in the wing.

**You certainly had more to do in your time off there than at Farragut.**

Indeed so. I was in New York. People dreamed of going there. One day a dream of mine would be realized by attending an opera at the Metropolitan Opera on 39th Street. I went to museums, ethnic restaurants, rode on the subways--a new experience--and visited the

ever famous Coney Island.

After 1 year I was transferred to the shipyard in Brooklyn, where reconstruction of the USS *Haven* (AH-12) was being finalized. I would serve as the chief nurse of a staff of 29 nurses. We were quartered in the St. George Hotel for 30 days prior to the commissioning of the ship. At a very impressive ceremony, the ship was commissioned in April of 1945. However, the celebration was at a subdued level due to the recent death of President Roosevelt.

**You were on what today would be called the pre-commissioning crew?**

Yes, that's right.

**The yard must have been a very busy place.**

It was exceedingly busy. Construction, repairs, horns and whistles going off created quite a devastating environment for employees.

From Brooklyn, we commenced on a shakedown cruise and stopped in the Norfolk, VA, shipyard for some adjustments. After 3 weeks, the ship progressed south and directly through the Panama Canal. In the area of Honolulu, we awaited sealed orders. Several days passed and everyone was getting restless. Why the delay? Only hours later we learned of the bombing of Hiroshima on August 6, 1945. And then hostilities ceased. Profound joy and excitement reigned throughout the ship. Sealed orders for Kwajalein were canceled and new orders received for Okinawa.

**Wasn't that so you could help repatriate American POWs?**

Eventually. We arrived in Naha, Okinawa in late August, then out to sea to ride out a hurricane. On return to port, we learned of our repatriation mission. Channels leading into Nagasaki were still heavily mined. The USS *Wichita*, a minesweeper, was our lead ship and we arrived at the railroad station pier about noon. Immediately, temporary plumbing was installed in the station for showers, new clothing, insecticide sprays readied, and any other items which could contribute to the POWs' care and comfort.

**Did you have any kind of real contact with them?**

Yes. A registration area staffed by four to six nurses and a Red Cross woman procured brief information on 3 by 5 cards as to name, home, service, and rate. Too, this would be the men's first sight of an American woman! Immediately, a free flow of shameless tears were on all our faces--and it felt good!

For weeks, trainloads of POWs arrived daily. A triage aided

in expediting those for admission to the hospital ship versus the ambulatory to the standby ships where they were taken to Okinawa for further processing.

**What kind of special treatment did they get?**

With the malnourished men, diet was the most important thing. There was need for some intravenous fluids, but the medical officer ordered high caloric liquid diets of small portions. As the men could tolerate more, they received increased quantities. The freed men also received complete physical exams and had angry old wounds tended.

**The men must have been ecstatic finally to be free.**

Yes, they never gave up hope. I remember when we had completed the processing and closed the area, we all hoped no one had been left behind.

**Did you ever get out of the pier area while at Nagasaki?**

Yes. The medical officers went to the nearby hospitals to view the type of injuries. Burn cases exceeded all other injuries. Upon my request to the medical command, we got permission for a number of us to be driven by bus to the convent. It was a large stately white building sitting on the highest terraced area overlooking the city. The ride revealed nothing but rubble and desolation. The nun in charge was astounded to see a group of white American women. We asked many questions, the main being what had they witnessed. She answered immediately, "There was a very brilliant white light. This was the end of the world. Christ was coming."

**Were they Japanese nuns?**

There were some Japanese and some very dark-skinned nuns also. The one in charge was either Belgian or Irish, I've forgotten. She said, "I don't know how we were spared."

We stayed less than an hour. The bus waited for us. Through this brief visit, we each carried an etched memory of a bus ride on a mid-September afternoon in Nagasaki, Japan, 1945.

**On the way back to the U.S., were you directly involved in the POWs' care?**

As the chief nurse, it was my responsibility to see that everyone was cared for. I had a staff of 29 nurses and 1 Red Cross worker. We had triple-tiered bunks but, as I recall, it was unnecessary to utilize the top bunks. Enroute to San Francisco, we had one stop at Samar in the Philippines.

**How many POW repatriation trips did you make?**

Just the one.

**What was your next assignment?**

The naval hospital at Brooklyn, NY. It was nice to be back in New York and into the excitement of the city. Once again I met up with Ann Bernatitus who made the famous submarine escape from the Philippines. She was here for a short while and soon detached to pursue a course in occupational therapy.

**Could you describe the grounds of the hospital?**

There were a few lovely lawns and flowers throughout the area. It was a very old activity, rich in history with many buildings in need of endless maintenance. CAPT [Joseph L.] Schwartz was the commanding officer. I wasn't there too long, January '46 to February '47, and then rotated to the medical facility at 50 Fell Street, San Francisco.

The Naval Dispensary was the prime medical facility and came under the direction of the 12th Naval District. I was not a part of the dispensary, but my office was located in the same building. I was the contact person for nurses who were disembarking in San Francisco as well as those who were embarking to Pacific assignments.

**So it was a purely administrative job then?**

Yes.

**How long were you there?**

From February 1947 until December '49. In a transfer to the 13th Naval District in Seattle, WA, I reported to the Navy Transport Command. At that time, all the Army ships were being transferred to the Navy. The port had a quota of 12 nurses with two assigned to each of the six transports. In this period, I had a round-trip orientation to Yokosuka, Japan after 4 months. In April 1950 I received orders to the Bureau of Medicine and Surgery for assignment to the detail desk.

**So you were the chief detailer for the nurses, the job where you get to play God with people's lives.**

Right. The Director governed the chief of nursing assignments and my desk prepared the orders. I was responsible for the remainder of the nurse personnel assignments.

**Winnie Gibson was Director.**

Yes, she was and a fine shipmate from previous assignments. By 1950, many nurses had returned to civilian life and into the inactive reserve. It was a very challenging assignment, but I thoroughly enjoyed it.

**What was so enjoyable about it?**

Finding the right person for the right slot, aided by a file of personal desires. At regular intervals, an individual had an opportunity to express a preference, which was noted and utilized when possible.

**Did you have a large staff?**

I had a secretary. After the Director's signature, the orders were directed to our BUNAV personnel contact, Miss McClatchy, who completed the processing of same. She was a long-time civilian employee, so helpful and accommodating.

**Then, you were there when the Korean War broke out?**

Yes. I remember when the USS *Benevolence* (AH-13) went down in San Francisco Bay. I had some sleepless nights! I had assigned nurses to the ship and my USS *Relief* shipmate, Eleanor Harrington, was the chief nurse. One nurse was lost in that tragedy. Dr. Cecil Riggs, the senior medical officer, received recognition for his valor.

**How did you hear about the *Benevolence*?**

I heard it through official channels. It was absolutely doomsday!

**How long were you on detail duty?**

I was there from March of '50 until August '52. In that year I went on to Indiana University for duty under instruction for 15 months to obtain requirements for a bachelor of science in nursing education. It was a year of books and studying. I had pursued evening courses when serving in areas of San Francisco, Seattle, and Washington, DC.

**Armed with your new degree, where was your next assignment?**

Naval Hospital, Great Lakes for temporary duty for about 4 months. In February 1954, I was assigned to the Naval Hospital, Camp Lejeune, NC, as the chief of the nursing service with a staff of about 45 nurses.

In August '55 I was rotated to the Naval Hospital, Portsmouth, VA, as chief of the nursing service with a staff of about 85 to 90

nurses. I recall one month in 1956 we had over 500 deliveries which included a set of triplets--all live births.

**What was a typical day like for you at that time?**

My normal duty day was from 8 to 4:30. Staff nurses 7-3:30. In the morning, the night supervisor reported to my assistant. When I came on at 8 a.m. she provided me with the night report and any related problems and in turn, I reported to the commanding officer. We discussed serious and/or critical list patients and informed him of any other vexing problem of the night, a pending nursing project, volunteer groups, etc.

I returned to the office and conducted business until I went on unit rounds at 11 a.m.. I usually went to the dependent section after lunch to cover that area for an hour or so. Periodically, the head nurse would accompany me. However, it was usually on my own which enabled me to chat briefly with patients, make observations, and listen for any nuances of complaints. This area can be a "tempest in a teapot." I then discussed anything I found unusual with the ward nurse. Civilian nurses were also assigned to this segment of the hospital.

I returned to the office at 2 p.m. had a few moments with the secretary, and appointments with the staff nurse between 3:30 and 4:00 p.m., but this was infrequently. With the unforeseen complexities of a military hospital, no two days were ever the same.

I had supervisor's meetings every other week. In turn, they had meetings with their head nurses, keeping all communication lanes open.

**How long were you there?**

I was at Portsmouth until August of '58, and then transferred to Bethesda as chief of nursing service with a staff of about 100 nurses. RADM Kruez was the commanding officer. He had the orthopedic department on the USS *Relief* where we served together.

**Bethesda was always known as the President's hospital. Congressmen and senators were also treated there. Did you ever run into any of these people while you were there?**

Yes, and it was rather interesting to have these individuals who were making headlines as patients under our immediate care. When I think about it, it was a bit startling. They were thoughtful and considerate as patients.

**I recall that Admiral [Hyman] Rickover was a patient at the hospital. Where you there then?**

He was admitted to the emergency room with a heart attack. Immediately, the commander inquired of me regarding the staffing on T-16 and I assured him it was excellent.

After the patient stabilized he was moved to a room on T-16. The charge nurse established his nursing program of treatment, instructed the corpsmen, and approved the supervisor of Tower floors. All went smoothly. After several days, the admiral's secretary was permitted for a brief visit and thereafter, commenced his office transaction on a limited basis.

One could not have had a finer patient. To show his appreciation for the hospital personnel, he requested a portion of his Pentagon office staff to stand by on a specific Sunday afternoon and reveal information concerning projects pertaining to submarines. To commemorate the visit, each attendee was presented with a pen and pin clasp in the shape of a submarine. Upon discharge from the hospital, the admiral returned to full duty status and thereon served many more years.

**As you know, the hospital was designed by President Roosevelt. Over the years, I've heard quite a lot of criticism as to the design.**

Yes. The lost man-hours in waiting for the elevators would have been unbelievable. There were safety factors to consider, primarily fire. We often referred to the situation as "Roosevelt Tower." Supposedly, at a luncheon the president sketched his idea of the hospital, to a friend, onto a white tablecloth. Immediately beyond the imposing towered structure was a pond referred to as "Healing waters of Bethesda." Overall, this scene presented a bit of a spiritual tone.

**How long were you there?**

From September '58 to March of '62.

**And then you got orders to BUMED.**

Yes. I reported there the last days of April. I took my oath on the first of May from Secretary of the Navy Frank Korth.

**How did you feel when you were chosen to be Nurse Corps Director?**

As though a thunderbolt had hit me--totally incomprehensible--in awe of the position--along with extra heart beats... and overall, great humility.

**When you were selected to be Director, you made captain automatically.**

Exactly.

**But you had already been selected for captain.**

Yes. In 1960. Outside of the Director, I was the second of the two selected.

**How did the selection process for Director work?**

I have absolutely no knowledge of the selection process other than to have accepted the appointment and oath of office from the Secretary of the Navy.

**How did you find out about your selection?**

I believe it was a call from CAPT Ruth Houghton from BUMED.

**Where was your office?**

It was on the second floor of the old Observatory building with steps full of creaks and squeaks.

**What were some of the big issues at the time?**

It was the decreasing numbers of the Corps, particularly in the LCDR rank, whether it be voluntary or involuntary. The rank structure of the Corps offered extremely limited opportunity for selection for promotion to the next rank; the law said that an officer, being twice passed over, had to retire.

Throughout the country, the 3-year nursing school programs were closing as the 4-year programs were increasing. On the basis of detailed justification, a request was submitted for 200 billets in our fine ongoing Nurse Corps Education Program. In due time the request was approved. However, the gain would benefit the future, about 2 1/2-3 years hence. On completion of the 4-year course, one was eligible for a commission.

To help meet the current needs, the commands and their chiefs of nursing service were apprised of the overall circumstances. They were requested to provide an expansion in the employment of civilian nurses comparable to their needs.

Recruiting was advised of the increased billets and aided their efforts considerably.

**And then they would go to Newport for orientation?**

Yes, for the fine 6-week course.

**You worked for RADM Kenney, who was Surgeon General at that time.**

Yes. When he retired Admiral Robert Brown relieved him.

**What do you remember about Admiral Kenney?**

He had been one of the two physicians on the USS *Henderson*, when I was a passenger returning to Hawaii in January 1942. I never saw him again until he was the Surgeon General.

**What was he like to work for?**

I think he liked "yes" people. We had our differences. I was very pleased when Admiral Brown came into the position.

**What kind of relationship did you have with him?**

I think it was very good. He listened and discussions were amiable. Maybe a compromise was necessary at times. However, in time there would be issues of more concern.

**While you were Director, did you feel that nurses were playing more of a leadership role than they had previously?**

Yes, where possible. In chief of nursing assignments there are opportunities for suggestions, projects, or programs--things of real interest for them to do. Commanding officers can be narrow of vision and/or pacing for the next rank and desire no changes. An incident comes to mind.

While I was in the field and as late as 1959-60, there was dire need to institute a 5-day work week program. New nurses reporting for initial Navy assignment were amazed by the lack of a 5-day week. They were unaware of the projected movement. A comprehensive program was presented to the commanding officer with discussion, assurance of coverage, and he consented to review it. It was returned the next day with one word--Negative.

In the second pursuit of the unchanged program, we supervisors added that the Army and Air Force had started their programs long ago. On a late Friday afternoon, he entered my office, tossed the project on the desk, and stated, "This should have been started a long time ago." The other person in the office and I listened in disbelief. Perhaps the inclusion of the other two services aided the liberation. This was long ago, but reveals some of the roadblocks we encountered in a passed era. This one instance was ingrained in my memory.

**How many captain's billets had there been before?**

In 1960 there were three captain billets, one of which pertained to the Director of the Corps.

The rank structure was out of balance and adding two captain billets was not the solution. In late 1963, at the DACOWITS meeting (a committee of 50 women appointed by the Secretary of Defense) met with 10 women directors of all services: Army, Navy, Air Force, Marine

Corps, nurses and the medical services. Their primary objective was to benefit the enlisted women and at times included the men, particularly as it pertained to new construction of living quarters and improved facilities.

In late 1964, the committee commenced discussion of flag and general ranks for women. Upon closure of these sessions, the Surgeon General was briefed on the overall content. His early response was there would not be an admiral in the Nurse Corps until one was established for the Medical Service Corps. He was assured that flag rank was not immanent. Attention was turned to rank structure at the captain (O6) level. Bureau of Naval Personnel oversaw this problem and approved 35 captain billets. This was a tremendous boost to the morale of the Corps. Our improved position would now enable the Corps to receive positive consideration for flag rank... and did 9 years later. Rear Admiral Alene Duerk became the first admiral of the Nurse Corps in 1973. This was a great achievement for women in all the military services.

**You were Director when the war in Vietnam was heating up.**

Yes. For months, it seemed that every Friday afternoon we could expect some type of project to come from the Secretary of Defense's office for his briefing on Monday morning. [Robert] McNamara was Secretary at that time. In retrospect, it was thought to be a certain amount of "busy work." Do you remember that sometimes they called it McNamara's war?

**Oh, yes.**

Following one DACOWITS meeting, we reviewed a film in the Pentagon on a segment of the Vietnam War. Too, Mrs. McNamara was a member of this committee and sat somewhere in this area. A male voice came through the filming and referred to the conflict as "McNamara's war." Understandably, she was disturbed, but retained her composure.

**Wasn't it during your administration that men were brought into the Nurse Corps?**

Yes. To claim a deficiency in the Nurse Corps when a potential field of men nurses were still excluded was absolutely absurd. The issue could no longer be avoided; response to correspondence offered the routine trite statement of present unacceptance but perhaps in the near future. This repetitious reply left one with a sense of weariness. The Nurse Corps was cognizant of their value in many areas of assignment and approved of them as future colleagues.

One afternoon, on appointment, a fine young man in the uniform

of a commissioned officer in the Air Force Nurse Corps came to the office. He was aware of the non-acceptance of men in the Navy Nurse Corps. He stated, "I wish the Navy would take men nurses." He had previously served in the Navy and experienced a camaraderie not found in another service. After our discussion he left with a bit of hope.

**Were you actively fighting to make it happen?**

It was near the edge. I discussed the visit by this young man with the staff. The Surgeon General was apprised of the Air Force nurse's visit and seemed pleased to hear of his reaction to the Navy. (Here was a point for attack.) Why was the Navy so adamant about its policy on nurses in the Corps? The Army had utilized them for years and the relatively young Air Force commissioned them at once into their Corps. With no immediate replies, the Surgeon General would investigate further. A ray of hope beamed forth. There was cognizance of the possible need to consult a higher echelon. About a week or 10 days later, the Surgeon General responded with a positive statement for the acceptance of men into the Nurse Corps!

**When did it finally happen?**

It was early 1965. At a directed time Navy public relations and recruiting stations were notified.

The first reporting nurse indicated a desire to go into anesthesia training. After his 6-month rotation of assignments he would be eligible to submit an application for approval.

**How did the men, being a minority, respond to the Nurse Corps environment?**

I think they were very pleased to become part of the Corps.

**So the men thought of themselves as pioneers. How did the women view them?**

Fine. It wasn't a big issue. These men have become a very valuable part of our Corps. At this time--30 years later--they comprise 25 percent of the Corps.

**Once men became part of the Corps, the possibility one could eventually become Director also became real. How did you feel about that?**

I said, "Why not?" If he had given fine performance, advanced himself, and qualified as an administrator, he should be able to be considered for the role of Director.

I retired over 29 years ago and all the things that have happened in the Nurse Corps since that time are almost unbelievable!

**Since you became a nurse back in the 30s, nursing itself has really changed.**

Vastly! An example: As a student nurse, at the end of my first year, I might have been caring for a patient with a hernia repair, commencing with pre-operative preparation and post anesthesia watch. That individual was a strict bed patient until the 20th day, then permitted to sit on the edge of the bed on the 21st day, up in an arm chair on the 22nd day, and a few steps increased as tolerated. All personal needs were tended throughout the first 20 days.

Today, 55 years later, hernia repair is considered out-patient surgery.

**Did you have any role in the choice of your successor?**

No. Nor was I consulted.

**How was the choice made? Did it happen in a smoke-filled room?**

Possibly. I heard three names were considered, Veronica Bulshefski being one; I had no knowledge of others.

**Were you pleased with the choice?**

Yes. CAPT Bulshefski was a very dedicated and energetic woman and an able administrator. I was most pleased.

**When did you retire?**

April 30, 1966. The ceremony was at BUMED in the Surgeon General's office. My sister and her family were there as well as Admiral Joel T. Boone and Mrs. Boone, and CAPT Bulshefski, my relief. The procedure was informal and brief.

**When you look back at that 30-year career, you had quite a variety of experiences.**

Yes I did. The years of rotated assignments provided a progressive and geographical spread to activities in which the chief of nursing service utilized my capabilities for increased responsibilities. This background interspersed with educational advancement was preparation for a position as a chief of nursing service in the larger hospitals.

The post-war years brought dynamic advances to research science and technology; medicine along with nursing were to adjust to the new demands of this era. Medically, after limited use in the active war period, there was an immediate approval of a drug which would touch all our lives at one time or another, that of penicillin, the "miracle drug."

As a Navy nurse officer, I had complete fulfillment in my professional career. There was never any space for ennui since challenge was ever present. The camaraderie of the Navy surpasses that of any other group. Any achievement comes through others. Their valued strengths are either behind or along side, but always there.

In brief summary, for me, it was the right place--at the right time--in the right era.