

U.S. NAVY MEDICAL DEPARTMENT ORAL HISTORY PROGRAM

ORAL HISTORY WITH CAPT (ret.) KATHLEEN MORRISON, MSC, USN,
FORMER CO, NAVAL MEDICAL CLINIC ANNAPOLIS, MD

CONDUCTED BY
ANDRÉ B. SOBOCINSKI, HISTORIAN, BUMED

8 AUGUST 2013
ANNAPOLIS, MD

OFFICE OF MEDICAL HISTORY
BUREAU OF MEDICINE AND SURGERY
SKYLINE COMPLEX, FALLS CHURCH, VIRGINIA

BUMED Oral History Interview Synopsis and Key Words

Narrators:

CAPT (ret) Kathleen Morrison, MSC, USN

Date and Location of Interview:

August 8, 2013 in Annapolis, MD (Home of CAPT Morrison)

Interviewer:

André B. Sobocinski, Historian, BUMED

Synopsis:

Over the course of her 30-year career (1971-2001), CAPT Kathleen Morrison served as a hospital food department manager, Navy specialty leader for dietetics, Navy dietitian with TRIMIS (earning the distinction as the first), Medical Service Corps (MSC) detailee, MSC Deputy Director, as well as Executive and Commanding Officer of Naval Medical Clinic Annapolis, MD. In this oral history session, CAPT Morrison recounts her experiences at Naval Hospitals Camp Pendleton, CA, Bremerton, Groton, CT, WA, Oakland, CA, Naval Clinic in Annapolis, MD, National Naval Medical Center, Bethesda, MD, the Bureau of Personnel (BUPERS) and the Bureau of Medicine and Surgery and discusses the topics of food services, executive medicine, the challenges to leadership and her leadership philosophy.

Key Words:

DUINS-Duty Under Instruction

HCA-Healthcare Care Administration

JCAHO-Joint Actions Control Office

MHAT-Mental Health Advisory Team

MIDNS-Midshipman

MS-Mess Specialist

MSC-Medical Service Corps

PA-Physician Assistant

TRIMIS, Tri-service Medical Information System

USNS *Comfort* (T-AH-20), Navy hospital ship

The date is August 8, 2013. Today we have the great pleasure of talking with retired Captain Kathleen Morrison. In her distinguished 30-year career, Captain Morrison served in a variety of administrative and clinical assignments culminating in tours as XO and later CO of Naval Medical Clinic, Annapolis, MD. This session is being conducted as part of the BUMED Oral History Project.

Captain, thank you so much for your time today. We usually like to start off at the very beginning. Where did you grow up?

I'm from the other Washington—Seattle, Washington. In fact, one reason we ended up here in Annapolis is that it reminds us of Seattle. So, for me joining the Navy was a big change for my family. My dad was in the Navy during World War II as a yeoman first class, but being an officer was a whole different thing.

My mom was a dietitian, and after I graduated from high school in 1969 I thought I also would like to become a dietitian but money was tight. So my mother was at the American Dietetic Association, and saw a Navy commander coming down one of the hallways and she said, "Does the Navy have dietitians?"

And she said, "Yes, I'm here trying to recruit." And so that's what started it.

I went to the University of Washington in Seattle, Washington, for two years to get my basic physiology, anatomy, chemistry classes, and then I was commissioned as an ensign at the beginning of my junior year in 1971 when I started at Ohio State University. Ohio State was the only program in the country at that point where you could get your dietetic degree and your internship at the same time. When you graduated you were eligible to take the exam to become a registered dietitian. Normally, people take four years of college, then apply for an internship. This is what we call the Coordinated Program. So I was a DUINS¹ student.

To be an ensign when I was a junior in college was wonderful. In the program I not only received financial compensation, I had an ID card and everything. To be honest with you, I did not fully understand what that all meant as far as benefits, any of that, but it was very positive. I was going to do my two years when I finished, and then I was going to resign my commission. You know the rest of the story. I ended up staying 30 years.

What was very interesting about that person at the dietetic meeting was that she wasn't a dietitian. There was something called the Women's Specialist Corps, which were physical

¹ Duty Under Instruction (DUINS) is a program whereby officers receive full pay and allowances of their grade and the Navy pays their school tuition.

therapists, occupational therapists, and dietitians. And at that point they were all women and that was one group. Dietitians were so unique that we didn't have anyone senior enough to be our person, so this was Commander Joan Beckwith,² who I think is now deceased. She was a wonderful person, and it didn't really matter that she wasn't a dietitian; she understood what the role of dietitians were going to be in the Navy. So that's how I got started.

I can tell this story because it does show persistence. If I hadn't graduated, then I probably would have become enlisted at that point. At my second semester at Ohio State, I had straight A's and I was taking bio-chemistry, which was a requirement, and we were taking it in the College of Medicine because that's where our program was based. It was really tough, and I didn't make it. So I had to take it again. I got through it with the help of a tutor. At that point I always wondered how life could have changed if I had not been able to get through the program. It was nice to have all these straight A's, but obviously, it doesn't mean much if you can't make a required course. So then I guess I would have been enlisted; I'm not sure what I would have done. But it's one of those situations that I always told my staff, "You've got to be persistent." I think

² Cmdr. (later Capt.) Joan Beckwith (1929-1988) was a pioneering Navy physical therapist and leader in the Medical Service Corps community. While a lieutenant in 1960, Beckwith became the first physical therapist assigned to the Naval Hospital in Guam. In 1969, CDR Beckwith was assigned as the Head of the Medical Specialist Section of the Medical Service Corps.

that's a trait that's very positive in leadership. You may have a barrier here but what are you going to do to get over it, around it, or make it work for you? Even in patient care I always would tell my staff, "If something is going on, let's resolve it here. Whatever the hassle factor is, let's get resolve here and now."

And then I graduated from Ohio State. I have to tell you that at Ohio State Woody Hayes³ was one of my patients.

What do you remember about the legendary coach?

Woody was basically born on the football field and he was going to die on the football field of complications of many medical issues. When we would go in to give him the famous 1,500 low cholesterol, low calorie diet, it ended up coming back across the room, but that's why he was so good on the football field. And then there would be times when he was just like a "Grandpa Bear." I mean, he was just wonderful.

The role of nutrition has changed drastically from 1973 when I graduated to now. It used to be primarily clinical, critical care, tube feedings. You oversaw special diets in the hospital. Then we started down the road of embracing the community, and going out with the troops, especially the

³ Woody Hayes (1913-1987) was the legendary coach of the Ohio State football team from 1951-1978. He died in 1987 after suffering ill-health for many years previously.

Marines. And then I think we moved into what we call preventive roles of nutrition even at the corporate levels. During my tenure we ended up getting many first dietetic billets such as at NAVSUP, Marine Corps Headquarters, Navy Personnel Command and deployable medical systems.

And it has been awhile. I've been retired for almost 12 years, but to look at things dietitians are doing now is remarkable. They're involved in deployable medical systems; they're on the USNS *Comfort/Mercy*, and very involved in the Wounded Warrior Program and preventive health. It's wonderful to see how far we have come.

When I first entered the Navy, and I don't know if you've heard of this distinction, but we were two different communities. We were food service officers and registered dietitians. About 99 percent of the food service officers were from the Cornell University Hospitality Program,⁴ and they were not registered dietitians. Many of those food service officers--our affectionate terms for them were "stew-burners"--went on to become key individuals in the financial management system,

⁴ The School of Hotel Administration (SHA) at Cornell University is a specialized business school for hospitality management founded in 1922 as the first four-year intercollegiate school in the world devoted to the field. It is one of a few hospitality management schools in the country that is not part of another academic department, school, or college, though until 1950, it was operated as a department within the New York States College of Home Economics. The undergraduate business curriculum at the School of Hotel Administration is one of only three such Ivy League programs accredited by the Association to Advance Collegiate Schools of Business (AACSB) including the University of Pennsylvania's Wharton School of Business, Cornell University's Dyson Applied Economics and Management program, and Cornell University's School of Hotel Administration. Cornellians generally refer to it as the Hotel School, and its students and alumni as "Hotelies."

people like: Al Frost, Jim Shepherd, Chad Henderson, Joe Schoenek, who is now deceased. Often, the dietitians worked for the food service officers, and that was acceptable until I got to a place like Bremerton and I was a lieutenant commander and the food service officer was an ensign. That was difficult. The director for administration initially didn't see that it was an issue, and so we had to work through some things and it worked out fine.

So then, probably the 1980s, as the registered dietitians (RDs) were getting much more senior and we would have the leadership skills to be able to run departments. So many of the food service officers transitioned into the financial, the logistics area, or general healthcare administration. And again, many of them ended up as COs of facilities. When I was specialty leader we had almost 55 dietitian billets. It's much lower now, as billet reductions are realized. At Bethesda, or Portsmouth and San Diego, you had a billet structure where there was a captain-department head, and a commander-assistant department head. We assessed the new ensigns, worked with them for a couple of years mentoring and getting them introduced to Navy dietetics, and then they could very easily go overseas and be a single dietitian at Naples, Guam or Yokosuka.

And we've always enjoyed having civilian dietitians with us, and many times they ended up being dietitians who got out. It's wonderful to have the civilian dietitian that is able to provide continuity and complement the food service staffs.

Can you talk about your first duty station?

I ended up at Camp Pendleton as my first duty station, and there was a senior dietitian there and then she transferred and I became the single dietitian. I had my first subordinate, and to this day we are still great, great friends. But see, that's the great part of having a shipmate. One thing I worry about in today's military is the lack of "shipmate culture." It's very competitive, but being a shipmate is what it's all about and why we have so many wonderful memories.

I was a plank owner at Camp Pendleton in 1974⁵ with what's now the old hospital. I also served as an escort officer for Admiral [Willard] Arentzen.⁶

⁵ Originally opened in 1943 and known sometimes as Naval Hospital Santa Margarita, Naval Hospital Camp Pendleton continued to expand post-World War II. In 1971, construction was started on a new hospital at Pendleton which opened in 1974. In 2013, the third hospital at Pendleton opened its doors.

⁶ Vice Adm. Willard Palmer Arentzen (1921-2013) served as Surgeon General of the Navy from 1976 to 1980. Prior to this, he served as Commanding Officer of Naval Medical Regional Center, San Diego, Calif. During his term as Surgeon General, Arentzen oversaw studies on the hospital ship construction project, established BUMED's Contingency Planning Division, made major improvements in the Medical Department's training and assignment policies, and organized and supported the Navy's alcohol and substance abuse treatment programs.

Admiral Arentzen was a memorable leader for many. What do you remember about him?

Lab coat stories. [laughter] He believed in patient care, and he believed in good patient care and he wanted to know what was going on in a normal circumstance, so not when all the leaders were present. So that was a unique way of doing it. I think he did a lot for Navy Medicine as far as getting us to focus on patient care and remember why we're here. And so if there's somebody that lays in bed and is trying to get some kind of attention for an hour...

Well that's what I've heard about Admiral Arentzen.

Right, got into bed and laid down? It's true. At Camp Pendleton, that was when we were seeing Vietnam refugees. And that was very interesting because we had to develop special menus just for the Vietnamese and their families.

How did you do that?

Lots of vegetables, lots of rice. And it was interesting, the wife of my boss, John Gerhard (deceased),⁷ was Asian, and we

⁷ Lieutenant (junior grade) later Cmdr. John Charles Gerhard III (1945-2013). Gerhard joined the United States Navy in 1967, serving in the Food Service and Medical Service Corps. He met his soon-to-be wife, Wei, in Taipei, Taiwan in 1971 while stationed overseas. They married after a brief courtship on September 4, 1971. The newlywed couple moved to Oceanside, California in 1974 and had two children, Lilly and John. John continued his service in the U.S. Navy until his retirement in 1989 as the Executive Officer of the Naval Hospital at Naval Station Great Lakes, Illinois, holding the rank of Cmdr.

actually utilized a lot of her recipes and her ideas and adapted for the large numbers.

That was such a culture exposure for us. What we didn't really understand initially was when the little boy was admitted to the hospital, his entire family comes, and so there would be sometimes 15 people sleeping in a room, and then, of course, they needed to be fed. So we had to figure out how to accommodate them, but it was wonderful to be a part of that. There were just lots of issues with distribution and logistics.

Years later in 1989, I was at Fleet Hospital training⁸ and I went to Camp Pendleton. When I got there and I looked at the roster and they had me listed as the pharmacist! So I went to the Fleet Hospital CO and said, "Oh, I think there's been a mistake. I'm medical food service."

And he said, "No, there's no mistake. I don't have a pharmacist in this training evolution, so you're it."

So I said, "Okay." Smartly. And I walked back to our hut, and I thought, alright, pharmacy and food service. "What are the similarities?" We each have a product; we each have portion control or unit dosage; we each have security issues; we each have distribution issues. How do you get food and drugs to

⁸ Fleet Hospital Operations and Training Command (FHOTC) Camp Pendleton was established in 1989.

people? Logistics, sanitation, temperature control. And so I'll be honest with you, by the time I walked back to the pharmacy I was fine and we got through the whole evolution. And this pharmacy tech said, "Ma'am, I don't think I've ever seen you at Bethesda." And there was another corpsman in the back going, "Well, you'll not see her because she's food service." And so I think that was important for the techs to see the Healthcare/patient issues common in all specialties.

You weren't tempted to, I'm sure.

No, not at all. But I think those are the leadership positions that we find ourselves in. And not everything is like this perfect little box and everything is there. Team building and being a team player are important leadership traits.

Do you think that it was healthy to gain that experience?

Very much so. When I had Mess Management Specialists (MS), and I'm really getting ahead, but when the USNS *Comfort* was assigned to Bethesda and we were manned with mess specialists I will never forget this MS1 came to me and said, "Ma'am, I'm not comfortable to do this patient thing. My grandfather died and that was tough enough on me."

And I said, "Well, you're going to have to do this patient thing; that's why you're here. And if the *Comfort* deploys," and

we knew it was going to, "you're going to need to have those kinds of experiences and leadership things and skills to be able to understand if somebody needs a special diet." And the best part of that story is that he saluted smartly and said, "Okay, I'm going to try it, but I don't know." And he ended up being very close to so many patients. And this was during Admiral [Donald] Hagen's time.⁹ We loved Admiral Hagen for his customer service and taking care of people was a big focus for him.

I had a couch in my office at Bethesda, an old, ratty couch, and Admiral Hagen would sometimes, while walking around, just sit down there and I'd get him a cup of coffee. But I have to tell an Admiral Hagen story because this sums it up. At Bethesda we had about 20 employees from Rock Terrace High School--which is for developmentally delayed adults--and we were one of their training sites, and they worked in the scullery¹⁰ and they helped serve on the line-- it was a very positive program

So it was toward the end of the day and we were closing at 1:00 pm. Food service had these big steel sleeves that would come down and block off the dish room after it was all done.

⁹ Vice Adm. Donald Hagen served as Commander of the National Naval Medical Center (1988-1991) and Surgeon General of the U.S. Navy (1991-1994). As Surgeon General, his experience in operational medicine enabled the Medical Department to meet unprecedented demands for operational medical support for peacekeeping, humanitarian missions, and disaster relief. Navy medical personnel were deployed to Zagreb, Croatia, Guantanamo Bay, Cuba, and aboard the hospital ship USNS *Comfort* in support of Haitian migrants. VADM Hagen was instrumental in the implementation of advanced telemedicine throughout Navy medicine, and was an outspoken advocate of health promotion and disease prevention.

¹⁰ A room used for washing dishes.

Admiral Hagen is getting ready to put his tray in there and this stainless-steel sleeve comes down, doesn't hurt him at all, and all my colleagues are going, "Oh great, Kathie, you hurt the Admiral."

And he turned around and looked at me and said, "Kathie, are those employees told to close at 1:00?"

I said, "Yes, sir, they are."

And he said, "You know, that's what I love about this program. My brother is special needs, and I just always think how great it would have been if he had been able to get in this kind of thing." So it was wonderful. When everybody else was like, "Oh, what's going to happen to you." But that's the kind of person he was, which is why, on Norwegian Day, which is May 5th, the MS's loved him so much and they would make all his favorite Norwegian food.

Admiral Hagen was always a diamond, and a real people person. He really was just a wonderful person. I can remember when I left Bethesda to become the detailer of the Medical Service Corps and he came to my farewell luncheon. And I remember he says, "But remember, Commander Morrison, I'm the big detailer in the sky."

Now, I have to tell about story Admiral Hagen and my husband. When the *Comfort* was deploying he said, "You know, Maryland¹¹ is a state that has a ship and nobody recognizes it."

And I said, "I know, the *Comfort's* special." So unbeknownst to me, my husband writes a letter to Governor William Donald Schaefer¹² saying, "Wouldn't it be great if we had a USNS *Comfort* Appreciation Day?" And so three weeks later we come home and there's this huge package on the front porch wrapped up, and I open it up and it's a proclamation from the state of Maryland. "Valentine's Day is going to be 'USNS *Comfort* Appreciation Day.'" "

I said, "Bob, who else knows about this besides you, me, and Governor Schaefer?"

He goes, "Well, I don't know." So my friend was Admiral Hagen's aide, CDR Joseph Souza, MSC, USN, and I said, "Oh my, I think we got an issue here. The state of Maryland thinks there's this proclamation and nobody knows about it, starting with the admiral."

He says, "Okay, bring it in. Let's look at it."

¹¹ USNS *Comfort* (T-AH-20) was home-ported in Baltimore, Md. from 1987 to March 2013. In March 2013, the ship was relocated to Norfolk, Va.

¹² William Donald Schaefer (1921-2011) served as Mayor of Baltimore (1971-1987) before being elected as Maryland's 58th Governor in 1987. He served in this role until 1995.

So I brought it in; it was framed-in fact, it still is on the mess deck of the *Comfort*. And so Admiral Hagen walks by and he goes, "Oh, what's this?"

"Oh, well, that's just a proclamation that my husband worked on with the Maryland governor..." and I admit, I was seeing my career going by in front of my eyes. And he looked at that and he goes, "Is that great, or what? Isn't fantastic to think that your husband is such a part of the Navy Medicine family?" And he went on and on, and he said, "I'm going down today for my interview with CNO for surgeon general, can I take this?" He said, "I just want to show them what Navy Medicine is all about and how proud we are." So for that, I'm very indebted to Bob.

Do you think that the proclamation got him the job as surgeon general?

I don't know. I think he was a top-contender. He could have said, "What is going on, there's a chain of command." And sometimes you have to push the system, and I think in that case we did.

And then fast forward 30 years later when the *Comfort* went on the humanitarian mission to Haiti. We had a good friend who was on the ground, a line person, and he said, "Here's an opportunity to get the *Comfort* front and center for the state of

Maryland." He said that when it was still here, and so our friend got his point of contact for the *Comfort*, never happened, never heard from anybody." So that was sad. And again, I know they were busy, but Bob was willing to do all the writing to highlight the uniqueness of the humanitarian missions.

Do you think there'd be room for an Admiral Hagen's leadership style in today's world?

I do, because he is going to follow the rules, but he is also going to say, "Come on, what's the vision? What are we going to do?" And his deputy was CAPT Bill Rowley.¹³ He and Admiral Hagen together were fantastic. And he pushed Bethesda to look at different clinical practices. That first USNS *Comfort* deployment to the Gulf in 1989 was a whole new challenge for everybody. And I remember he had staff meetings four times a day, which at a place like Bethesda, that's a big, big thing. It was terrifying for lots of people. And that's when the MS specialist program really paid off.

So remember, prior to 1989 we have no mess specialists; everything was civilian in all departments. We had no SKs at Bethesda. So SKs-supply keepers, MAs-Master-at-Arms, postal clerks, so everything needed for *Comfort* was assigned to NNMC,

¹³ Capt. (later Rear Adm.) William Rowley served as Deputy Commander, National Naval Medical Center, Bethesda, MD under Hagen from 1988-1989. Rowley may be best known in Navy Medicine as a pioneering medical futurist.

Bethesda, and again, they were stationed at Bethesda with ADDU¹⁴ to USNS *Comfort*. But, unfortunately, these young enlisted sailors did not understand. I'll never forget when the MED specialist was going, "Ma'am, I think you're kind of confused. We just got off our ship duty. This is our shore duty; we're not going anywhere." And again, at that point, we didn't know that Saddam was going to invade Kuwait, but once the *Comfort* was activated, those mess specialists walked out the door and I had 80 civilians left, and at that point Bethesda was in a 300-400 bed facility, but again, that's when people worked together and we did it. But that was tough for the mess specialist, and for all those young enlisted because they really were looking at this as their shore duty. The whole idea just wasn't communicated well.

So, back to Camp Pendleton.

I wanted to ask you about that timeframe at Pendleton. It is my understanding that the food pyramid was developed in the early 1970s and I'm wondering if that impacted your job as a dietitian at all.

Yes, because you talked about healthy eating, this was a visual aid. Really, it's just portion control. You should not be on diets that don't have rice, or don't have potatoes, or

¹⁴ ADDU or Additional duty

don't have bread, or don't have this and that. It was being able to say, "Alright, I need three servings of this and four servings of this..." and at that point we talked about exercise, but not as much as we do now. The exercise, I think, has become a complementary part of healthy living.

And a big part of readiness.

Yes, that's right, and I have to give Michelle Obama credit that she really has pushed "activity" that out there. So, yes, it was a simple way of showing it.

Would you say that people weren't as healthy in the military back in the 70s as they are now?

I would say that, just as far as what the chow lines were. Tobacco and alcohol was probably consumed in much larger amounts and "happy hours" became an expectation. I'll never forget our first DFA at Camp Pendleton. He would come around on Fridays, "I'm going to see you at the club." And again, at that point, I lived in the BOQ and it was kind of a different thing, but we would never see that today, and that's good, especially with the drinking and driving limitation

And also, people live so far out now; nobody can afford a house in downtown D.C. or downtown wherever you are, so then you're on the road for half an hour, 45 minutes and the last

thing they need is alcohol. So no, I don't think people were probably as healthy. We've come a long way, even for MREs and all of the deployable foods, and I think dietetics has been a big part of the progress.

So then I went to Oakland, and again, we still had this two-tiered system—the food service officers and the dietitian—I was acting department head there for probably about eight months before the food service officer came.

Then I go and fall in love with this Coast Guard person, and I remember going to our specialty advisor, CAPT Patsy McKelvy, MSC, USN,¹⁵ and I told her that I was going to get married. I told her that my husband was in the Coast Guard, I remember, again, wonderful person, but she said, "You are going to have to make the decision between your marriage and your career, you're not going to be able to do both because it's going to be hard enough getting people together in one service, let along two services." So, I was telling my friend this and he said, "You know, she's the specialty advisor. She's not the one who's the detailer."

¹⁵ Capt Patsy Lurleen McKelvy, MSC, USN (ret.) was a physical therapist (PT) who served as the specialty advisor for Dietetics. It should be noted that it was not uncommon for PTs to serve as specialty advisors (later known as specialty leaders) for dietitians from the 1970s through 1990s.

So I called the detailer and he said to me, "Okay, are you really getting married?" Because there's a lot of these people who say, 'Oh, I'm in love.'"

I said, "Yes, I'm getting married at Thanksgiving."

He said, "Okay, let me see what I can do to get you up to Bremerton." We came back from our honeymoon and I had orders on my desk to detach that month in January to Bremerton."

And then at that point, after all this happened Bob decided to get out of the Coast Guard. But anyway, I'm native, so that was good for us to be back.

And then we go to Bremerton. I'm a plank owner with the new hospital in 1982. The old facility at the Bremerton shipyard, it was just beautiful, and these were the days when I could go out in the back and there were rows of camellia bushes, and I would cut fresh flowers, grab the staff to cut fresh flowers, and put those on the trays for new mothers or for Mother's Day. We couldn't do that today because there'd be some insecticide on the flowers. I know we have to follow those rules, I know all that, but that human touch, has been minimized.

So Bremerton is where I ended up with some of the rank issues where I was a lieutenant commander working for the

ensign. And again, I had a great mentor named CAPT Roland McKee, MSC, USN.

I had my first child there, Jim, who is now 32. Back then we didn't even have a maternity uniform, so I just wore this white pantsuit. And I had a great CO; he was wonderful, and he wrote in my fitness report, "LT Morrison was stellar, etc, and she has not missed one day of work through her pregnancy." See, that's how far we've come? But I encouraged him to delete pregnancy note.

One day I got a phone call from the detailer who said, "You are going to Groton, Connecticut." So we're still at this two-tiered thing: food service officers and dietitians and "what we're going to do is put the food service officer in Newport and he's going to cover both places and we're going to put you as clinician at New London and you're going to cover both places," so I was the clinical part, and the late Joe Schoenek was the food service department. Well, I was pretty upset about this because I didn't know if I was up for orders. So I always thought about this experience when I was a detailer.

So, we get to New London, Groton, and had never been in New England before. We got there in January, and this was the year

of the Air Florida,¹⁶ the crash in D.C. Anyway, April—we have a picture of our son with his Easter basket in a snowsuit in 18-inches of snow, and I'm thinking, I knew I didn't want to come here. But you know what? In retrospect, it was wonderful; there's nothing like a New England fall, absolutely nothing. Nobody can replicate it picture wise. So that part was good.

During this time I was introduced to negative mentoring with this very difficult officer that was my boss, and then I ended up becoming his deputy; I had all the JOs that reporting to me. And again, I was moving out of some of the dietetic venues and moving to this ADMIN arena, and I was really a buffer for a lot of these people. And again, I'm not going to put names in this, but how life treats things. So, very negative person, very difficult, probably somewhat abusive in his interaction.

So fast forward, must have been 15 years later, and this person is being court-martialed for alleged sexual assault, and I was one of the witnesses for the defense. And they flew me up there because I was the deputy at that point. And you know what, I said? I said, "That never happened to me at all." I said, "Was he a difficult person to get along with? Yes. Was he abusive in

¹⁶ On January 13, 1982, Air Florida 90 crashed into the 14th Street Bridge in Washington, DC, and fell into the Potomac River shortly after taking off. A total of 70 passengers, 4 crew, and 4 motorists on the bridge were killed. The crash of the Boeing 737 was due to an anti-icing system being left off, which caused an inaccurately high engine pressure ratio (EPR) indication at an extremely low power setting, and the crew's failure to either abort the takeoff or apply maximum engine power.

nature? Yes." He was acquitted. So I always think about that, that you just never know how your paths are going to interact.

So, I was part of the initial CMMP, which is Civilian Military Mobilization Program. It was the program where in the event of a disaster or war and you needed additional medical beds. In this case, we would go to Yale, a hospital in New Haven, or we would go to a hospital in Hartford, and we had memorandums of understanding (MOUs) that when the time comes we're going to need to get our patients to those hospitals in time of war. So that was my first introduction to executive medicine. I was still a dietitian, but was exposed to some significant leadership opportunities.

I was then assigned to a DoD Nutrition Information Program at Bethesda. I remember talking to Commander Steve Lamar, MSC, USN¹⁷ and said, "You know, I don't think I'm the right person in the shop. I don't understand anything about computers."

He said, "But you understand food service." And again, you've got to remember in 1984, we are still "pre-computer."

Exactly. And I'll never forget, one of the examples was, okay, so the doctor writes: Regular diet as tolerated. Okay, on

¹⁷ Cmdr. (later Capt.) Steve Lamar, MSC, USN (ret.)

paper, fine, you know what to send up. But does the computer know what to send up? Diet as tolerated, what does that mean? So those were the kinds of issues that we had to end up working. It was an Air Force dietitian, Army dietitian, and myself, and we wore civilian clothes, because they wanted to break all the barriers, and I have to be honest with you, after going out and spending some ungodly amount on civilian clothes and suits, and we didn't have casual Fridays. And after a couple of months I asked "Can I wear a uniform?" Because part of that is I had it; I was comfortable with it, and I was attached to Bethesda, but I worked in downtown Bethesda, so my billet was at Bethesda, so there's lots of times I would end up going back and do paperwork, and then I was in a uniform, so he finally said, "Yes, wear a uniform."

Does this still go on today?

I don't think so. I think that-because it was called TRIMIS, Tri-service Medical Information System. I think it's now called Alta, CHCS, Tri-Food, Tri-Lab. I think they've all been integrated into another total system, and I think the nutrition program they ended up buying one off the shelf was called "Computrition."¹⁸ I think it's a whole different program.

¹⁸ A robust and comprehensive foodservice, diet office, and POS software solution designed to streamline both food, nutrition, and retail operations in a multitude of hospitality sectors.

The concept was fine, and I think we probably were trailblazers in lots of things, but I think the military has to learn that it is sometimes easier to buy a known product off the shelf, have a couple modifications for military.

I was already at Bethesda when I got "reassigned" to the food service department at the hospital, and that's when I became the specialty leader for nutrition, dietetics, and the medical food service. Interesting job in that things a line admiral would say, "I want salt substitute served in all my dining halls." Well, that's not a good thing medically. Salt substitute is very high in potassium-that's what it is, potassium chloride, and we have people that may or may not have that with medical ramifications. I would write point papers, executive summaries for the surgeons general, and then they would distribute it to their force medical officers.

We had a unique system at Bethesda developed by 3M¹⁹; it was called "Cook/Chill," and it was where you prepared the food, and then maintained in very low temperature, not freezing, but low temperature, and it can be maintained like that for 36 hours. Then you're able to heat and serve. So you're always 36 hours ahead of what the meal is, which is great. It worked out beautifully for USNS *Comfort* deployment, because guess what? We

¹⁹ 3M, formerly known as the Minnesota Mining and Manufacturing Company, is an American multinational conglomerate corporation based in St. Paul, Minn.

needed 36 hours to figure out how we were going to feed 350 people with just half of the staff. I'll say it again, this was a system with these interstitial wall spaces and these big, huge food carts and some medical supply carts would go running through the hospital and then there'd be these little mini elevators and they would just come up. It was something like the Jetsons or something. CAPT Al Frost, MSC, USN,²⁰ was the originator of this.

And again, Bethesda was just a busy place, it really was.

What things did you have to think about in the design of a kitchens aboard a hospital ship?

It needed the basics, of course. You had to have extra freezer space because you didn't know when you were going to be getting replenished. It's not always good to use the morgue for refrigerator space, and I'm not being funny, but we could always use more. You had to figure out what the tray system was going to be. Again, aboard the hospital ship, you obviously had patients. We were staffed for a 1000-bed hospital, so what kind of systems were we going to need to get the food up there? Were we going to have a separate diet kitchen? What kind of stoves?

²⁰ CAPT Alan Walker Frost, MSC, USN (ret.)

What was the electrical output voltage? You needed standard operating procedures for expansion of services.

The fleet hospitals were all modular, and I don't know if they do that now. We had a pharmacy, and it was in this little container; we had a lab that was in this container, and then we had a kitchen. You've got to look at exhaust issues. If you've got a big, blow-up tent, the exhaust issues, the weight. Those were big issues for a fleet hospital. How many cargo planes is it going to take to get this system over? Are you going to make your own water? Was there storage place for MREs? So, I mean, those are the basic issues.

I did assist design the current system at Portsmouth Naval Hospital. The initial issue there was to decide if Cook/Chill would be used at Bethesda, or we were going to go conventional; we finally ended up going conventional Cook & Serve. And that was interesting working with a contractor, and then working with the medical construction liaison officer or "MCLOs." These are the Medical Service Corps who design hospitals. So again, sometimes it gets a little contentious when we're the customer, right? And you say, "We need this." And the contractor says, "We can't do it." Or, "Oh yes, we can do that. That's going to be an extra funding line." But most of the time, you end up focusing on distribution systems. How are you going to get this product

up to the patient in a timely manner and provide the best quality food possible? Or do we need mini-kitchens in each nursing ward? In fact, I still have two very good friends that are Nurse Corps, a husband and wife that live about two miles from here, and we all met as lieutenants at Oakland and they always laughed and said, "Yes, you were kind of a difficult person," because the nurses would eat the extra trays because they didn't have time to get down to eat-all the extra trays from the patients; the patient didn't eat it, and so then I'm coming up going, "Where's all the..." We see the ten people that were discharged and the nurses are standing there going, "Yes, we had lunch." And we kind of laugh about it, as you never know how friendships are going to start.

So then, at that point, I make captain in 1991, and I get a phone call from the Medical Service Corps detailee CAPT John Nazzaro, MSC, USN, saying, "Hey, we're going to nominate you to be the Medical Service Corps clinical detailee." And again, I said, "I don't think I have the skills for that job."

He says, "You've got people skills; that's what we need."

So, I became the first female detailee for the Medical Service Corps, and I had 1,500 constituents everybody including pharmacist to PAs to aerospace experimental psychologists.

How do you prepare yourself for a position like this? Do you have to read up on every single specialty in the Medical Service Corps?

We keep going to back to pre-computer. We had a system, I don't think I can even show you, it was one of those boards that you move around, and it had little strips with people's names on it. So how did I prepare myself? I relied on the specialty leaders; although, I told them "I'm coming into a situation where I'm the one getting paid the big bucks to push the final button" and take the heat if there are issues with the officer placement.

Corps Chiefs Office under RADM Charles Loar²¹ and I developed a syllabus that was paragraphed for each specialty what a normal career track looked like, what the education requirements were, what would you expect the captain, aerospace physiologist, to do, and we had that for each specialty. We also tried to get them in to the selection board rooms. So the MSC selection board consists of a clinical specialist, an HCA, the admiral [MSC Chief], and a line officer, which is now required. Maybe it's two HCAs, and here's this commander pharmacist, looks great on paper, but I don't know what being an "assistant department head" of San Diego, is that and where he should be.

²¹ Rear Adm. Charles Loar (1935-2010) served as the Navy Medical Service Corps Director from 1991 to 1993.

So we spent a lot of time, especially under Admiral [Todd] Fisher's tenure,²² trying to educate, because we are one corps, and that's how we select our future leaders.

So the best compliment that I got was at my two-year mark when I was leaving the Naval Personnel Command and one of my officers said, "Ma'am, I don't think I know what your specialty is." The fact that I had been able to go across all venues and be able to detail means a lot. We did many road trips. As a detailee, we're on the road a lot talking to people and did a lot of conferences, the Environmental Health Conference, PAs, Aerospace Physiologists, etc. In fact, in my shadow box I'm an honorary Aerospace Physiologist, which actually is a major honor for me. Becoming an honorary one was really touching. And again, did I have to make some hard decisions? Oh yes. Like when somebody had some legal trouble. We had two officers one was going to go to San Diego and the other one was going to go overseas. The one that was going to go to San Diego had some legal issues, so that, of course, impacted all his orders, and I remember this officer saying, "So, you're just like the rest of them, you say you're going to do this and you can't." Well, I can't talk about personnel confidentiality, I can't say, "Well,

²² Rear Adm. Todd Fisher served as the Director of the Navy Medical Service Corps from 1993 to 1995. In July 1995, he became the first Medical Service Corps Officer to attain flag rank.

yes, your colleague had some problems he brought on himself." So that was hard.

You never know how you're going to impact people's lives. My first week as a detailer, the specialty leader for optometry says, "Yes, I've got this young buck who thinks he wants to go into aviation flight school." He goes, "Ain't going to happen. I need him out at Twenty-nine Palms." Okay, this officer was Michael Mittelman.²³ So here a case of the specialty leader going, "He is not going to go to the Naval Institute in Pensacola." When I started talking to Mike, I said, "What is your vision? What do you see in your part in this?" He was very articulate, of course, very bright, and very high energy. So, I ran it up the flag pole and said, "You know what? I think we ought to try it. Let's make him the pilot of this. Let's see if optometrists can go through this program." And that's what we did. And so I always tell Mike, I said, "I saved you."

I had the people who said, "I'm in love," and wanted orders to where her boyfriend was.

²³ Later Rear Adm. Michael Mittelman, MSC, USN (ret.). Mittelman was an optometrist who served as the Director of the Medical Service Corps (2006-2009) and later the Deputy Surgeon General (2011-2013).

So what do you do in that case?

If the billet's open and they meet the requirements and it's a good fit career wise and meets the Navy needs, but it doesn't always work out.

There are success stories of "co-location." He was an aerospace physiologist; she was a PT, and co-located with her at Quantico and they lived in Waldorf, MD. Each had about an hour drive, and more than that she had a baby while she was there. Those were the tough things. I look at the Nathans-Tammy Nathan²⁴ could never be work in her husband Admiral Nathan's chain of command. Also, Vice Admiral [John] Mateczun²⁵ and his wife CAPT Holmes had to be very careful when and where there were assigned.

Prior to the fraternization policy, when I was at Camp Pendleton in 1973, one of my friends was a lieutenant nurse and married a corpsman, who actually had a master's degree, which is fine. Many times the corpsmen are educated. But he ended up coming back and he got out of the Navy, and came back in and retired as a commander MSC.

²⁴ Vice Admiral Matthew Nathan, Surgeon General of the Navy (2011-2015) is married to a (now) retired Medical Service Corps Officer.

²⁵ Vice Adm. John Mateczun, Deputy Surgeon General of the Navy (2004-2007) and Commander, Naval Joint Task Force Navy Capitol Region (2007-2012). His wife Dr. Elizabeth Holmes (Capt. MSC, Ret.) is a noted clinical psychologist.

And so that's where I get this whole thing "bloom where you're planted"; that's where that whole thing started. Then I moved to be the deputy Medical Service Corps director in 1993. And I'm one of these people when somebody tells me, "Don't say anything," I comply. I'm on the board, one of my friends did not get picked up for captain, and he said, "You've got to tell me why."

He said, "I will not talk to you again until you tell me why I didn't get promoted." We never talked to him and he has since passed away. And I feel bad; we were wonderful friends, but he just put me in a very difficult situation. So now we have Admiral Fisher who says, "Kathie, please don't tell anybody that at this point, that you're going to be the deputy director. It's not for public knowledge."

So he said, "I'll announce it at the right time." He was the new Corps Chief and we were going to be a new team. So Admiral Loar's deputy CAPT James Bates, MSC, USN, said, "Hey, Kathie, we got to find somebody to be Admiral Fisher's deputy, so send me a list of all the post-command COs. Knowing that I already have the job, I say, "Yes, I'll work on that."

He said, "And just give me a list of all the captains and their PDs and what some of their skills are." So that's when my name was on the list. Finally, I think Admiral Fisher said to

Admiral Loar, "Hey, I just want you to know I'm going to pick CAPT Morrison as my deputy." I will never forget Captain Bates calling going, "You made a lot of work for me. How come you didn't tell me?" You see, that's the problem, when you tell one person, and they say, "I'm not going to tell anybody."

Everybody's always connected to somebody else.

The other thing Admiral Fisher did was look at the line-Navy Medical relationship. This is when-deck plate healthcare, and so we asked the question: you're looking at data and what kinds of injuries you see on aircraft carriers, should we not be, as PT specialty leader CAPT Margaret Moynihan²⁶ championed, having a PT on an aircraft carrier? No? Maybe? And guess what? It is what we have today—we have PTs on aircraft carriers. Because somebody should not be taken off an aircraft carrier because they have a sprain so that was very positive program. Optometrists on carriers, PAs now, so that was a very positive personnel development.

It was also during that tenure that chiropractors were interested in becoming commissioned officers, and there was programs in Bethesda where they had civilian chiropractors working with orthopedics and PT. And none of us were anti-chiropractors at all, but the number one issue was they didn't

²⁶ CAPT Margaret Moynihan, MSC, USN (ret), a physical therapist, was the originator of this program.

have a readiness role, and so why are we going to commission them? Why would they not deploy when everyone else has to deploy? Because as you well know, it's not IF you deploy today, it's WHEN you deploy.

Navy Medicine was not supportive of chiropractors becoming commissioned officers, and, of course, they would become MSC because they look at it like you would a specialist; but, what came out of that is that they have a role, as long as they just maintain their responsibilities. We've got some very positive programs in Bethesda where the chiropractor is part of that healthcare team, but as a civilian or as a contractor, not an independent provider. Some things never change, when we were working on this we got into the archives and this was an issue in the 1950s as well because they also wanted to be commissioned during that time.

I was actually looking at retirement in 1996 just because I was exhausted as a working mom and felt there were no other leadership positions. So Admiral Ed Phillips²⁷ said, "Would you consider going out to Annapolis? The XO position is opening there."

I said, "That sounds good." So, I did that, and I think here at the Academy I get the award that we moved the most of

²⁷ Rear Adm. H. Edward Phillips served as the Director of the Navy Medical Service Corps from 1995-1999.

anybody. We moved into Navy housing, three different houses in 20 months. I loved the Academy. It was a tough tour, though. I mean, I was a staff corps officer; and I was not an Academy grad. But, I like to embrace situations, and they have lots of exciting venues here: leadership classes and "Forrestal Lectures."²⁸ These are leadership lectures at the Academy featuring the likes of Dr. Ben Carson, the late Tim Russert, Connie Rice, Hilary Clinton, and Colin Powell. I would go to all these things. So, I think by me doing that kind of thing, I did get accepted.

Probably one of the best commandants I ever had in Annapolis was General John Allen, USMC²⁹ and he's another one who takes care of people and has a great memory. We never know how your paths are going to cross. I was the leader who walked around a lot. I loved to be there at 6:00 in the morning to say to the corpsmen, "Hey, how did last night's duty go?" So, I'd say to this volunteer, "How's everything?"

And she goes, "Oh, I'm really excited because my son-in-law and daughter are moving to the Academy."

I said, "Oh great. What's your son-in-law going to do?"

²⁸ The Forrestal Lecture Series was established at the Naval Academy in 1970 in honor of the late James V. Forrestal (1892-1949), a former Secretary of the Navy who was instrumental in the development of the modern Navy.

²⁹ General John R. Allen, is now a retired U.S. Marine four-star general. His final assignment was as commander of the International Security Assistance Force and U.S. Forces Afghanistan (USFOR-A) from July 2011 to February 2013.

"Oh, I don't know, I don't understand that stuff, Captain Morrison."

I said, "Okay." So two weeks later I'm walking around and I said, "Betty, has your son-in-law come in?"

"No, but just next week."

I said, "What was it he was going to be doing?"

"I don't know. Something to do with midshipman."

Finally I said, "Is your son-in-law Colonel Allen who is going to be the Deputy Commandant?"

"Yes, that's what it is." So, after Colonel Allen came, I enjoyed meeting him and I said, "I've heard a lot about you, sir, from your mother-in-law."

And he said, "I've heard a lot about you." And he said, "I really appreciate you. My mother-in-law thinks she's staff over there just because she's so included in everything."

Did you do any dietitian-related while at Annapolis?

After the detailing job I moved into executive medicine. I assisted in hiring the USNA contract dietitian; I would go visit the King Hall,³⁰ which is the dining room for midshipman, and

³⁰ King Hall (named after former Chief of Naval Operations Fleet Adm. Ernest King) is located in Bancroft hall the largest single dormitory on the Naval Academy campus.

assist in menu planning and discouraged practices like the “diet table.” For many years they had a table in the middle of King Hall with a little sign that read, “Diet table,” and all the MIDNS that were on weight control would have to sit at that table.

Occasionally I would do some nutrition classes just to maintain my credentials.

I was the XO, and then my CO³¹ was transferred.

Who was that?

That was Captain Tom Sizemore, who was an Academy grad, actually, and was the first academy grad to be a physician. And then they said, “Hey, you’ve got two years left until you’re 30, let’s just speed you up to be the CO,” so that’s how I ended up being there from 1996 to 2001.

We did very well with JCAHO,³² we won awards in customer service awards and I’m very proud of our team. We started the vision for getting medical and dental back into Bancroft Hall, the midshipmen dormitory. See, it was there many, many years ago, and then the Academy wanted it at Hospital Point. And then

³¹ Capt. R. Thomas Sizemore III, MC, USN, served as Commanding Officer of the Naval Medical Clinic Annapolis, Md. from 1994 to 1998. Capt. Morrison succeeded him as the role of Commanding Officer in 1998.

³² 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.

20 years later they saw need for onsite medical. My last official project was to design medical and dental in Bancroft Hall. We have corpsmen spaces up there, but for the MIDN saw their doctors, nurses, PAs at the clinic.

The only issue we have with doing that is it's almost like you have two separate commands. You have Bancroft Hall medical, and then we have Hospital Point. Since I've been gone, now those other clinics like Mechanicsburg and Earle, New Jersey, now report to Annapolis as well, but we were still on one command. The Academy very much wanted that. It's not all a control issue, but if you've got a sore leg or you're not feeling well, or you're vomiting, it's tough to get to the clinic even though we had a shuttle.

Room reconfiguration in Bancroft Hall was a big issue. During a renovation, the USNA staff made the decision without medical's input to have two bunk beds, and then underneath one of the bunk beds was a desk and then the other side was a desk. Well, that's all fine, but we have MIDNs who have a broken leg or are on radiation therapy, especially for things like testicular cancer. Now, if you're in pain and you're trying to get up to that, so then what happens is they just pull the mattress down on the floor, and again, it all works, kind of, but it was tough.

The other thing we did, was staff sick rooms with corpsmen. So if somebody had a concussion, you would have someone there who was trained to know what to do. The Academy supported this initiative.

The other thing that we had, and again, I think it's just the culture, you had 19-year-old corpsmen, and a 19-year-old midshipmen, so they've both graduated from high school, one's in the Navy and the other one's in the Navy. So we had to spend a lot of time talking about being professional. You can't get into the fact that he's such a whiner; he's got stomach pain. You're a corpsman, you have a duty. We spent a lot of time trying to work on that culture as far as, "You, as the corpsman are the professional here. And if there's a sick bay commander," or whatever they're called, "You have to find them. You bring that up the chain of command and say, 'Hey, this Navy is in here four times a week at sick call,' but we'll address that." But it's not going to work by getting into a "you-know-what-contest."

I felt very strongly that what we did at Annapolis was going to be taken as a legacy with those 1,000 commissioned Navy and Marine Corps officers that left every year, that they were going to say, "Yes, I understand what Navy Medicine does." So that was the other thing with the corpsmen. Make them understand

that you are a vital part of this Navy Medicine team, and make Navy Medicine makes a difference for them and their families.

I had no plans on doing executive medicine at all. My philosophy was: "Bloom where you're planted." There is no perfect job; there's no perfect environment; so guess what, you've got to use those leadership skills and just make it work for you. I had situations where I learned a lot from a mentor who was very negative, and what I learned from was that it's not the kind of leader I wanted to be, and so in any situation, as hard as it is, there is always a glimmer.

I probably need to say this given the scenarios of the military today-I was never harassed, and never sexually harassed. And I'm not being funny; it may have something to do with the fact that I'm 6 feet tall, and it just never happened. So many times the males, my colleagues, and I were friends. Did people say stupid things sometimes? Oh yes, but I don't consider that harassment.

Did you ever feel uncomfortable doing your job?

Never, absolutely never, never, never, never. And many times, like at Camp Pendleton, when I first got there, I was the only female MSC. In fact, this is a funny story. I love Marines, I love them, and they love Navy Medicine. This was the old

hospital with those big ramps and all that. My office was back by the loading docks and one day I am giving a three-star general a dietary consult. I used plastic food models that we'd see in Japan, and I was so nervous when the three ounce piece of meat fell out of my hand and landed on his three-stars. And he was wonderful, he says, "Alright, young lady, I need you to stop right now. You are the expert; I'm here to learn from you. Just pretend I'm your Dad. I'll take these off for you."

I said, "That has nothing to do with it." So I always remember that that he was very nice. I wish I could remember his name!

I want to mention that I very strongly believe in mentoring. During Admiral Fisher's time we developed a mentoring program for the Navy, and for Medical Service Corps. And I'm involved in a mentoring program up here in Annapolis; we call it the "Severn Leadership Group." And my mentoree right now is a woman, a Marine captain and a VMI³³ grad who is a company officer at the Academy. But just, again, it doesn't matter what service you're in, you still have the leadership issues.

I also believe in taking care of people. If you take care of your people then when disasters hit or times get tough they

³³ Virginia Military Institute

will rise to the occasion. I remember a young petty officer, she'd had three kids while she was in Annapolis, and she was married; and I always had everybody check out with me, kind of tell me what's the good, the bad, and the ugly of Annapolis, and how we could be better. And she said, "Well, ma'am, what I'm going to remember is that you always remembered my name and my kids' names when you saw me at the commissary." So it is about taking care of people.

Now, the down side of that is you can't overextend yourself. I am a people person, and I love to go to events and weddings and all that. Well, I found out as CO that I couldn't do that because if I went to Lieutenant Smith's wedding and didn't go to Petty Officer Jones' wedding, it would look like favoritism. So that was probably the only downside. I always would remember them with a card, but I had to keep that distance. At Annapolis I had an XO and five directors, and one of the directors was a nurse captain who today is my friend. She has four kids, and we had so much in common. I thought this would be great and that we would be able to walk every day at the Academy, but I couldn't do that because if I walked with her I'd have to walk with the other four directors.

You are too young to know this, but specialty leaders used to be specialty advisors. During Admiral [Harold] Koenig's time,

he just said, "No, you're not an advisor, you're a leader." That was very much his decorum, and it was also during his time that he really pushed Navy Medicine to get onboard with technology, i.e. email. I was the Deputy of Medical Service Corps at BUMED when an email came through that said, "From this point on, all of those MSC newsletters, Nurse Corps newsletters, all those cease and desist. You need to make the transition for them to be totally electronic." And I'm thinking, "Oh, how am I going to do this?" And look how far we've come. So he was truly a strategic visionary.

He attended the Naval Academy for a couple of years and then ended up getting out because he had some medical issues, but all three of his sons graduated from the Academy.

I want to mention one more thing about executive medicine. I didn't anticipate going there. In fact, I always laugh when I became the deputy director under Admiral Fisher. He asked me to do that and I said, "Actually, Admiral, I was hoping to be able to get the career development job."

And he looked at me and said, "Kathie, this is a better leadership job." And he's a wonderful teacher, wonderful mentor. And his philosophy was: you've got to have equal parts of love, work, and play in your life. And obviously I had kids; my husband was in the Coast Guard when we first got married but

then ended up getting out. I was going in a lot of different directions, and he would say, "You just need to let me know. If you've got an evening thing for one of the kids at school, you just tell me." And the Admiral was very good about working through that. It was during that time that his youngest daughter ended up with a very severe form of cancer, and she is still alive and just became a mother; it's wonderful, but those are the kinds of things that hits home. So, to this day I always remember that.

And one thing I have always loved about him is that he and I both get so emotional on different stuff, but we always have made a pact, we can't get emotional at the same time. But a special friend as is his lovely wife Myra.

What were the biggest challenges serving as a Commanding Officer?

Command is very tough; and you have to make tough decisions. I remember when they de-credentialed the PA because he was writing unauthorized prescriptions for narcotics. To this day I still get a stomachache because you know what he does now? He stocks for the commissary. He lost his license and unable to work as a provider.

Life is about choices.

I de-credentialed a clinical psychologist civilian who was having clinical issues.

You say de-credentialed, how did you handle that?

There's a very set process and there's a board, and in this particular case we had three instances of people that she had seen and ended up in the ER for attempted suicide, so she was missing key signs. The Surgeon General, at that point, did not support that decision. He felt she was a more mature woman, and she needed to update her education. We were going to send her to an internship at Bethesda, which Annapolis then paid for. And then, of course, on the day she finished the internship, she retired. But you know what? That's life.

I had another one, a very tough one, a civilian, that just went berserk one day and told his department head that he wanted to see the CO, which was not me, which was not me. He said, "I want to see the CO," with a rope around his neck and his eyes bulging out. I said, "That's it. Have the military police escort him off the yard and we put him on admin leave, and I remember human resources called me and said, "Have you ever worked with that civilian?"

I said, "Yes."

"Well, by you putting him on admin leave he's getting full pay and benefits."

I said, "I know that. We need to do an investigation." And my job here as leadership is to make sure we have a safe place. The patients have to feel safe and the staff has to feel safe, and the staff didn't feel safe."

So then his attorney came to me and said, "You know what? I can make all this go away. If you write a positive letter of recommendation for this guy, he will resign and he'll be on this way."

I said, "I can't do that. Not going to happen." So we had to go through the whole civilian process; it was like nine months of just challenges!

Did this man have a history of this sort of behavior?

Yes, he was actually a former corpsman. I think he had PTSD from the Gulf War. He was married to a physician and she would come in and say, "Oh, Captain Morrison, you need to back off a little bit and he'll be fine." Again, you can't have a dangerous situation. You read it in the paper all the time.

Then I had a "sting operation." It wasn't a corpsman, it was an SK that was coming in at night and going to other people's computers and downloading illegal files.

Did you have cameras set up?

Yes, that's why my son said, "My mom did a sting operation." We knew something was wrong because we couldn't see all the stuff, but one of the employees was saying, "When I come in there's stuff all over my desk," and then somebody else would say, "Yes," and it was always in the same area. So that was a tough one. I just TAD'd him over to the Naval Activity Annapolis and said, "Don't have him around computers." But, he was engaged to one of our senior civilians, and she came to me and said, "Yes, I'm getting ready to send out wedding invitations. What would you do?"

So what did I do? Took off my shoulder board, and said, "I'm talking to you as a mother. I wouldn't set a date." I mean, it was bad. And the guy ended up being court-martialed.

So those are the kinds of things. Does that have anything to do with healthcare? No, not at all. But it has everything to do with leadership.

You've got to be part psychologist.

You do, and I don't know if I truly understood it at the beginning of my Navy career. But, 99.9% of the staff were wonderful. It was just a great experience; I think we made a difference for people, and I am blessed. I mean, I have had a

great Navy career, and I am most grateful for my monthly "thank-you" note in the form of a pension, and for the best healthcare in the world. And my husband as well for his adaptability and support. My kids love to tell people that their mom was in the Navy.

So you stayed in Annapolis?

We decided to stay in Annapolis. My daughter had accepted an appointment into the Naval Academy and then decided not to, but that didn't make any difference.

While you were CO?

It was her senior year of high school. Because I said, "You have got to be sure you want to be in the Navy. Not for me, not for the fact that I'm on the Admiral's three-star staff." And she finally decided that it probably was not for her, and it's so much better that they decide now than they're in, and when there's all these issues we are still very involved with the USNA chapel and attend events.

The Naval Academy chapel?

Yes. We're hiring a civilian congregational pastor and everybody's looking at me going, "CAPT Morrison can chair the search committee." I volunteer at the local Lutheran Mission

Society; I'm part of the Navy-Marine Corps Relief Society³⁴; I'm on the Christian Counseling Center Board of Directors.

And plus, you're a grandmother.

I'm a grandmother. So I think that the Navy prepared me very well for these kinds of volunteer experiences.

Now, you're also with the Medical Service Corps Association?

I was, but I haven't done anything recently. It was AMSCN, and I don't even know what's happened to AMSCN. It was a major initiative during my tenure and Admiral Fisher's tenure.

Certainly their big 50th year anniversary?

Exactly. I don't know if AMSCN is still around. I am still a member of the American Dietetic Association, but again, I'm just keeping my credentials. When I turn 62 I'll retire my credentials.

If you could ever go back and change anything from your career, what would it be?

³⁴ The Society provides financial assistance and education, as well as other programs and services, to members of the United States Navy and Marine Corps, their eligible family members, widows, and survivors. The Society also receives and manages donated funds to administer these programs and services. Their mission is to help Sailors and Marines become financially self-sufficient by learning how to better manage their personal finances and prepare for unplanned expenses.

I would get a Master's degree. I do not have a Master's degree. I think part of it was the timing with kids and then my mother was sick, and there were many competing factors. Admiral Fisher, who, again, said, if you'd only have had a Master's degree. . .Life is choices.

But you know what? I am a firm believer that things happen for a reason. I have a sign that says, "Make God laugh. Tell Him your plans." There's just lots of people that say, "I'm going to do this, do this, and do this." You know, I'm very happy with my life, I really am; I'm very, very blessed. But, if I could redo it, I would get it.

Well, you could always do it now.

I could always do it now, exactly.

You mentioned several people that helped influence your career, Admiral Fisher was one of them, can you think of anybody else?

CAPT Al Frost. He would be an interesting one for you. He was a food service officer and he really developed the whole deployable medical operation.

CAPT Steve Lamar who was actually a dental tech and ended up getting picked up for what's called NEDP, Navy Education Dietetics Program.

CAPT Milton Benson, who has passed away.³⁵ He was a detailer and was the DFA when I was at Bethesda.

I also have lots of "sea puppies." CAPT Denise Weber, who just left BUMED; CAPT Shelly Leavitt Weinstein. She was an ensign when I first met her at Bethesda. She was the PT and I was food service, then through everything, the kids and all that; CAPT Sue Hite was a sea puppy. She was our first dietitian with the Marine Corps. She's now in Georgia, got back to help her elderly parents and having a big house built; she's a wonderful officer and lady.

Physician wise, CAPT Chuck Blankenship, MC, USN, Ret.

He was the CO of the MTF of the Comfort.

Yes, and I'll never forget him at Bethesda. Actually, we were in Oakland together. I had a ruptured appendix and Chuck was an intern then. But in 1985 at Bethesda he came to me as the head of food service and said, "I see you have a nutrition support team. I would love to put a physician on that to work with your dietitians." He was so supportive of the health care team. We had a physician on the Nutrition Support Team. And he's now retired.

³⁵ Capt. Milton Junior Benson, MSC, USN, (1942-2007).

My other mentor, who was also deep select, was RADM Bonnie Potter, MC, USN.³⁶

Yes, she's a legend.

And I remember when she got promoted to flag people said, "Well, suppose if we had an admiral woman then Bonnie's the one." She is an officer; she is a leader; she is a mentor. She is wonderful.

I understand she now raises alpacas in California.

My husband was down in his office one day and they were having some work done and this construction person came by and said, "We're going to do this and this and this." And Bob had my picture and he goes, "Is your wife in the Navy?"

And Bob says, "Yes."

And this person said, "My wife's in the Navy."

Bob said, "Really?"

He said, "Yes, I wonder if they know each other." And this person said, "My wife's Bonnie Potter."

³⁶ Rear Adm. Potter became the first female medical officer to attain flag rank in 1997. She was promoted to two-star in 2000, becoming the first to do so. Potter holds the distinction as being the first woman to command the MTF of a hospital ship (USNS *Comfort*).

And Bob said, "She's my doctor." So we were all at Oakland together too-wonderful, wonderful couple. I love this story, you know, Bonnie did a lot of great things. She and her husband August were at some social event and they met a four-star, and the four-star said to August, "Call me Bob." So August called him Bob and Bonnie whispered, "Call him admiral." He goes, "He told me to call him Bob." So anyway, Bonnie was wonderful, and truly an inspirational person in my life.

Can you think of anything else you'd like to add?

No.

Captain, this has been a delight. Thank you for your time today.

Thank you for coming up.