Laura Calkins: This is Dr. Laura Calkins at the Vietnam Archive at Texas Tech University, initiating an oral history interview with R. Adm. Frances Shea Buckley. Today’s date is the eighth of August, 2005. I am in the interview room on the campus of Texas Tech in the Special Collections Building and the admiral speaking to me by telephone from California. First of all, good morning, Fran, and thank you for agreeing to do this. May I just confirm with you that you’re willing to make the interview available to researchers through the Vietnam Archive?

Frances Buckley: Yes, indeed.

LC: Thank you. Let’s get started. First of all, if you would, could you tell me where you were born, when, and a little bit about growing up?

FB: I was born in Chicopee, Massachusetts, which is a relatively small community in Massachusetts in the western part of the state, just below the Berkshires. It’s called the Connecticut Valley. The Connecticut River as well as the Chicopee River ran through the town. I was born in 1929. I was the second child of my parents, Katherine and John Shea. I had an older brother and then later on a younger brother. Our family was Catholic, and I went to the local Catholic Church and their school which was Holy Name School. It’s still in existence. I went through eighth grade there and then they had a high school. But the high school was just for women. I went to Holy Name High School. My brothers did not. They went to a high school in another town.

LC: Did they go to a Catholic school?
FB: Yes, they did.

LC: Let me ask a little bit about your parents. Were they both long time Massachusetts residents?

FB: Well, yes. Considering that my grandparents—my one grandparent came from Ireland, and that was my father’s mother. And his father had been born in Vermont, very interesting study if you’re doing genealogy. They married in Massachusetts. My mother’s father was English but Catholic. They had come over—his parents had come over from England and he married my grandmother who was a Walsh, she was Irish and also Catholic.

LC: So the Catholicism was kind of the uniting factor, whereas the English and the Irish typically don’t always get along.

FB: The Catholicism was, yes. Although I think there was some problems with that fact that even though she had married a Catholic, my grandmother’s family didn’t speak to her for many years because he was English.

LC: Um-hm. We have some of that as well. Calkins is an Irish last name. We have that as well. Did that affect you at all or have you learned about that as an adult?

FB: No, it didn’t really affect me that much because I—by the time that I came along, the feelings were pretty good. But we knew the story, you know, because my mother told us and because I don’t think my grandmother’s own relatives ever really accepted my grandfather although he was a wonderful, wonderful man. So that didn’t bother me too much, although being a Catholic in a town like Chicopee, an ethnic community. You were either Polish, French, Irish, or Portuguese, because that’s where they had immigrated. And Chicopee had the largest Polish population in Massachusetts. So in a town of 45,000, we had nine Catholic churches. But there was discrimination against what we call the Yankees. The Yankees are not what the Southerners call the Yankees. But they were the religious groups, Congregationalists, I can’t remember some of the others that were involved, that were anti-Catholic.

LC: Did you experience some of that or your family?

FB: I did. But it didn’t bother me that much. I did. When I was just graduated from nursing school, you know, they told us you had to apply for a job. So I applied to about nine places, not realizing that there was a need for nurses. So I went to apply for a
visiting nurse position in my own hometown. They questioned—it was a group from—
the people that did the investigating—this no longer exists, you understand. But they
were a group from one of the Congregational churches, I think. They questioned me as to
my religious background and where I went to school. They would say things like, “Well,
we wouldn’t know anybody from there.” So one of them asked me if I ever met her son
and I said, “Oh, sure.” And she said—because I knew him, you know, we used to ice
skate and I met him and she said, “Oh.” She was surprised that he had known anybody
who was Catholic.

LC: Wow.

FB: So consequently—when I went home and my father asked me how the
interview went, I told him. He said, “You pick up that phone and you tell them you don’t
want that job. My daughter’s not working for a Yankee.” Because they had faith
discrimination.

LC: Wow, wow.

FB: But you know, that’s seventy years ago now, you know.

LC: Sure, but it’s interesting, too, because that doesn’t always come out in
American history, those important divisions.

FB: Oh, it was there. Definitely.

LC: Now what did your father do?

FB: My father was what they called the supervisor of attendance. He was really,
they called him truant officer. He was working in a Fisk rubber plant when he got burnt
when I was about three or four. And of course, the Depression had come along and there
was no workman’s compensation or anything like that. So he took a civil service job
after he was well, and happy to get it because employment was very, very bad at that
time, in the ’30s.

LC: What kind of an accident did he have?

FB: There was fire. He was cleaning something, oh, it was some solvent. I can’t
remember which one it was because I was only a baby, practically. The fire came out in
the house and he was able to put it out. He wasn’t—he was burned badly enough that he
couldn’t work, couldn’t go to work, but he wasn’t burned badly enough that he required
skin grafts or anything like that. I don’t even know if they did it then. Then during the
war, he took another job because he was a time-and-motion-study man originally, before
he went to work for the school system. He worked his regular job. But then in the
evenings he would go to work, during the war as I say, doing time-and-motion study at
one of the factories.

LC: So he was an efficiency expert.
FB: Yes.
LC: What we would call now.
FB: He really was.
LC: Or systems analyst or they have all kinds of names for it now.
FB: He really was.
LC: He sounds like an interesting guy.
FB: He was. (laughs)
LC: (laughs) What about your mom? Did she work outside the house at any
point?
FB: Yes, my mother worked most of my life. When my father got burnt—my
mother, prior to getting married, was an assistant buyer in a department store. At that
time, it was—they had corsets, you know. Well, you probably don’t know. But they had
girdles and corsets and bras and all. So she was an assistant buyer in that department.
She didn’t go back to work until after my father got burned. There was no income so she
went back to work. Not for a great deal of money, but she stayed on and worked for
about twenty-five years. Now, we lived in New England. There are, in the smaller
communities, there are two-family houses. And sometimes three-family houses—stories,
you know. And my grandparents lived upstairs and we lived downstairs. This was very
typical in New England at that time and I think it still is. I haven’t been back there in a
while but I think that they still have that concept of upstairs and downstairs. So even
though my mother worked, my grandparents were there all the time.

LC: Did your father then recuperate at home, essentially?
FB: Oh, yes, he did. I was about three I think when it happened, as I do have
vivid recollections of him. He’d play paper dolls with me. That’s why I remember.
LC: But he must have been quite seriously hurt.
FB: He was, he was.
LC: I mean, as a nurse, thinking back, that must have been a horrendous injury for him to sustain and to survive is quite something.

FB: It was. But he said—he used to tell me later on that the other children—my brothers wouldn’t come and talk to him but that I always would. So maybe that’s where I got the beginnings of being a nurse. You know, you never know.

LC: That’s possible, yeah. Did your mom try to care for him as well as she could, or who had the primary responsibility for that?

FB: Sure. Yes, she did. But also remember in those days that they had visiting nurses that came to the house. They still do, but it’s a different situation because my older brother, when he was about ten, developed pneumonia. And in those days there was no penicillin, there weren’t any antibiotics. So he had several relapses and he did have a visiting nurse and a public health nurse come in and help take care of him.

LC: Well, that must have made it a little bit easier then, for your mom to be out working as she was.

FB: Oh, well, I don’t think she really wanted to do that.

LC: I’m sure.

FB: I mean, she did. I don’t know, but there wasn’t any choice. I mean, this was the Depression years and, you know, there was no money. But it wasn’t just our family, it was every family. Everybody was in the same boat. So you were poor but you didn’t know you were poor because everybody else was the same.

LC: Do you think, as you look back on it, that the experience growing up as a very young person during the Depression has impacted you?

FB: Oh, absolutely.

LC: In what ways, would you say?

FB: Well, I—what do they say? They say about people like us that we have Depression mentalities. I will see something and I will like it, but unless the price is right, I’m not buying it. I know that that sounds strange, because it may be the difference between a thousand dollars and fifteen-hundred dollars. And it’s not the item, particularly. It’s that if I can’t get a good deal on it, if it’s not worth what I think it’s worth, then I’m not going to buy it. I think that that’s from the years of being—and they do call it a Depression mentality.
LC: So you don’t have rampant consumerism like a lot of the younger people?
FB: No! I mean, I pay my bills every single month. I never carry over a charge
because I guess it’s whether it’s fear that something would happen, I don’t know. I
mean, I certainly am well off. I certainly don’t need to worry about money and I don’t
worry about it. I would be very generous with other things, you know, to charities and
things like that. But when it comes to spending, if the price isn’t right, I don’t buy it. But
I’ve taught my granddaughter that and she’s doing it. I couldn’t do much with my niece,
but my granddaughter is doing it.
LC: She’s picked that up.
FB: Yes.
LC: How old is she?
FB: She just turned twenty-seven.
LC: Okay.
FB: And got married.
LC: Very good. Well, let me ask a little bit about school? How big was the
elementary section of the Holy Name system that you were in?
FB: I think we had about twenty-five or thirty children in each class.
LC: Okay, and so you would have gone through all the grades with those same
kids?
FB: With the same kids, uh-huh.
LC: Were there any folks attending class who were from other minorities? In
other words, any African Americans?
FB: No, because there weren’t any in town.
LC: So, out in Western Mass—?
FB: There were in Springfield. Springfield had a relatively large population of
blacks. But the small—and it’s not true in Chicopee anymore, because they’ve moved
into Chicopee. We also had an Air Force base there so there was integration there. But
growing up, you were either French, Polish, Irish, Portuguese, or Yankee.
LC: Those were the lines.
FB: Or a combination of all.
LC: Those were the lines that were important?
FB: Yeah.
LC: That’s interesting. Well, how did you do as a student?
FB: I did well.
LC: (Laughs) I can imagine you did.
FB: Well, I wasn’t the top of my class, but I did okay.
LC: What did you like particularly? What subjects called to you, if any? Did you like the sciences particularly?
FB: No. (Laughs) I liked English and history and did well in those. I didn’t do badly in science, but I just didn’t have the call to—maybe it was the way it was taught, I don’t know.
LC: How was it taught?
FB: We had limited facilities in school. I mean, in the high school, we’re talking about now, not grammar school. Because we only had about a hundred students and, well, we got a very good education. I mean, they did very well in Latin and in French and in English. I think they were a little short in the sciences. I don’t think the instructors had the background. Some of them might have. Some of them were very, very good in math and you know, we took algebra and geometry. We didn’t have any choices; you just took what was presented.
LC: Oh, okay, so there was a set curriculum for each year?
FB: Yes. And at that time, they had what they called college prep and business school. The difference was that they kids in business had to take everything that we had to take except that they had to take typing and shorthand.
LC: So they had to take Latin and French and so on?
FB: They had to take at least one year of Latin and one year of French, at least.
LC: And you were, I presume then, on college prep track.
FB: Yes.
LC: And was that your decision? Did you parents push that? How did it come about?
FB: Well, I knew that I wanted to be a nurse and I had to have college prep to go into nursing, even if it was a three-year program.
LC: How early did you know that you wanted to be a nurse?
FB: Since I was about ten. I told you that my brother was sick. Maybe even before then, but certainly since I was about ten. My brother was sick and the visiting nurse used to come and let me help her with the dressings and things like that. Sometimes, if I had a scratch or something she’d put a Band-Aid or something on, you know. It wasn’t any conscious thing. The other thing is I had a cousin who was a nurse that I just thought the world of. She was in World War II. I don’t ever remember ever wanting to be anything but a nurse.

LC: When you say she was in World War II, what can you tell me about that?

FB: She was a second lieutenant. She made first lieutenant. She was from Hartford, Connecticut. She went to St. Francis Hospital. She joined the army right after the war started and her brother was also drafted, as was mine. The basic training was nothing like what it was today because they didn’t have the time.

LC: Sure, right.

FB: So she was sent to England and—where they got the patients. Of course, England was bombed and everything, you know, during the war. Where she got the patients were from, oh, when we went ashore in France. From the bombing in England but also from when the war was going on.

LC: They were getting casualties back over in Great Britain?

FB: They were getting casualties primarily from France and the German area. Then she was supposed to be coming home and they told them they were going on a ship to the South Pacific. She used to write to me V-mail. I don’t know if you’ve ever heard of V-mail.

LC: Yes I have. Yes.

FB: She used to write to me.

LC: Oh, cool.

FB: I saved all those letters and I gave them to her daughter. And her daughter can’t remember what she did with them.

LC. Oh, no.

FB: I was desperate. I was so upset when she told me that.

LB: Oh, no.
FB: She doesn’t—probably she was too young when I gave them to her. I think she was about eighteen. But I had saved them and all the letters she wrote.

LC: What was her name?

FB: Ruth Corrigan.

LC: Spelled?

FB: C-o-r-r-i-g-a-n.

LC: So she actually served in both the European and the Pacific theaters?

FB: No, they were on their way to the Pacific when the war ended and they sent them home. They just discharged them, period. That was it, they were out of there. She got married. She had met someone in the service and he had been stationed, I think, in Iceland or Greenland, some place like that. But she met him in the States and they were married shortly after she came home.

LC: Did she continue as a nurse?

FB: No, she just continued as a mother. She’s still alive. She had, let’s see, one, two, I think two girls and two boys. I think she had four children. I have to stop and think. She had four. Two boys and two girls.

LC: I mean, that must have been pretty exciting to be getting mail from her while you’re in high school.

FB: Oh, it was. It was. It was terrific. She wrote great letters and to think that she would write to a kid, you know, and she did. I was heartbroken when I found out that Bernice couldn’t find them.

LC: Yeah, even I feel a little heartsick about that.

FB: If I had saved them, you know, and I must have been in my twenties or so when I gave them to her.

LC: Well, hopefully, they’ll turn up in some box or something at some point.

FB: Oh, I hope so.

LC: Well, how aware were you, in addition to this family connection that you had, how aware were you of the war events?

FB: Oh, I got a job in a defense factory.

LC: Okay.
FB: When I was sixteen. My father was a stickler for the law and the law said
that, in Massachusetts at that time, that you couldn’t, if you were under twenty-one—I
guess it was, I’m not sure. It just impacted me that I could not work until eleven o’clock
[PM]. So it started in the summer time and I had to leave at ten. We made condensers for
a Navy radio. You had a quota that you had to make. It wasn’t mind-boggling work by
any means. But you made these—rolled these condensers. To make the quota that you
had, it was about seven-hundred-and-something a day if you worked seven hours. So you
made a hundred an hour.

LC: That’s amazing. I mean—
FB: Nothing hard. It wasn’t, you know—
LC: Right, but still, that’s pretty fast work.
FB: Yeah, well, you got to do it pretty fast and everybody did. They had—and
you know, it isn’t like you went out to lunch or anything like that.

LC: Right, you just sat right there.
FB: People didn’t do that. You just brought your lunch with you and you ate it
and that was that. I thought it was crazy because I was making seven dollars a day.

LC: Cool. (laughs)
FB: This was when I was in the—you know, in the summertime. During the
school year, several of us did it. We worked maybe three or four hours after school and
that’s all. But during the summertime—and then the war ended in August and so did our
jobs.

LC: And you were just what? The factory just went back to whatever it was
doing and you all were just let go.
FB: That’s right.
LC: Tell me about your brother. You mentioned that he was drafted.
FB: Yeah, my oldest brother, who was not physically very strong as the result of
the pneumonia. Remember, in those days they didn’t have penicillin, they didn’t have
any of that.

LC: Did he have some kind of—was he having chronic chest problems throughout
his adolescence?
FB: Uh-huh.
LC: Okay.
FB: He did. He had pneumonia something like eleven times.
LC: Oh, gosh.
FB: So of course when they came out with the antibiotics, it helped. So he had a year of college and he came home and said that he was going in. He was in college when the war started. So he finished up until June and he said he was going—he went down. See in Chicopee, you had to have—they had to have so many people drafted.
LC: Yes.
FB: I think in the country, we had—for the size of the town we had the second largest most people in the military for a town our size. Because there were a lot of large families. And everybody went. So my older brother went down to the draft board and said he was ready to go. So he was drafted and he was in the Army about eighteen months. But he still had the recurring pneumonia and finally, he didn’t go overseas. Finally, he was discharged. A medical discharge. Which really broke his heart but he just couldn’t do it.
LC: Did he have a sense, although he was medically discharged, did he have a sense that during the eighteen months, he had actually served?
FB: Yes he did, because he was in the infantry. But because he was sick, when he got to the hospital, they put him to work as what we would call a corpsman today. I don’t know what they call them in the Army. But he didn’t have a whole lot of—it was on-the-job training so he was taking care of other patients.
LC: I mean, in some way, that must have been quite satisfying although he himself wasn’t going to carry a gun and you know—
FB: He was very—he was very despondent that he, that all his friends had gone overseas and he hadn’t. It took him a long time to get over that.
LC: How did he get over it, if you can say? Just with time?
RB: Well, I don’t know. Time. When he was at college they all were coming back from overseas. None of them showed any resentment to him, you know. He had some that were—his roommate and he had another friend of his who had been on that bombing mission that bombed Romania, I forget the name of the oil field. He just—it was fine. All of his friends were veterans.
LC: Well, did he then continue at college?
FB: He graduated from college and then he went to law school.
LC: Okay, so things turned out pretty well.
FB: Oh, they did. Yeah.
LC: Let me ask a little bit about your own experience, ending with your
graduation at high school. Were you too busy working in the factories and so forth to be
doing much in the way of sports or outside, other activities?
FB: We didn’t have any sports and we didn’t have outside activities. A lot of it,
remember, first we had the Depression and then we had the war. Everybody was busy
doing something. Our parents—both of our parents worked. I’m not just talking about
my family; I’m talking about just about everybody. Their parents worked either in the
war industry or something. So we all had responsibilities when we got home. I mean, it
was my job to come home and get to dinner. I didn’t think anything of that because
everybody else was in the same shoes. I mean, it wasn’t a case of being deprived, it was
the way life was. I don’t think it was a bad way. So we would come home and I used to
ice skate. I liked to ice skate. But as far as any other women’s sports, there wasn’t any
there. We did learn to cook. We had cooking classes and we had sewing classes. We
had sewing classes from the time we were in third grade, mostly embroidery and things
like that.
LC: Were you following the political tides of the war? Were you reading
newspapers or listening to the radio?
FB: Every day.
LC: Really?
FB: Every day. So, while I can’t remember their names now, I knew what
everything was because of the headlines. That’s what you listened to at night on the
radio.
LC: How did you feel? Did you feel anything particular when you learned that
President Roosevelt had died?
FB: Oh, it was a terrible loss. We didn’t know anything about what his health had
been like before. You know, they never really showed pictures of him in a wheelchair,
per se. We only knew what he—he had a very powerful voice and when he spoke on the
radio, that’s all we knew, you know, what he said. It was wartime and papers were not as
they are today, critical of every administration. They don’t care, it doesn’t matter.
Whatever political party they follow, they’re critical of that situation. But there was great
mourning when he died.

LC: Did you feel a little unstable? A little like maybe the war wasn’t going to end
right away or did it seem to kind of destabilize how much progress had been made?
FB: I don’t think so. I don’t remember that it did. It didn’t—they announced that
Truman was president and that was it. Remember, I was a kid. I don’t think other people
felt that way either, though, because they were so involved in what they were doing. The
only important thing was to get the war over with.

LC: Right. And where were you and what were you doing when you found out
that the war in Europe at least, was over? Do you remember?
FB: Yes I do, because I was supposed to go to work that day but my job ended. I
was at home and this may sound strange. Everybody headed for their church. Whether
they were Catholic or Protestant. Everybody just headed for their church. The churches
were packed just to be grateful that it had ended. Then I was with some friends of mine
and we went to Springfield which was the next big city. They were having a pick—you
know, it was like a pick-up parade. All the veterans were—and they were not—there was
a lot of drinking and a lot of singing and laughing. We stayed and watched that until
about ten o’clock at night and then came home when the war ended.

LC: What about later that summer? Later, when the war in the Pacific ended and
the announcement that the Japanese had surrendered. Do you remember anything about
that?
FB: Not as much as I remember when they—well, yeah, yes, I do. It was pretty
much the same thing. Everybody was—see, by that time, some of the troops had begun
to come home that had been drafted. They came home—or enlisted—and they were,
particularly those who had been over in North Africa and Italy. And so, it ended. When
the Japanese, when they bombed Japan, it was pretty much the same way. Maybe not as
exuberant, but they were pretty happy that it occurred. People were out in the streets.

LC: Your graduation date, if I am correct, from high school was 1946.
FB: That’s correct.
LC And you knew you were going to go right directly on to college?
FB: Right. The next day.
LC: The next day?
FB: The next day.
LC: Oh, gosh. How did that happen?
FB: Well, this was—nursing programs, there were not very many collegiate
nursing programs at that time. My uncle, who was a priest—we went round and round
with my family. They wanted me to go to college and I said, “No, I want to go to be a
nurse.” At that time there were maybe two or three collegiate nursing programs in New
England. There was one at Simmons, but I think you had to go to college before you
went to Simmons. There was one at Yale. Again, you had to get your degree first and
then go to college, go on to school after that. There was this one in Hartford, West
Hartford, Connecticut—St. Joseph College had started it. And what they were doing was
combining five years into four. So you had to go every summer. So I started the day
after graduation.
LC: Yikes.
FB: And we had to take every course, besides the clinical courses that we were
going to have to take, we took every course that the other students had to take. Like logic
and philosophy and psychology and history.
LC: So essentially, if I can make this clear, you were doing a four year degree as
well as nurse’s training?
FB: Exactly.
LC: Over the course of four years by going continuously?
FB: Right. That’s right.
LC: So you have—so your undergraduate degree was what?
FB: Well, it was in nursing, but it was with a major in psychology and a major in,
what was the other major? Psych and maybe science.
LC: So it was a Bachelor of Science degree.
FB: Yeah.
LC: Well, that stands up pretty well. It’s amazing the way that nurses training has
changed over all these years and the fact that these were actually pioneering programs.
FB: It was, it was. You see, we had to do—we worked on the wards just like
the—now we got to the hospital for two years. When we went to St. Joe’s the first year,
we didn’t even see a hospital. The second year, we had to take classes every Wednesday
at the hospital for things like nursing arts, and how to make a bed, how to turn a patient
and things like that. And a few other subjects that would—then we had to go to the
hospital for two years, two solid years.

LC: For rotations?
FB: We did rotations, we were on the wards everyday, had classes, medical
surgical nursing. We had to rotate to the various areas, pediatrics, OB/GYN (Obstetrics
and Gynecology). We also went to public health at—I think it was three months in
public health. At that time they had a hospital in the city for communicable diseases.
Polio was big then.

LC: Yes.

FB: So we worked there for—I had two months. We had other things like
measles and mumps, but primarily what we took care of was tuberculosis and polio.

LC: For someone not familiar with the polio epidemic and how much that
affected people’s lives, can you describe a little bit about the feeling around polio and
what the public perception was?

FB: Well, I think they were very frightened. People were very frightened and
with good reason. I mean, I was only about nineteen or twenty, maybe I was twenty, and
I have vivid recollections of some of the patients. There was student nurse from Hartford
Hospital that came in, and she was in what they call the iron lung. We don’t use those
anymore because have other ways of—because they couldn’t breathe. I remember one
male patient that another nurse—now we rotated. When we rotated we were with other
schools of nursing. You know, it wasn’t just us there were other students from other
schools. I remember this other nurse and myself from Hartford Hospital were assigned to
take care of this fellow and he was about twenty-seven. And he died and we were just—
it was just terrible. People were terribly frightened.

LC: That’s pretty devastating.

FB: It was. And some of them were permanently, you know, permanently
crippled. One of the doctors that was an intern at the hospital—I haven’t thought about
this stuff in years—was quite handicapped as far as walking was concerned. But he had
done a lot of exercise and so his shoulders and chest were really strong, but he had to
wear braces and everything on his legs. He had gone through medical school after he got
polio.

LC: Really.

FB: Polio was devastating because you didn’t know how bad it was going to turn
out, how much paralysis they were going to have. Remember, they used to call it
infantile paralysis.

LC: Yes. The function of the iron lung—can you just describe like how it
actually worked? What was the purpose of it and why did they call it that?

FB: Well, because it was an iron tube, it was—well, I don’t know if it was iron or
not, but it was a metal tube that the patient was put into. I don’t know how to describe it.

LC: Did it have some kind of, something about negative pressure?

FB: Yes.

LC: Did it force them to breathe like a ventilator in some way?

FB: That’s right. Right. It was like a ventilator. A precursor of the ventilator.
And it forced—the negative pressure forced them to breathe.

LC: When they were unable to because of—

FB: Because of the paralysis.

LB: Like their diaphragm might be paralyzed or something like that?

FB: Absolutely.

LC: Oh, gosh. Well, and people were very afraid of it’s communicability, right?

FB: Yes, they were.

LC: That it could strike anyone.

FB: Anyone.

LC: Well, were you who were treating these folks scared?

FB: We didn’t have enough sense to be scared.

LC: (Laughs)

FB: We were what, nineteen or twenty and we had—

LC: Immortal.
FB: Well, we had techniques that we had to use. We had to wear masks all the time and always had to be sure that our hands were washed and wear rubber gloves. I think polio primarily though was a viral kind of thing, if I’m not mistaken. It’s been so many years.

LC: I think you’re right.

FB: So, I don’t know. If we’d have gotten it, we’d have flunked out of school because we weren’t using the right techniques, you know.

LC: (Laughs) Right, that would be the test.

FB: That would have been the thing. I have to laugh when I think about that, but it was really, it was very, very interesting. See, times have changed so much. We also had to do three months in a mental facility.

LC: Where was that?

FB: That was in Connecticut.

LC: Was it a state hospital?

FB: Norwich State Hospital. Norwich State Hospital. It no longer exists. And they had about two- or three-thousand patients. And you went—you were transitioned to various wards, you know. Some, where the patients—you know, we didn’t have the drugs then. So the only thing they had was electric shock treatment. Now they still use electric shock treatment, but it’s nothing like what it was then. They would line them up in the halls and bring them in and then zap them and that would be it.

LC: What was the effect of that on a patient, let’s say someone who’s paranoid?

FB: Some patients, it did show some improvement. But there wasn’t the psychotherapy the way that—besides, we had—I don’t remember whether it was. What did I tell you? Three-thousand patients? Something like that.

LC: Okay. If you can image the—I mean, to do therapy with that population would be very labor intensive to say the least.

FB: Oh, right. They were awful. Did you ever see that movie with Olivia? What was her last name? It had to be in the early ’50s.

LC: Olivia de Havilland?

FB: Yeah, I think she was in it. It was about a psychiatric ward, a psychiatric hospital.
LC: I’m not sure.

FB: Anyhow, that movie was one of the things that really—I remember seeing the movie. I can’t think of the name of it now.

LC: That’s okay.

FB: But that was one of the things that really woke people up. It was a movie, but it woke people up as to what these mental facilities were really like.

LC: You know, that fact that there were very few tools to use must have been extremely frustrating, I’m sure, for the people who were working there.

FB: Right. They also used insulin treatments.

LC: For?

FB: For a variety of psychiatric problems. Insulin shock.

LC: Yikes.

FB: Yeah, I know it.

LC: That sounds really bad.

FB: It was. We didn’t know it, though. We thought it was a way to get them better, you know.

LC: Right. And again, this was an area that just didn’t have—there hadn’t been a lot of research. As you say, drug development was yet to come for most of those areas.

But you spent three months working in that rotation?

FB: Three months, I think, yeah.

LC: Wow, wow. Well, as you came toward the end of this pretty intensive program, say 1949, 1950, what did you think you were going to do?

FB: Well, I had to go back to the hospital—I mean, go back to the college for six months for additional classes. You know, we could take anything that we wanted to. Vocational, or—no, we had a few other—they were very—we had to take things like logic and philosophy. We took those when we were freshman. I’m sure that’s kind of wasted on freshmen, really. But it was terrific, excellent really to do that and then we had to take—I can’t remember what the courses were. But all of us worked part time. I mean, we didn’t live on campus then. We lived near the campus and I think we rented a room or something. A couple of us lived in one place. It was very nice. And then we’d work maybe a Friday night and a Saturday or something.
LC: At the hospital?
FB: At the hospital, because it gave us extra money and it kept our hand in things, you know.
LC: Were you sort of—I mean, what was the hierarchy that you were working within? Were you, the students, sort of perceived as kind of the grunt workers who had to do the junk jobs?
FB: The students?
LC: Yeah, or were they bringing you on into the profession?
FB: I would say they were bringing us on. We had to start at the bottom on up and they watched us carefully, believe me. But you have to learn that way. Otherwise you don’t know. I mean, I don’t know how it is for the kids today but—
LC: Yeah, I don’t think they start at the top.
FB: No, they have to know, I mean, you have to know how to catheterize a patient and start and IV and do things like that.
LC: Exactly, yes.
FB: And you really need to do that.
LC: Right.
FB: And spend time with patients. I will tell you one thing.
LC: Sure.
FB: At the hospital—I went to St. Joseph College and it was connected with St. Francis Hospital which is still a pretty big facility in Hartford. One thing the nuns made us do, of course I don’t think they have any nuns there now, but was one—and I think this was one of the best things. That when a patient was dying, one of us had to sit with that patient so that patient would not be alone. Sometimes families wouldn’t come in, you know, and a nurse was assigned to sit with the patient until they died so that that patient was never alone. Whether you just held their hand or whether you talked to them. As a nineteen year old, that was kind of overwhelming but it was a very positive experience because we all have to deal with death. The younger that you learn—you know, I’ve known people that can’t go in to see their parents that are dying because they just can’t accept the thought of death. I thought that was a good thing that they did, to never let anybody die alone.
LC: And in some way, also to get you young professionals coming on acquainted
with what that is about on a personal level.

FB: Right, absolutely.

LC: Wow. Do you remember any of those cases of your own where you were the
one sitting there?

FB: Yeah, I remember one and I’m trying to think of what he had now. I think he
had problems with his liver. He was an alcoholic and was dying and I remember just
sitting there and then finally he drew his last breath. I do remember when I was just
graduating, because we were actually graduated from—we wore our pin and cap from the
hospital when we went back for that six months of college. I remember one night, I had
this man die on me and I called the supervisor and she said, “Well, the parents will be in.
You tell the parents.” I mean, “The children will be in. You tell the children that he
died.” So I’m preparing myself, because I never had to do that before.

LC: Yeah, right.

FB: Somebody else did. So they came in and I burst into tears. Here they were
comforting me because their father had died and I’m supposed to be comforting them.
That didn’t happen again but I was just so overwhelmed with, “How am I going to tell
them?” But they were just, “Please, don’t cry. It’s okay, we knew it was coming.”

LC: Oh, gosh.

FB: I know, it sounds crazy. I haven’t thought about these things in years.

LC: It’s also part of the learning experience, too. As you say, you know, that
happens to you essentially once.

FB: Yes.

LC: Yeah, I can see that happening. You mentioned in the material that you sent
that the developments in Korea had an impact on you. Can you talk about that?

FB: Sure. I had graduated from school in June, from college in June, and had
decided to go to New York to take a job at New York Hospital Cornell Medical Center. I
thought I wanted to do pediatrics. So they had a whole wing of pediatrics and my first
assignment was to neonatal nursing. I really enjoyed it. But this was like in, I started in
September.

LC: Of?
FB: Of ’50. And this was like about November of ’50. They posted on the bulletin board an article from the New York Times that said they were desperate for nurses and they were going to draft them. I thought, “They’re not going to draft me. I’m going to go.” Because my cousin Ruth had been a nurse in the Army and I hadn’t, you know, I didn’t have any negative feelings about it. I really thought she was the greatest thing going. She still is. But anyhow, another nurse and myself, she was from Florida, decided we were going to join the service. Now we knew nothing about the military. Absolutely nothing, but the recruiting office was down at Times Square. So we got on the subway and we went down and we got there at lunchtime. It was our day off. The only people that were there were the Marines. So we said to them—they must have been laughing all the way to see these two young twenty-one year olds come in and say, “We’re nurses and we want to join the service.” This Marine said, “You go out there and you take the subway down to,” and he told us the street and everything, “And you get off and you go up to the third floor and you ask to see the Navy nurse recruiter.” Now I didn’t know if the Army or the Air Force had been there where we would have ended up.

LC: What would have happened, right, exactly.

FB: I don’t know. So we went down there and there was this Navy nurse. I mean, I couldn’t make these stories up. She’s sitting there and she’s in a uniform and she said, “Okay, these are the papers you have to fill out, and you’ll have to come back for a physical. You need to do this and you need to do that.” So finally, I said to her, “Well, what are some of the benefits of joining the Navy Nurse Corps?” She looked at me and said, “Listen, either you want to join or you don’t. Don’t waste my time.” That was it! The two of us signed the papers and left. So it was then December and I decided well, I’d better go home and wait until I was called. Now, it took time to get all your papers in because you had to get your papers in from you high school and from your college and from, you know, you had to have letters of reference and all this business. So it took a little time. So I went back to Massachusetts, to Chicopee. I worked for six months until my orders came in. I worked—the orders came in around May for July and so I had been working on a male surgical ward at that time. So anyhow, I didn’t know whether I was going to have to have another physical or what. I didn’t get all dressed up but I went
down—I had a dress on but no hose or anything, you know. We took the bus down to Boston. My mother came with me. It’s because she wanted to see what it was all about.

LC: I bet she did.

FB: Well, my parents were very proud. When I got home, my father—I said, “I’ve joined the Navy.” He said, “Well, this family has a responsibility. There were nurses that took care of your brother when he was in the Army and you have a responsibility to do the same thing for others and you’re the only one in the family that can repay that.” That’s how my father looked at it.

LC: That’s very interesting.

FB: That’s—you know, I was really lucky.

LC: Wow, I’ve never heard anything like that before.

FB: That’s the way my father felt about it. That somebody took care of my brother; we had an obligation to take care of somebody else’s brothers.

LC: That’s incredible.

FB: I know, but it’s the way he felt.

LC: What about your mom? How did she feel?

FB: Same thing. She said—my mother was a love. She said, “Okay. You go. But don’t come home complaining about it.” I never did. I never complained. I never had much to complain about. They were very proud, actually, you know, because my cousin had been in the Army so they didn’t have that, “Oh, we can’t send our daughter to the service.” You know.

LC: That’s incredible.

FB: My parents came—my mother came down with me and while I was there, there was another nurse who just was dressed to the T. I thought, “Oh, I look like a country bumpkin.” This woman really looked fabulous and she turned out to be my best friend ever. I just came back from Pittsburgh from her eightieth birthday.

LC: Oh, no kidding? What is her name?

FB: Her name was Margarita Theodore. But it’s now—we called her Teddy, of course.

LB: It’s easy.

FB: Her last name now is Kusanovich.
LC: Did she serve under Theodore as her last name?
FB: Yeah, she did. So we were sitting there, we got sworn in together and she said—so after we were sworn in, I said to the recruiter, “Can you tell me some of the benefits of joining the Navy?” She looked at me dumbfounded and she said, “Well, you can be buried in Arlington Cemetery when you die.” Honestly! I couldn’t make these stories up. We both looked at one another, you know? So I’ve always thought about that, you know, but anyhow. So then Teddy and I were both stationed at Portsmouth together and we were the best of friends.
LC: Now where was she from?
FB: Wooster, Massachusetts.
LC: Okay. What was driving her, what had gotten her on the Navy bandwagon?
FB: Well, a couple of her classmates from nursing school had joined so she—and her father did not object. Her father was from Albania but he was very American. You know he was very pro-American and he felt that it was an obligation.
LC: That’s very interesting. And you two have remained the best of friends all this time?
FB: Absolutely, absolutely.
LB: That’s great.
FB: We had a—
LB: Where is she living now? You said you just visited her?
FB: She’s living in Pittsburgh.
LC: Okay.
FB: She’s widowed and she has a daughter that lives in—she’s living in Aliquippa, which is right outside of Pittsburgh.
LC: She didn’t serve in Vietnam by any chance, did she?
FB: No, she did not.
LC: Did she serve overseas at all?
FB: No. She was going to. She got orders to a hospital ship in Korea and she was engaged and her wedding date was set. So they cancelled her orders and she got married, got pregnant and got out.
LC: So how long was she in the service then?
FB: She was in active service about four years, but then she had two years of reserve duty, so it was a total of six.

LC: Those were the days, obviously, if you became married, you had to get out of the active duty, is that—?

FB: You didn’t have to get out if you were married. But you had to get out if you were pregnant.

LC: Oh, if you were pregnant. Okay.

FB: They would not guarantee you that you would be stationed together.

LC: Oh, okay. Yeah, that was the old days, again.

FB: Yeah.

LC: You know, things have changed there, too, so much. But she sounds like a great gal and you two learned that you could be buried at Arlington. So that made it all worthwhile. (Laughs)

FB: Yeah. I just can’t believe—later on when I was a recruiter, I thought, “Oh, my Lord.” The questions the kids would ask, you know, in comparison.

LC: And the ways in which you would answer them, I’m sure, rather than, “Don’t waste my time.” That’s a good one

FB: Yeah, don’t waste my time. Then I found out later on that she was married and pregnant and waiting to get out so she really didn’t care whether she got anybody in or not.

LC: Okay. Well, now that explains that because I was wondering about her quota and worrying about her career.

FB: She wasn’t concerned.

LC: She was on to other things.

FB: Yeah she had other interests. And maybe she was having a bad pregnancy day, you know?

LC: (Laughs) Exactly. But anyway, she snagged you, which, that turned out to not be so bad. So tell me about the earliest experiences as you started to get into being in the Navy. I mean, for example, training.

FB: Well, first of all, we got there and they didn’t—they told us to bring—I didn’t know I wasn’t going to wear my own nursing cap. I didn’t know I was going to wear a
uniform because nobody had told us. I’m serious when I say that. I know it sounds so naïve but—

LB: But you were operating on like zero information.

RB: Yeah, I went down there. My parents drove me down to Portsmouth and—
oh, I signed a paper for a year. That I was going to be on active duty for a year because we were all reserves. Now the difference between a reserve and a regular was, of course, the regular had to buy their own uniforms. But if you went in as a reserve, you got an allowance. So that’s why all of us went in as reserves. Because, you know.

LB: No kidding.

FB: No, that’s the truth. So I do know people that went in as regulars but then later on, you know, you had to apply for regular Navy. But if you went in a reserve, you got an allowance for your uniforms. The uniforms were expensive for that time. I guess they’re still expensive, I don’t know. But anyhow, we got there and we were assigned to a place called Happy House. It was a barracks-like situation with partitions and Teddy and I were in one partition but right across the hall were two other nurses. So there were maybe twenty of us in that building. We used to call it Happy House. We were there until the nurses quarters opened up and we could move over there. But they had more nurses than they had facilities. So the training—I have the picture that I have of when I first came in the Navy with the chief nurse. I’m in a civilian uniform but I have a Navy cap on. That’s when I found out we were going to wear Navy caps. Then as soon as the uniforms came, of course, we went in uniform. They assigned us immediately to wards. Our orientation was for a month. We worked a different ward every week and we had classes in the afternoon. I remember the instructor; I don’t remember what we learned. But I think we learned about general things about the Navy and who to salute and when to salute. Then we had a couple Marines who were casualties from Korea. Remember, at that time, patients stayed a long time in the facilities, not like today. So these two sergeants were given the duty of teaching the nurses how to drill and you know, saluting and all that stuff. Well, they gave up immediately. We didn’t know our left from right and so we’d march about five minutes and they’d say, “Okay, let’s take a cigarette break.” Because I think it was—I’m sure these sergeants would’ve killed any recruit, you know, if they did what we did. So I really never learned much about marching or
anything because we didn’t really do it. So after—every week we rotated to another
ward. I worked on neurosurgery, orthopedics—I think I worked only on the surgical
wards. I didn’t work on any of the medical wards, which was kind of interesting.
LC: Because had you done much of that during your earlier rotations?
FB: Well, I had worked in surgical wards. The Navy, at least then and I think
probably even now. But then, the Navy really tried to get you to do a number of things
until you could actually concentrate on what you wanted to do or what you would like to
do, because you never knew where you were going to be going. So you might—I said I’d
like to work in pediatrics. I never did—because that’s where I had worked in New York
Hospital, in peds. But that was okay, because we had to take—I worked in the
neurosurgical ward, primarily, for quite a while and then an orthopedic ward. And then I
was assigned to dependents, which was OB (obstetrics). I worked in labor and delivery
for, I don’t know, several months anyway. We had a lot of babies, an awful lot of babies.
It was nothing to have ten babies on a shift and there would be—of course in those days,
too, remember they used to give them scopolamine. I mean, labor and delivery wasn’t
like it is today.
LC: They used to give what?
FB: Scopolamine.
LC: What’s that?
FB: Scopolamine is a drug that kind of relaxes them but it kind of makes them
climb the walls, too. So they really weren’t aware of what labor and delivery was all
about.
LC: Sort of like Versed or something now, where you’re kind of not there?
FB: Right.
LC: Okay.
FB: So I worked there for several months. And then I worked in the GYN
(gynecology) clinic. So then the supervisor said, “Well, you need to come out of
dependents. You need to do more military nursing.”
LB: Now who was the supervisor, do you remember?
FB: Oh, I can’t think of her name. They’re all dead, you know.
LC: Yeah. Was she—what was lying behind this comment? Was she trying to get your career path kind of straightened out or was she—

FB: Well, I don’t think that was consciously what they were trying to do. But they couldn’t afford to have anybody who could only do one thing at that time. It’s not that way now.

LC: No, not at all. Absolutely not.

FB: But they had to—you had to be able to go ahead and work in dependents. I mean, if you got stationed in a place like Guam, you might have to work in OB. That’s not the time to learn. You at least have to have had seen a delivery or seen something, you know.

LC: Right. So you need to be able to cover all the bases.

FB: Right.

LC: She didn’t want you to over specialize, essentially.

FB: Well, that’s right. I went to work in; we used to call them the ramps. I had, we would have whole wards of hepatitis patients. Whole wards of ulcer patients. Tuberculosis patients, whole wards of them, you know. There’d be like thirty beds or something like that. They’d be there for a long, long time. So I worked in that for a couple months and then they moved me to orthopedics and that was a challenge. Again, the patients were there for a long time. It’s hard to explain to people, because I don’t think that the average person would really understand unless you were there, what it was like. I mean, these patients were not just your patients, they were your life. When they got into trouble, you know, you—it bothered you. They were characters, every one of them. That’s why I think most Navy nurses loved the sailors because—but they would be sailors and Marines and they would go out on liberty. Here I was, twenty three, and I’m saying to them, “Okay, I don’t want you to get into trouble tonight. You stay away from those bars,” knowing darn well they wouldn’t. “You’ve got to be—I don’t want to have any problems tonight.” Ten o’clock at night, I’d get a call from Shore Patrol—I’m the ward nurse now. I get a call from Shore Patrol saying, “I’ve got some of your patients here. They won’t be back tonight. They’re in the brig.” “What for?” “Drunk and disorderly conduct.” Oh, gosh. So then they’d have to go to mast—captain’s mast, you know. But this was not unusual and you know, here you’re giving them a lecture, “Don’t
want to you to do this.” “Oh, no, ma’am, we won’t do that.” But they do. But it was
great. I mean, as I’m older, I can really appreciate the fact that they were really a lot of—
I mean, it was an education. It was an education.

LC: And the fact that you were concerned about them on this other level, that was
pretty much a function of the fact that they were there every day and you saw them every
day.

FB: Yes.

LC: They weren’t in and out and you know, no outpatient surgery and that kind of
stuff.

FB: Oh, no. We did have outpatient services, of course—

LC: But not like now.

FB: But they were your patients and you were responsible for them. When they
did something stupid, then yeah, you weren’t penalized for it but you sort of felt it was
kind your fault.

LC: Reflected.

FB: What did you do or what didn’t you do? And during that time, the Korean
veterans—of course, we had Korean casualties.

LC: Right, I was going to ask about that.

FB: Yeah, we did. We had Korean casualties. Particularly in orthopedics. But
then when the war ended and they brought back the POWs (prisoners of war), we had
them. And I remember—

LC: In Portsmouth?

FB: Yes. They brought them to the nearest facility, the POWs that were
American POWs that were captured by the Koreans. We had them as patients and I
remember there was one who was a black soldier and he used to go AWOL (absent
without leave) every night. Every single night. I would go to him and I would say, “You
don’t have to do that.” Now remember, again, I’m in my twenties and here I’m telling
this guy who’s a POW.

LC: Yeah, you’re young.

FB: “You don’t have to do that. We’ll give you permission to go ashore. You
don’t have to do that.” And he said, “Ma’am, I just see those gates and I need to go.”
Nobody ever did anything to him. He just walked out the gates, night after night. But they would have given him liberty. That wasn’t the case, but he just—

LC: This was some kind of post—

FB: Traumatic stress, maybe.

LC: Probably something.

FB: And then he had girlfriend and she stabbed him one night and he came back and I said, “What did you do that for?” He said, “Well, I made her mad.”

LC: Wow. Would he have been a resident from somewhere in the Northeast?

FB: Norfolk. Norfolk.

LC: Norfolk, okay. He was being treated at the hospital for what? Do you remember?

FB: Well, they had multiple problems. You know, none of their injuries had been cared for.

LC: Sure.

RB: In those days, they didn’t have post-traumatic stress units or anything like that, or the treatment. They just didn’t. They didn’t even have it after Vietnam. That’s a later introduction. Overall, they were debilitated, they hadn’t eaten, they hadn’t—they weren’t fed very much and that just meant multiple health problems.

LC: On the orthopedic wards, would you people who, for example, needed to have legs reset or that, you know, that kind of thing? Kind of structural injuries that had to have—

FB: Yes, and we had amputations.

LC: What can you tell me about those cases and how—what the treatment was? Did you have—I mean, how bad were they when they arrived there? They must have had some preliminary treatment elsewhere.

FB: I think they did have it and I don’t remember a whole lot about it, I’ll be honest with you.

LC: Sure, sure.

FB: But I do remember that we had some of them. We had Korean casualties and I remember that frostbite was a big thing. They used to put fans, cover them up with a
sheet and then put a fan there to, I want to say defrost, but I’m not sure that’s the right word to use. But that’s one way they treated the frostbite patients.

LC: Gosh. You stayed there for what? Three years or so?

FB: Three years.

LC: Over the course of that time, did you—were you considering staying? I mean, you initially had the one-year sign-up, right?

FB: Right.

LC: So how did it happen that you decided to stay on?

FB: Well, I didn’t. I got out and stayed in the reserves. I got out and I went back home. There was some sickness in the family and I felt that I ought to—my aunt was sick and I felt that I needed to go home and help out. But I stayed in the reserves and at that time—in my notes I mentioned to you, I mentioned that at that time, if you were in the reserves, every year that you served in the reserves was a good year towards retirement.

LC: Were you thinking in those terms at this time?

FB: No, no, no, no, no.

LC: Okay. Because you’re only what? Twenty-three or twenty-four?

FB: Right.

LC: It would be quite unusual to be thinking about that.

FB: No, I wasn’t thinking about any of that at all.

LC: So I went home and—oh, my last assignment in the Navy was in the operating room. They rotated you around so that if you went to a place like Guam or the Philippines, you would have had enough experience in each area so that you could at least function. So I went back home to Chicopee and I worked at Mercy for—I worked as an instructor in the school of nursing because I had a degree. There weren’t many nurses at that time that did, you know? So I—from Chicopee, I decided I wanted to go and to take an advanced course in operating room management technique. So I went to the ANA (American Nurses Association) and I said, “Where should I go? Johns Hopkins, New York, where?” The advisor said—she gave me great advice. She said, “Only go if they’re going to give you college credit.” So I said, “Okay, where is that?” They said the University of Chicago at that time was the only one that would give you
college credit for going to a six-month program and they also had a management course
in addition to it that you had to take.

LC: Now you were attracted to the operating room?

FB: Because I’d worked my last term—tour of duty in the operating room at
Portsmouth. But I really—I never scrubbed there or anything and I really wanted to learn
more about it. So I went out to the University of Chicago and they had a terrific course.

It was six months.

LC: Now this is in 1956, I believe.

FB: Yeah. So I went out to the University of Chicago and started my program. I
forget what month it was. Did I say what month it was?

LC: No, you didn’t.

FB: Well, anyhow, it was a very, very good program. Very professionally done.

I had to spend a month in—it was a six-month program. I was very impressed with them
because they taught you to be a scrub nurse, but they taught you to use time and motion
in doing it. You know, where you really were a very important member of the team. It
wasn’t just handing instruments. You know, it was the constant—a lot of people don’t
like OR, but it was constantly observing what the physician was doing so that you always
knew ahead of time what he was going to do.

LC: So that you could actually, I mean—

FB: Anticipate.

LC: Yeah, anticipate his next move?

FB: Absolutely.

LC: So for what? This would be for general surgery?

FB: Oh, for anything.

LB: For anything? Wow.

FB: Yeah, you were rotated through various programs—you weren’t the brightest
star in the sky when you were doing it, you know, because you had to learn. I learned—I
had as a—you could pick who you wanted to be your teacher. The woman—not your
teacher, but your assistant to help you in this, you know, to scrub with you when you first
were starting and all. There was a Japanese nurse by the name of Yaeko Iko. Yae Iko,
and she’s still one of my best friends.
LC: How do you spell her name?
FB: It was Y-a-e-k-o, I-k-o. She was so good. Sometimes she wasn’t very pleasant to me but that’s before I really got to know her. She had been in a camp in Wyoming during the war, you know, when they had the camps for the Japanese.
LC: The internment camps.
FB: She was in an internment camp and not with her parents.
LC: She was separated from her parents?
FB: Yeah, and then they sent her to—they let her—they sent her to a nursing program in Philadelphia. She was about twenty-three or twenty-four before she got back with her parents. This was very traumatic for her.
LC: Oh, my gosh.
FB: And later on in life she ended up having to have—having to go to some therapy. And the other thing that happened was that when she was at the University of Chicago, there were some physicians who had been in World War II who were very anti-Japanese and made snide comments to her.
LC: I'll bet they did.
FB: It was awful and I remember one time saying to her, “How can you stand this?” She said, “They’re ignorant. They don’t know any better.” But she was terrific because she was always calm and never upset and she taught me how to be a scrub nurse. I mean, it was more than just scrubbing and they were also very involved in—the University of Chicago was very involved in time-and-motion. How much time it took you to set up a table, how much time it took you to set up a room. You had many things that you did that—I don’t know if you’re interested to know or not but—
LB: Absolutely, yeah.
FB: Because, for example, everybody in the department set up their tables the same way. Everybody packed their instrument trays the same identical way so that if I was going to lunch and someone came in to relieve me, they could put their hand back and know exactly where everything was going to be. It cut down time in the operating room and it really went well. Now I’m sure that some of the physicians weren’t always too happy to have students there. But after I left, after the six months—and we got college credit for this—I decided to stay in Chicago and went to work at a research
hospital in VA (Department of Veteran Affairs). And by that time Teddy and moved out
to near Chicago, so you know, I still was getting to see her periodically. You know, my
friend that I told you about.

LC: Sure, yes.

FB: So worked there.

LC: So you’re at the VA?

FB: Um-hm. I worked at the VA but still was very active in the reserves.

LC: Which VA hospital was it?

FB: It was called VA Research and it was right across from Passavant and
Wesley. Now they have different names for that now, I think it’s called—it was
associated with their medical schools. As I’m sure you know, all the VA hospitals are
associated with—all the big VA hospitals are associated with medicals schools.

LC: Yes.

FB: So I went to work there. I had taken the GI Bill to go to the University of
Chicago and one of the advisors said to me at VA said, “You know, within a period of
time, you have to go back to school or you’re going to lose your GI Bill.” So the only
place that had a graduate program in Chicago for nurses was DePaul University. None of
the others did. They also had a bachelor’s program. The others, of course, now all have
them, but they didn’t then. So I had to take some—I just went to Loyola to take a course
in—it was like in time-and-motion, which you wouldn’t have expected a nurse to take.
But I took it anyway because it was at a time slot that I would take it and because I was
interested in it from the point of view of operating room management.

LC: Right. It fit with what you were already working on in your actual practical.

FB: Right, and so the instructor was a man and he was very interested in why I
was taking the course, but I did okay because I got an “A.” So you know, and anyhow,
when I talked to this gentleman from VA he said, “You have to get back into school.” So
I thought, “Well, okay, I don’t want to lose my GI Bill.” So I went down to DePaul. As I
said, I was still very active in the reserves, and during that time, I had my two weeks
reserve duty. Once it was to San Francisco and another time I took a ship to Germany.
That was like about a four-week tour. Then another time, I took a ship to the
Mediterranean. See, they used to take dependents and troops over to Germany and also
to the Mediterranean and so I would be the nurse on the ship.

LC: You would be the primary nurse?

FB: There would be another one. Two of us.

LC: And you would literally be seeing people for?

FB: Seasickness, primarily.

LC: Seasick, right. Cuts, scrapes, bumps, all the rest?

FB: Yeah, all that stuff. And the kids coughing, you know, and things of that sort.

LC: Sure, sure.

FB: We did have a doctor aboard. Usually it was a doctor who was a year out of
his internship.

LC: I mean, were these—did you have any fun on these trips?

FB: Any fun?

LC: Yeah, any fun?

FB: Oh, wonderful.

LC: I bet you did.

FB: I mean, I got into Germany, I got to—no I didn’t get to Wiesbaden by then, I
got to Bremerhaven. We would go around Bremerhaven and shop and do things like that,
you know. And then when I took the Mediterranean cruise, now that was fabulous.

Now, I didn’t get ashore in every town because I had the duty; because we had to stand a
watch. But I did get to Spain, to Cadiz. Then we went to Italy, to the—I can’t think of
the name of it, but it’s up north, it’s a port. And then I went to Greece, Athens, to Libya.

LC: Really? Wow.

FB: To Libya and went swimming. They have the most beautiful beach you ever
want to see in your life. The place was filthy. It was Tripoli. Then we went to Istanbul
and to another place in Turkey. I can’t remember the name of it right now. So yeah, I
had a great time. I mean, it was wonderful. It was six weeks, you know. I got paid for
two weeks, but who cared? It was during the time when I didn’t have to go to school,
you know. So then when I finished school, I was going to go back to work at the VA and
I graduated from DePaul.

LC: In 1960, isn’t it?
FB: Yeah. And I had gotten a grant to go in addition—and how I got the grant is very interesting. I went in to sign up for a course and the instructor was there and her name was Grace Peterson. She said, “Why are you signing up for this course?” I said, “Well, I don’t want to lose my GI Bill.” I was very honest. She had been an Army nurse in World War II. She said, “Well, why don’t you go to school full time?” I said, “I can’t afford it.” She said, “If you had a grant, could you?” Because even with the GI Bill—the GI Bill was like $150 a month or something to pay for school and everything. I said, “Yeah, I guess so.” She said, “Okay, you’ve got a grant.”

LC: Just like that.

FB: So that’s when I took a leave of absence and went to school.

LC: Now how did she swing that? Do you know the details?

FB: She had so many grants offered to her.

LC: Okay, that she could allocate.

FB: If you ask me where it was from, I don’t know whether it was from the Department of Health and Human Services. But it was one of those, you know.

LC: Sure.

FB: I mean, I didn’t really ask.

LC: She was like, “Well, here you go.”

FB: “Here you go. You’ve got a grant.”

LC: That works.

FB: That worked. So I took a leave of absence and then I stayed in the reserves.

When I finished, I went back to VA and I did—I did my thesis on operating rooms. I got back to VA and they decided they want me to be the charge nurse on a neurosurgical ward. I thought, “Well.” I had been assistant supervisor, by the way, when I left. I thought, “Well, okay, I’ll try it.” I did it, but you know it wasn’t what I wanted to do. So I transferred. At that time, there was some problems at home. My brother had had a child who was born that was mentally and physically handicapped. So I thought I needed to be closer to home and I went to New York and it was the same story. What the story was, and this sounds terrible to say it, but I found out later on. I had a master’s and the supervisors did not.

LC: That happens, yup.
FB: They didn’t want somebody with a master’s working in their department.
Now see, I would have felt—listen, if I’ve got somebody who can come in here and show
me a better way to do things—

LC: Bring it on, let’s do it.

FB: Let’s do it.

LC: Yeah. A lot of people are not wired that way, though.

FB: I know that. So I went down and I thought, “This is craziness.” So I went
down to the recruiting office and the nurse who was there was somebody I had been
stationed with in Portsmouth, Virginia. She, you know, she said, “Hey, Fran. Where are
you stationed these days?” I said, “Well, I’ve been out but I’m in the reserves.” She
said, “Well, why don’t you come back?” I said, “Okay.” She said, “Where do you want
Albans.” I got to St. Albans, they looked at my record and they said, “We need you to
work in the ICU (intensive care unit) for about a month and then you’ll go in to the OR
(operating room).” So that’s what I did.

LC: That sounds pretty good.

FB: I taught. I taught the techs, the OR techs.

LC: Once you got to the OR, you were—?

FB: I was an instructor, operating room techniques for the OR techs.

LC: How was the instruction set up? I mean, did you have a set curriculum that
you need to get through?

FB: Oh, yeah. The Navy had a set curriculum. They standardize everything. But
you had the liberty to do things that other places didn’t do. I mean, like, I told you, a lot
of it was based on time-and-motion. So I could teach those kids how to set up an OR in
five minutes. How to set up their table so that they were always the same and nobody
ever had to come in and wonder where things were and that they always handled their
instruments the same way. It doesn’t sound like much but it cuts down on time in the
OR.

LC: Which is all—this is all, I presume, driven by the need for, you know, time is
everything for the patient in the OR.

FB: Time is everything for the patient. Get them out of there.
LC: So actually, this is pretty important stuff in terms of patient care, you know, good outcomes, all the rest of it.

FB: Yes, it was. It was.

LC: So it’s you know, it is actually significant. This is—I’m going to guess in 1960 that this was kind of leading-edge stuff, getting things standardized.

FB: Oh, I think it was. I think it was. I mean, the University of Chicago had it and that’s where I learned it. Because you could walk into a case, whether it was a neuro case, an orthopedic case, know exactly where everything was. Sometimes we had doctors who didn’t speak English too well. So you had to be prepped, you know. When he says, “Clump,” he means a clamp, you know.

LC: I see.

FB: So I think that it was—I really was impressed with that.

LC: Now who were the techs that you were instructing?

FB: Okay. The Navy has several programs. An operating room technician goes to school for, I think, for six months still and they have classes, you know, formal classes, and then on-the-job training. That is, they go into the OR and work. But they have classes ahead of time.

LC: So these are enlisted personnel with a certain MOS (military occupational specialty)?

FB: That’s right. That’s their MOS. Then they are then assigned to a ship; they’re assigned to the Marines; they’re assigned to any place.

LC: Okay. How many would you have at a go that you were instructing?

FB: Oh, probably ten or twelve.

LC: As a group, they would go through the curriculum with you and then you’d be on to the next group?

FB: That’s right.

LC: How long did the training take?

FB: Six months.

LC: Wow. Were you—you were also working OR yourself?

FB: Well, I’d take call. Yeah, I would. Oh, no. I worked, too, of course. I’d take call but I also worked in the OR. That’s the only way you can keep it up.
LC: Well, yeah, I would think so. You would have to be in there doing it. What kinds of cases were you seeing?

FB: Well, we did everything. Orthopedics, neurosurgery, we did pediatric surgery, we did open hearts. And that’s—open-heart was just about beginning. General surgery to routine appendectomies, a lot of orthopedic surgeries.

LC: Would these be all active or reserve personnel and dependents?

FB: They would be active, retired, or dependents. That’s why you’d have children, you know?

LC: Right. So you mentioned the open-heart surgery and that’s quite interesting that St. Albans was involved in that because I’m not certain how many hospitals generally, across the country maybe, or otherwise, were working in that area. Probably not a ton.

FB: Well, you know, I have to say this, and I know it’s going to sound like I’m, you know—but the military spends a great deal of money on training their physicians.

LC: Yes.

FB: And they have no qualms about sending them to places like UCSD (University of California, San Diego) or any other places for periods of time to get the training.

LC: To be up to the latest?

FB: That’s exactly right.

LC: So were you having physicians then who were coming who might have just spent time, you know, at whatever name major university research hospital or whatever who would just be coming back with essentially leading edge techniques?

FB: Yes, we did, of course, but we also had—they had stopped the doctor’s draft then, I think.

LC: I think so, yeah.

FB: Yeah. So we also had—when we had the doctor’s draft, we had doctors that had really good experience as civilians, you know. They constantly taught. The Navy had always been willing to send their doctors out to civilian institutions. Where many times, it’s because the physicians have retired and have gone to work there, you know, at some of the leading facilities.
LC: Were you happy, would you say, with this New York position that you had?

FB: St. Albans? Oh, yeah. I was happy back in the Navy because you always know where you stand.

LC: Why? What do you mean when you say that?

FB: Okay. When you’re in a civilian hospital, if you’re chief nurse—not your chief nurse so much as your supervisor doesn’t really care about you—you can get really bad evaluations. She may not like you because she doesn’t like the color of you hair or she may feel threatened by you. That doesn’t happen in the Navy because you’re working for sombody who’s senior to you.

LC: Always.

FB: Always. Unless you’re in charge. She has the responsibility of bringing you along. That’s her job. Now, you really have to really mess up to be—and if she came down with a report about you, saying, “Well, you know, she’s lazy. She doesn’t do this, she doesn’t do that.” It’s her responsibility to see that you improve. But if you don’t, she has to come down and prove what you’re saying because we have fitness reports or evaluations that are written up. If you give somebody an evaluation that’s not good, not only are they entitled to see it, they’re entitled to challenge it. So people are pretty careful with what they say.

LC: You’re also, as a senior person, evaluated on the basis of how you manage the people under you.

FB: Absolutely. There’s no doubt about that. So you know, they view it as, “We all remember when we were ensigns and we all remember what we had to do and what we went through.” I’m not saying it’s a perfect system because I think there are instances where there are—it works both ways. Sometimes the younger people are very manipulative and sometimes the older people are not so understanding. But it’s both ways.

LC: But in general, your sense of it is that it’s a pretty workable—

FB: My sense of it is that it is. Because if somebody were really harassing a kid, she could come down and talk to the chief nurse, director of nursing service, and say, “I’m having problems with this.” The director of nursing service would investigate it.
Maybe she already knows, she’s got some commander that’s hell on wheels. And that’s happened.

LC: I’m sure. I’m sure of it.

FB: It’s always, it’s not—but no, it’s a whole—if the OR supervisor in the Navy said, “I don’t want her because she’s got a master’s and I just have a bachelor’s.” The director of nursing service would have said, “Tough.”

LC: “Get over yourself.”

FB: Exactly.

LC: Right. Whereas in out in the broader world, that can happen and there’s no oversight for that.

FB: That’s right, that’s just a different situation. That’s why I loved it.

LC: So active duty suited you and you were glad to be back in it.

RB: Absolutely.

LC: Were you thinking at this point, “Yeah, I can do this as a career, I can stay in?” Had you made that—had you crossed that Rubicon, as it were?

FB: No, because you had to do a number of things. I hadn’t thought that—I hadn’t really thought ahead that much, to be honest with you. But I knew I had to go overseas and after two years in New York, I got overseas to Spain. Well, Spain had an extremely small operating room. But that’s where having had clinical experience in a ward came in handy because we maybe only had twelve nurses. But we did have—and the most surgery we’d do probably would be hernias and things of that sort—appendectomies or—major big cases, we didn’t do.

LC: Where would those big cases go?

FB: They would go—they would be medevaced to Germany because Spanish medicine was very, very poor.

LC: The facilities that you had—?

FB: Oh, our facilities were good. We built our own. It was Rota, Spain and the operating rooms were good. We did a lot of OB. So you had to rotate, you had to work on a ward. That’s good because you’ve had that experience. You had to work in OB.

That was good. You had to—and I eventually ended up working in—and I did take OR. I took OR call, but I also took OR—if there was a case that was a major case, they would
call me, like an accident or something, to go in. But routinely, they didn’t because they
didn’t feel it was needed. I would have preferred to do something besides—I mean there
were many days they didn’t operate at all, you know?
LC: Right. So on days like that, what would you do? You obviously had to be
there, you were—
FB: But see, I wasn’t assigned to the operating room directly.
LC: Okay, so you might be out on the wards or—
FB: Oh, I was—yeah. I was always on the wards or working in OB and then the
last six months, I worked in outpatient. That was a good experience.
LC: Because you hadn’t done much of that.
FB: I hadn’t done any of that.
LC: Okay.
FB: That was a very good experience.
LB: Why? Just because it broadened your palette or were there specific things?
FB: Yes, it gave me a better understanding of what patients expected. Sometimes
they were unreasonable and I had to—or if they came in and it was obvious that there
was something really wrong, whether it was psychological or what, and I could see that
then I could go and say to the doctor, “You need to see her now.” Like a dependent wife.
That took care of it. And we had children, you know.
LC: So it gave you a chance to intervene in cases that maybe were going under
the radar? That kind of thing?
FB: Oh, sure. You could say, “I think you need to look at them.” Another thing
that happened while I was there is that—you’ll be sorry you ever called, I’ll tell you.
LC: (Laughs) No, no, not yet.
FB: We had a patient die of rabies and I—they didn’t know he had rabies at first.
It wasn’t until later on and then they gave us all shots. They gave the children, I guess
it’s duck embryo in the abdomen and then they gave us—what was it they gave us?
Anyhow, I’m terribly allergic to it. Gosh, I can’t think of the name of it right now. It’s
on my card so that nobody ever gives it to me again. But they gave that to us to prevent
us from getting the rabies. They thought—and what actually happened—see of course
they thought this fellow was having a psychiatric reaction. He was having trouble with
his marriage and they thought he was having psychiatric problems and so they were very 
careful with him until the really realized there was something else that was wrong. So—
oh, they gave us horse serum. Don’t ever let anybody give you horse serum. So they 
gave us horse serum, both of us who were working with the patient. He eventually ended 
up on a ventilator. But, of course, he died and when they examined his brain, it was true, 
he had rabies. He had been bitten by a rabid mouse in Turkey where he had been 
deployed.

LC: Oh, my God.

FB: I know.

LC: Oh, this is horrendous.

FB: I know. But in the meantime, all these other people—like I had—I was 
supposed to start leave so I was going to go to Israel and to—oh, in the Middle East 
anyway. Lebanon, I guess. It was a tour that had been planned, you know. So I was 
supposed to leave from Germany so I flew up to Germany. But on the way up, I realized 
it was very serious. I was sick. I was very stiff. I couldn’t even hold a fork and I kept 
dropping it and trying to eat and I kept thinking, “These people are going to think I’m 
crazy.” So I get off the plane and there was a naval officer there and I went up and I said 
to him, “I’m a Navy nurse from Rota and I’m very, very sick.” I said, “I need to be taken 
to the hospital immediately.” So he was there to meet an admiral and he said, “Well, let 
me get something done.” But it was interesting, the different personalities between the 
different cultures. If you had told a Spaniard that you had, that your luggage wasn’t 
there, he would have shrugged his shoulders and said, “Mañana.” But the German said, 
“You was supposed to be on that plane. Some of this luggage has to be yours.” It’s not 
my luggage.

LC: Right.

FB: So they got an ambulance and took me to the hospital. Took me to a clinic 
and then got an ambulance and took me to the hospital at Wiesbaden where I was 
hospitalized for eleven days.

LC: What could they do? What did they do for you? I mean, I know this is 
personal, but I mean—

FB: Prednisone.
LB: And you know, my jaws were frozen and swollen. Finally after about eleven
or twelve days—and I couldn’t remember a lot of things. You know, it came back, but I
went up there because I was taken there. I was in the clinic when they were—and I set
my luggage down, you know. This woman, I didn’t even know her, I gave her my
luggage tag to pick up my luggage and she did. She was an American, you know. So
that was, that was one of the incidents in Spain. The other one is I got hit by a train.
LC: Okay, you personally were hit by a train?
FB: Yeah.
LC: This was not a good tour, really, for you.
FB: Well, it was a great tour. It was like five or six in the morning when I was
going to work and it was very dark. We had this little train that went through Rota called
the Toonerville Trolley. We called it that. It had one light and I couldn’t see it. I got
there and I heard the train coming. So there was a little man whose job it was to put up a
chain.
LC: Oh, gosh. Not automated, right?
FB: No, just a chain. He didn’t make it, he didn’t get it up. He was motioning me
and I thought he was motioning me to back up and I backed up and the train hit me. I
rolled down a little ravine and I started yelling, “Help!” I thought, “There’s nobody
going to help me. I’d better get out.” So I climbed out—the car was on the roof. You
know, the roof was on the bottom.
LB: Right, you’re upside down.
FB: So, the window was broken and I got out. I had some cuts and everything.
But other than that, I spent a couple of days in the hospital and I was fine. I’m very, very,
very careful at trains now.
LC: (Laughs) I bet you are. You’re one of the few people who can say, “My car
was hit by a train.”
FB: Yeah, and then they took me—then I had to go to court because they were
persecuting this guy or they were going to prosecute him. The judge asked me in
Spanish, did I think he was remiss in his duty? I answered in English that I wouldn’t
have any way of knowing. So the judge said in Spanish, “Well, if I got hit by a train, I’d
know whether it hit me or not.” But I didn’t want the guy to go to jail. It was a little old
man, you know, this was the only job he had, to put that chain up. They sent an
interpreter with me and everything.

LC: It sounds like an interesting experience.

FB: It was.

LC: Not just being hit but also afterwards. What happened to him, do you know?

What was the judge’s decision?

FB: I don’t think anything happened to him. I think he was found not guilty.

LC: Geez. That’s actually a really scary story.

FB: Well, it was a scary situation. But you know at least I knew I wasn’t
unconscious and that was good thing.

LC: Well, right. I think I’m more scared by the rabies and the allergic reaction to
the serum that you had. I mean, you sitting there, you’re there with lock jaw and—

FB: It was scary. But I was lucky. See, I was in the—

LC: Yeah, you were in Wiesbaden, that was lucky.

FB: And the drugs make you euphoric. The Air Force physician that was taking
care of me said, “You’re not upset by this whole thing?” “No, everything’s fine.” He
said, “Well, why do you think that is?” I said, “I don’t know.” He said, “You are
euphoric.” He said, “It’s the medication that’s causing euphoria.” He said, “Because you
should not be, at this stage of the game, saying that everything’s fine.” You know.

Another nurse who was an Air Force nurse who was also a patient in my room—see
you’re sorry you called because you’re getting these sea stories. But we went out one
night to have a beer and pizza and the Germans put all kinds of stuff on the pizza that we
didn’t do. So we had the pizza, we had one beer, which I probably shouldn’t have had
anyway. We got back and we were just laughing up a storm, as silly as could be. They
had these hanging signs that said, “OB, General Medicine, Pediatrics,” and we went and
changed all the signs so that they were—we were not drunk, but we certainly were
euphoric.

LC: You were on your way.

FB: Oh, Lord. No, we only—one beer is all I had.

LC: One beer.

FB: And she did, too, but you know, we were on medication and all this stuff.
LB: Right. You had other things on board.

FB: Oh, bless the Lord. When you think about the things that you did, you know.

LB: Well, after—when did you get orders for leaving Rota?

FB: I got orders around the first of the year. And I went home. I think I was home for Christmas that year.

LC: So this would be ’65? The beginning of ’65?

FB: Yeah. Because then I got orders to recruiting duty. I told you, you had to be pretty versatile in the military.

LC: Is recruiting duty something that pretty much everybody needs to pull at some point?

FB: No, no. Not everybody gets it, no.

LC: Okay. And what do you—what is implied by you getting that kind of assignment? Is there some informal message like, “You’re on your way up?” Or, “We can’t find anything else to do with you.”

FB: Well, I don’t think it’s that so much, I think that—see, you have what they call a dream sheet and you put down—and you have to fill in all the blanks. Well, that just about gives you everything, you know. You have to say, “Yes, you want to go to sea. Yes, you want to go overseas.” Where you want to go overseas. So you have to fill in all the blanks and one of the things I did was say, “Recruiting duty.” I filled in the blank. I know that sounds naïve, but you just couldn’t send in an empty paper.

LC: Why did you want to do recruiting?

FB: Well, it was one of the jobs open.

LC: Okay.

FB: I didn’t have any particular real desire, I didn’t think. I got the South. I got Virginia, Kentucky, and part of North Carolina, and part of Indiana. I thought, “They are going to hate me with my accent.”

LC: Right, with your Boston—

FB: I’m going down to the South and they’re going to hate me. But they didn’t.

LC: Now, you were based in Richmond?

FB: Um-hm.

LC: What did you make of Richmond in 1965?
FB: Oh, I really liked it. I don’t know what it’s like now. But I really liked it because people would say you to, “Oh, come on,” on a Sunday afternoon, “Let’s go out and see the azaleas.” And that’s what you did. The people—I was fortunate. I was the only military person in that apartment complex and the people were really nice to me. They were even my age group, you know. The women were married and the husbands, some of them—well one was a doctor, one was a professor and they were all—we were all in the same age group. So I had a civilian back-up there, you know? There weren’t any other women in the office except—no, there was a chief who was recruiting for enlisted women and then there was—there were other recruiters. It was an education because I knew very—although I had been stationed in Virginia. Portsmouth and Norfolk were not Virginia. You know, I got to go to the mountains and Roanoke and all the places like that. They were very—I thought, “They are not going to like this.” The first place I went to, they had a tea, you know, which was so Southern but so appreciated. Because instead of giving me, “Well, what is in it for me?” It was, “Well, what can we do to help you?”

LC: Right. Yes.

FB: That’s the Southern way, you know. There were a couple of places that wouldn’t let us in, but—a couple of hospitals.

LC: Why was that?

RB: They didn’t believe in the military.

LC: They didn’t believe in the military?

FB: No. There were faith-based hospitals. I can’t tell you the names of them. Because some of the classes, they only had five or six women in the class. Very, you know, it was a three-year school. But I did get one of the nurses and she came in the Navy and she made captain.

LC: Wow. Wow.

FB: So she—faith-based. Then, they had her come back to be a graduation speaker and all this stuff. I thought, “You gave us such a hard time.” But that was the way it was. We had a program at that time, a scholarship program for students. We had a lot of students at the University of Virginia and some at Virginia Medical.

LC: The medical college there in Richmond?
FB: Yeah. I think they’ve changed the name. So we had to keep tabs on them, you know, and see how they were doing. Then we had some at the University of Kentucky and then we had some at Katherine Spalding in Louisville. But I did not do well in the school of nursing that was in the mountains.

LC: In West Virginia?

FB: I did okay in West—no, in Kentucky.

LC: Oh, Kentucky. Um-hm

FB: Harlan County. They could see no reason for ever leaving. Truly, truly. Even the director of the school of nursing there, who was not from there, said, you know, it would help if some of them get out. There’s a college there, I’m trying to think of the name of it. It’s a self-help college.

LC: Oh, I think it starts with a “B.” But I think I know which one you’re talking about. You drive through it on I-75. Bethel—I can’t remember.

FB: Berea.

LC: Berea. You’re right. Good for you, good for you. There you go.

FB: I used to go there. I didn’t—I got one student out of there. But I have to tell you, I got an education. Because those kids were all—they all have to work, you know, to go to school there.

LC: Absolutely, yes.

FB: They all have to work within the facility. The student nurses work in the hospital. But the other kids work maybe in the hotel that they have or they make stuffed toys or some of the crafts that the people of Kentucky—

LC: The Appalachian crafts.

FB: Yeah. That was an education.

LC: And you would travel around just—you were driving?

FB: Yeah.

LB: By yourself?

FB: Most of the time, but when I went in to the hills, I did not. When I went through the hills of Kentucky, I did not. Because you never knew if you were going to go off the wrong path. You know, they were not friendly to outsiders. One of the recruiters did have an experience. They didn’t harm her, they just told her to get out. But she was
lost and they said, “Get.” I said, “Well what did you do?” She said, “I got.” She was an
Air Force recruiter.

LC: They were apparently serious enough to shake her up a little?
FB: Well, they had stills over there. It was an education for me because I had
never seen anything like it. There were more second-hand stores— I don’t think I ever
saw a first hand store except in Louisville and Lexington. But out in, out in Harlan
County—and I wouldn’t stay overnight in Harlan County. If they didn’t like the idea that
you were there, they could harass you. Is it still that way? I don’t know. I don’t know.
LC: Probably much less so.
FB: Harlan County was really—and you know, it was terrible. They had all these
second-hand stores. And see, they were strip-mining then, too. They had all these
second-hand stores. They didn’t have new stores. You’d go by houses that wouldn’t
have any windows and people were living there. The poverty was extreme.
LC: Did that bother you?
FB: Oh, yeah.
LC: I mean, that part of the country was, you know, so frankly backward in terms
of resources.
FB: The poverty bothered me. I remember one time, now these kids were not
interested in coming to the military, but I had been out there to seek Berea and they asked
me to go out and have a Coke or something with them. Every place you go, you know, I
never ever bought anybody a drink. Never. But you know always a Coke or something
like that. So I went to pay for it and this one student said, “Oh, no, no. I’m paying for the
Cokes. My dad has a really good job.” I said, “Well, that’s wonderful.” She said, “He
makes forty-eight hundred dollars a year.” I just said, “Wow.” She was being so
generous.
LC: Did you, did you see racial tensions during this time?
FB: Not really, because there was segregation, and a lot of it. There was
segregation.
LC: Oh, yeah. Nineteen sixty-one, oh yeah.
FB: I didn’t—I wasn’t in an area where I would see it. You know, I didn’t have
any reason to go into the black areas because my hospitals were all in segregated areas.
In Kentucky, I don’t remember ever seeing any blacks in Kentucky. They may have been there, but I don’t remember seeing them. I think in the schools were generally all white. It was a different experience.

LC: What about, I mean, we’re talking about the years ’65 to ’68 I think. What about reactions to the escalating war in Vietnam? Did that play a role in your success in recruiting at all?

FB: Not in the South. It did in the North. But it did not in the South because the South, I think—I can’t say that it’s this way now. But remember I’m from the North, I can’t say it’s this way now. But the South had a much stronger feeling of support for the government and the troops and the responsibility of serving in the military than they had in the North. Now that may sound strange to say, but I never saw any picketing. I never saw anything like that.

LC: So no problems at recruiting stations or anything like that?


LC: Would you have been hearing, Fran, from friends or contacts who were recruiting in, oh, I don’t know—


LC: —Michigan, Wisconsin, New York?

FB: Well see, the people who would have Wisconsin would also have Illinois. You know, you had more than one state.

LC: Okay. Sure.

FB: New York, definitely.

LC: New York, definitely there were problems.

FB: Boston, yes.

LC: Probably.


LC: There were problems?

FB: There were problems.

LC: But you didn’t see any of that?
FB: Honestly, I didn’t. I wasn’t being naïve. I just think that the South looks at it
differently. The South looked at it differently. I don’t know now and I don’t think
anybody had trouble in Texas either—the recruiters in Texas.

LC: That sounds right. What about your own thinking during this period about
the enormous escalation in US commitments in Southeast Asia over this time period?
Did you, for example, think that this was going to affect you in your postings?

FB: Oh, sure. I volunteered.

LC: At what point?

FB: We would have a meeting once a year, of all the recruiters. It would usually
be where ANA was having their—

LC: National.

FB: —national meeting, yeah. So you would go in and see the woman who
would say—she was a captain. Her name was Murray. You would ask her—she would
ask you—now this is a true story. Everything I’m telling you is true, but I know you’re
going to find it hard to believe it. We would be line up like going into a movie or
something, you know. I’d already made up my mind that I was going to ask to go to
Vietnam and she said—we walked in. But there was no privacy. I mean, you could hear
what everybody was saying, at least the one in front of you. So the one in front of me
walked up and I’m imitating Capt. Murray now because she had a very strange voice.

LC: Okay.

FB: She spoke in a very clipped way and she said, “And what would you like to
do? Where do you want to go?” So this nurse said, “Well, I would really like to stay in
Boston, get my master’s at Boston University,” and on-and-on. She said, “Da Nang will
be fine.”

LC: (Laughs) Da Nang?

FB: So when I came in, she said to me, “And what would you like to do?” I said,
“I’d like a hospital ship.” “The Repose will be fine.” So she—every single person that
walked in to see her got sent to Vietnam. But I was volunteering anyway.

LC: What was her first name, do you know?


LC: Is she still around?
FB: No, she died of cancer a couple of years ago.

LC: She sounds like something else.

FB: Oh, listen, we had characters like you wouldn’t believe. You wouldn’t believe. This is a side story. When I came back from Vietnam, I was assigned to

Chelsea, which is next to Boston, in the OR. She had had some neck surgery to remove her double chin. She told her doctor what she wanted done and she got a keloid. So she said, “I cannot stand this. I cannot raise my head. It is impossible for me to fly my kite.”

She’d go down to the beach and fly a kite. You know, if you want characters, you’ll find them in the Navy Nurse Corps, I’ll tell you.

LC: Perfect. Perfect. Well, Fran, let’s take a break there.
Laura Calkins: This is Dr. Laura Calkins of the Vietnam Archive at Texas Tech University, continuing the oral history interview with R. Adm. Fran Buckley. Today’s date is the fifteenth of August, 2005. As usual, I’m in the interview room in the Special Collections building on the campus of Texas Tech and Fran is speaking to me by telephone from California. Fran, we were going to begin by discussing your orders for reporting to the Repose.

Frances Buckley: Okay. I was due to get orders and to rotate out of recruiting duty and I was supposed to leave around June or something like that. But anyhow, the Tet Offensive started so I called the detailer to say, “What do you want me to do? Do you want me to wait or do you want me to stay here?” Because I wasn’t due until around May or June or some time like that. She said, “If you can go, go now.” So I packed my bag—I was on leave, I was at home. I just—and I had detached from the command. I just got a plane out and went out in March instead of April or May as I said. I left from a base in California. I can’t even remember the name of it now. But it was a long flight. It was from here to Hawaii. The plane was, of course, several hours late. That’s the first thing. It was packed with—it was a civilian aircraft, though. It had, not hostesses, but

LC: Flight attendants?

FB: Flight attendants on them. And they fed us. We landed in Hawaii like around four in the morning, I guess it was to refuel, and then took off again and landed in Okinawa. Because the plane was crowded with Marines and they had to go through some additional training in Okinawa before they actually set foot in Vietnam.

LC: Can you say anything about the mood on the plane?

RB: Oh, people were just sleeping. They were tired, you know. Nobody said anything. I sat next to a chaplain, actually.

LC: Really?

FB: Uh-huh. A Protestant chaplain. We chatted all the way over. I never did see him again in Vietnam. I forget where he was going to be stationed now. But neither one
of use knew very much about where either of our duty stations were going to be, you
know. So I don’t know if you’re interested to know this but I’ll tell you anyway.

LC: Please, yes, please. We’ll be interested in anything you have to say.

FB: So the plane landed and I got out and I don’t know what I expected, but it
was filthy. The place was filthy. There were troops just laying all over the floor, getting
ready to go back to the States. You know, they were also dirty and had lots of gear. So
whenever I checked in with my orders, the said to me, “You’re in luck. Your ship is in.”
I said, “Well, that’s great.” So I didn’t even know—I thought it was like a cruise ship
going to be tied up to a pier someplace. So I said, “Well, how do I get there?” They said,
“Well, take a cab down,” and they told me where I could get transportation to the ship.
They said, “Just take a taxi down.” So I was standing out there, thinking, “Well, it can’t
be that bad if they have taxies.” Pretty soon this truck pulled up and he said, “Are you
looking for a ride ma’am?” I said, “Well, I waiting for the taxi.” He said, “I’m it.” So
there were several Marines that got in the back of the truck and I got in the front. The
first thing that happened to me, or that I saw, was a .45 by his side and I thought, “I don’t
know. This place isn’t so safe.”

LC: Had you landed at Tan Son Nhut?

FB: No, in Da Nang. It was three or four miles out in the stream. Because we
were at war with Vietnam, we couldn’t bring our ships into the harbor. I mean, in to
dock. Only foreign ships could dock. So anyhow, they got me down and they had a
launch down there that belonged to the ship and they said they’d take me out to the ship.
So it was about three or four miles out. About a forty-five minute ride, I guess. I got
there and there was a ladder along side the ship. Here I am in uniform—at those times
you know, bucket hat, skirt, high heels. They said, “You’ve got to climb up that ladder.”
I said, “You’d better get a hoist down here because I can’t do that. I mean, it’s just too
much.” Because the ship was moving and everything. Well, I got up there safe and
sound. Because I hadn’t any sleep in the last two or three days—I guess it took us about
twenty-six hours by the time we got there, stopping and everything. So the chief nurse
was up there and she met me. They didn’t have any—my relief hadn’t left. I mean, the
person I was relieving hadn’t left yet, so there was no room except in a patient’s quarters.
So another nurse and myself were assigned to it, oh, I guess it was maybe three weeks
and she turned out to be my best friend. I had the bottom bunk because I was senior. She had the top bunk, she was a junior. I was a commander.

LC: You were a commander at this time?

FB: Uh-huh. I’d made commander when I was on recruiting duty.

LC: Okay.

FB: So when I came back—I was an operating room nurse. But they said—the chief nurse was wise and she said, “Well, our operating room supervisor hasn’t left yet. But I really need you on the medical wards.” So I worked about three weeks on the medical wards. Now, the medical wards were primarily malaria, and oh, there were some other exotic diseases that they had, that the troops picked up in Vietnam. Actually, we had more patients suffering from Blackwater fever and malaria and things of that sort. You know the kind of diseases that we weren’t used to seeing in the States. Malaria of course, but Blackwater fever, I never recalled seeing that. So I was there about three weeks before I went down to the OR. In the OR, we had three operating rooms. Now, there were only twenty-eight or twenty-nine nurses on the ship and we had—I forget how many beds now. I could look it up and tell you, but I forget what. But we had several hundred beds anyway, maybe six- or seven-hundred beds. And the three operating rooms—the dentists had their own operating room which was on the deck below. But this was for everything. Attached to that was the—right across from it was the recovery room. But it was also what we called the pre-anesthesia staging area.

LC: Which means, for someone who’s not—?

FB: Who’s not yet gone into surgery but is waiting.

LC: Okay.

FB: But there were fancy terms for the same room. I think we may have had ten or twelve gurneys in there and then we had a central supply down where they did the sterilizing and we did all of the things like that. Now, there were only three of us nurses there that were all operating room nurses. So whether or not they worked in the recovery room or whether they worked in central supplies where we did all our sterilizing and all, they still had to work in the operating room. Quite honestly, the nurse wasn’t sent to supply very often because—and I’ll explain why, because of the rotation and because of the hours that we were working. So, of course, there corpsmen there and corpsmen in the
recovery room. Nurses from the wards also had to take a watch in the recovery room when it was needed. I’ll go into that in detail in a bit.

LC: Okay, good.

FB: But in the—let me just take a sip here. I get dry.

LC: Sure.

FB: In the operating rooms, I said we had three operating rooms, and I had ten corpsmen. Two or three of them were what we call on-the-job trainees. They had not gone through hospital corps schools but they wanted to—they volunteered to work there so I had to have a very basic training course for them. Fortunately, I had taught this before, so it wasn’t bad, you know, to teach them how to scrub and how to pass instruments. They learned very, very quickly, believe me. Some of the finer techniques, they did not learn, you know, but that didn’t matter. They did very, very well. So we operated twenty-four hours when needed and I had—I don’t think—I think maybe I had ten or fifteen surgeons there. So what would happen with a patient, they would call flight quarters. But we got—when they called flight quarters that could mean anything from just visitors to patients.

LC: Meaning that a helicopter was going to arrive?

FB: Yeah um-hm. They would say over the IMC, that’s the loudspeaker, how many—usually they’d say from where they were coming from. Quang Tri, Phu Bai, Chu Lai, wherever, you know, and how many were on the gurneys, how many patients they had. On the helicopters, they would literally go down and get them and stack them—stack them like cords of wood. You know, they had racks in there like, what do I want to call them?

LC: Like bunk bed type things?

FB: Well, not that. More like—no, not bunk beds.

LC: Were they like racks?

FB: Right, like a stretcher. But not a stretcher, a hand-carried kind.

LC: Yeah, with the poles on the ends.

FB: Yeah. They were similar to that as I recall because I didn’t get up to flight quarters that often.

LC: I’m sure.
FB: Then they would assess them up at flight quarters.

LC: Now, who would do that assessment?

FB: The doctor who had the duty.

LC: Okay, so there was a doctor for triage who was essentially making those decisions?

FB: Oh, yeah. Always doctors for triage. But they—you know, we only had so many physicians. So they had to take call just like we had to take call to do the things that had to be done up there. So they would go up and they would assess the patient. In very simple terms, we had what we called the walking wounded. For example, if you had a gunshot wound to the hand that was not serious, or to the leg that was not serious, they would debride you in a treatment room. You didn’t have to come to surgery for that. But if you had a gunshot wound or stepped on a bouncing Betty or anything like that you immediately came down to what we called the pre-anesthesia staging area which was part of the recovery room. Do you see what I’m saying?

LC: Yes, it was a suite.

FB: Well, yeah, it wasn’t huge. But anyhow, and then from there the assessment was made as to who would go first. Now traditionally, in a triage situation, you would put your abdominal cases first, your extremities next, and your heads last. Because your cranies had the least chance of survival. I’m not using very good medial terms but I’m using the terminology that we used.

LC: You called them cranies?

FB: Craniotomies.

LC: Right. Can you explain that for someone who might not get the—?

FB: Craniotomy would be a gunshot wound to the head.

LC: And you would put them essentially last?

FB: In theory. But that didn’t always work that way. In fact, it almost never worked that way. That’s the theory. Why it almost never worked that way was because patients rarely came in with one wound. They may have come in with an abdominal wound, a leg injury and needed a craniotomy, a head injury. So you had three teams working at the same time on the patient. Do you understand what I’m saying?
LC: Yes. Would you make an assessment about survivability somewhere in there, too, if they had multiple wounds like that or very serious head wounds?

FB: Yes you did and if I tell you this, you’re going to be appalled.

LC: No, probably, I think I know where you’re going.

FB: When patients came in and the chance of survivability was almost nil, they referred to them as GORKs, which really meant “God only really knows.” Terrible expression. But it meant that they were so far gone that you couldn’t always tell. Frequently, they would be put to the last or screened off where they could die in peace. Or if, at the end of the day, or night, they were still alive, they’d attempt them. In some instances, they were saved. But in some instances, death was imminent when they came on the ship. But they tried to do everybody. So you often had more than one team.

When I talk about teams, I’m only talking about one doctor per area. You might have an assistant for an abdominal case, but the neurosurgeon never had anybody but his corpsmen. With only ten or twelve corpsmen, you might be able to give him two corpsmen. But you couldn’t give him three because you didn’t have it, you wouldn’t have enough to staff your department. So they had to do an awful lot for themselves.

LC: Yeah, and when you would have a flight come in that was full, it sounds like everybody was, essentially had to be on the court.

FB: Everybody. There was no question. You took call every third night which meant you were up for twenty-four hours almost every third night. Not all the time, but frequently.

LC: But you could certainly be.

FB: Oh, yeah. But we weren’t going anyplace anyway, you know. It wasn’t like you had any places you could go to. So the doctors were really terrific. When they first got there, they were just kind of appalled by the whole thing and thought they couldn’t do anything without all of the instruments and all of the modern techniques that they used in the civilian world. But they learned very quickly. Remember, at that time, doctors were also drafted.

LC: Yes. And you said you had what, ten to fifteen doctors at any given time?

FB: Well, we had doctors in medicine, doctors in pathology, and we had dentists because we had many dental emergencies. People had been shot in the jaw, you know. I
would say we had about twenty. Twenty or thirty, I’m not really sure know. I mean, it’s
been so long, you know. I forget. I knew all of them—we had a radiologist, of course,
but I primarily knew the surgeons. It seems to me we had a dermatologist as well. ENT,
ophthalmology. So we enough to cover everybody. Our doctors were terrific, they really
were. My direct commander, the one that was in charge of my department, a captain, was
a chest surgeon. So, of course, he couldn’t just be in charge, he had to operate. You
know, everybody did. You didn’t have that luxury.

LC: Was your line of reporting to him?
FB: I reported to him.

LC: You were the—let me just clarify, were you the head of the OR?
FB: Yes. Of the operating room, yes. I was the operating room supervisor.

LC: Right. Okay, so were you responsible for scheduling people and for making
sure there were enough bodies saved if one of the nurses that you had scheduled was too
ill or whatever, to make sure that someone else was there or you were there?

FB: Well, yeah, but it was not rocket science. I mean, if you were there, if they
needed you, they called you and at that was it. You took call, like in my situation, I took
call every third night. There were three of us and so we each took call every third night.
But if we were up say, eighteen to twenty hours, we slept in the next morning, because
you just couldn’t do it. You were—after that length of time, you’re not even processing
anything. You know, you’re tired. This went on—it was regular. There were some
nights you didn’t get call, but regularly, you did.

LC: Let me ask a little bit about the other personnel. Who were the other OR
nurses that you worked with, the other two?

FB: Peg Burrell was one. Peg, when she wasn’t in the OR ran the pre-anesthesia,
staging area, and recovery room. Shirley Peters ran the central supply. But there was
never time for her to be down there that much. I mean, she walked in and saw that they
were doing the right things and all. But we were never that flush or without that many
cases that we could spare her down there.

LC: So the corpsmen would essentially be running the supply room?
FB: Yes and she would supervise it. They knew what they were doing.

LC: Sure.
FB: Also, other nurses on the ship that worked in other areas had to take recovery room call. So that after they finished their eight hour shift, if things were bad, they had to come down to the recovery room.

LC: Was there a chief nurse on the ship?

FB: There was, there was.

LC: Who was that?

FB: Her name was—oh, gosh. I wish you hadn’t asked me that.

LC: (Laughs) Sorry.

FB: She died here recently. It’ll come to me.

LC: Okay, that’s fine. I’m just trying to get the architecture of who all is on the ship.

FB: We had one—this was my second chief nurse. I’m sorry; I can’t remember her name right now. Delores Cornelius. That was her name.

LC: There you go.

FB: Delores Cornelius. She died of cancer here about three or four months ago.

LC: What was her rank, do you know?

FB: Same as mine. She was a commander. But she was senior to me because she’d been a commander a couple of years.

LC: She would have been in charge of all the other nurses whereas you had the OR specialist.

FB: Right.

LC: Tell me, Fran, during what is usually called small Tet, May, June, 1968, did you have a serious noticeable spike in the number of cases coming out to the ship?

FB: Oh, yeah.

LC: Do you remember that?

FB: Oh, I do. I do. But we had—I can’t tell you that there was any time that we really didn’t have casualties coming. Because you see, the difference between a land-based facility and ours was every time there was fighting someplace, we got underway and went to that area. So that we went from down to around Phu Bai and I don’t know if you’ve got a map—

LC: I do, I have one right in front of me.
FB: You see where Phu Bai is. I think isn’t Phu Bai south of Da Nang?
LC: Yes.
FB: Phu Bai and we’d to Chu Lai and then we would go all the way up to—it’s been a long time to remember the name of the places—up to the DMZ (demilitarized zone). Do you see where the DMZ is?
LC: Yes, up near Quang Tri.
FB: Quang Tri, Quang Tri and—
LC: I think Cua Viet, places like that?
FB: Name another place that’s there. I think I had my—
LC: Hai Long?
FB: No, there was another—places that were near the coast. There was another places that the Tet Offensive—
LC: Hue?
FB: Hue, Hue City. Where they killed five thousand. The Viet Cong killed five thousand Vietnamese.
LC: How did you hear about that?
FB: People would come on the ship and tell us.
LC: Vietnamese?
FB: Sometimes. We had two Vietnamese interpreters. But sometimes it was the troops. Because people came on board the ship for other things besides being sick. They came on board for a little touch of the USA, so to speak. I mean, they came aboard because they could get a hot meal, they could take a shower. I’ll tell you something, and these are all [sea] stories and I don’t know if you want to stick to—
LC: No, you tell me all the [sea] stories you can think of Fran. (Laughs)
FB: When the corpsmen would come with the casualties, because there was usually a corpsmen on the flight, and they would come. They would come down and check. There was a nurse that worked on the orthopedic ward and I knew her fairly well. We had a washing machine because we had to do our own clothes except for our uniforms. And when I’d go in there, there were always these Marine greens in there. I would say, “What is, what’s that?” They would say, “Well, that’s so-and-so. She’s in there. When the patients come in there she sends them.” And I mean, she was tough.
But I mean, but gentle. And she never said, “You poor thing.” She might have gone off privately and cried. But she would say, “You’re not coming in my ward with all those filthy clothes on.” And she kept shaving lotion, soap, towels, everything, and sent them for a shower, took their clothes, threw them in the nurses’ washing machine and washed them so that had clean clothes to go back to [duty]. The Marines did not get clean clothes. The Army did but the Marines didn’t. So it was really a kind thing.

LC: What was her name? I’m sorry to ask you that. It’s just—

FB: I can see their faces and I’m trying to remember.

LC: It’s such a touch of humanity in this situation that, you know, it might come to you.

FB: I’ll think of it, I’ll think of it.

LC: Okay, sure.

FB: I wish I had my book here with names on it. I have a book with names in it.

LC: Do you have a cruise book, is that what you mean?

FB: No, I don’t have a cruise book, I have a—oh, I have all kinds of papers.

LC: Okay.

FB: So anyhow, so then with the kids would come down, the corpsmen would come down and I’d say to them, “How’d you like to take a shower?” They’d look at me like, “What’s this woman?” So I’d give them soap and towels and stuff and somebody would take their uniform and wash it. I never questioned where. It’s best not to ask too many questions on a ship because you don’t know where things come from and sometimes you don’t really want to know. It’s not really stealing. It’s called cumshaw.

Have you heard that expression before?

LC: Yes, but explain it for someone who might not have.

FB: Cumshaw means that you borrow something with no intentions of really returning it. It’s not really stealing, but it’s really stealing. You’re taking something because you need it badly enough that you wouldn’t consider it a theft. My kids cumshawed all the time, my corpsmen. You know, I would send them ashore and we would be short of equipment. This is kind of bouncing around and I know that.

LC: That’s fine, it’s really interesting.
FB: Then we would send them ashore. One in particular, his name was Guerrero. He was Mexican, he was short, he was my best corpsmen. He was so smart and such a good scrub technician. The first time he went ashore, I told him, I said, “I want you to bring back craniotome bits.” You know pieces for the operating room, the drill that you use for craniotomies. I listed a whole list of things that I wanted him to bring back. He says, “Well, Miss Shea, what if I can’t find them?” I said, “Don’t come back.” So he would go to this place called Godfrey’s Raiders.

LC: Where was this? Somewhere—

FB: It was in Da Nang. Godfrey was a commander or a lieutenant commander, I’m not sure, in the Medical Service Corps. He was responsible for equipment and things. He was innovative in how he obtained it.

LC: I see.

FB: Because if you had to wait, it could take six weeks, you know, for some pieces of equipment. And it frequently did. Then we needed a new sterilizer. Our sterilizer was functioning but we needed a new one. It took almost a couple of months from the time I ordered it and then when the helicopter dropped it on the deck, he dropped it on the deck. It was almost not salvageable but there were ingenious people there and they were able to get it put back together. So it wasn’t like you picked up the phone and said, “I need something.” You had to be—I never asked questions. Now that might not been good leadership but what I figured then, I couldn’t lie about something if I didn’t have the answer. I suppose that sounds terrible, too, but that’s how it is.

LC: Well, did Guerrero get the drill?

FB: Always, always.

LC: That was a reliable—

FB: That was a reliable source. The first time we went ashore is when he asked, “What if I can’t get it?” He never asked again. He always came back. I’d give him a shopping list of equipment that we needed and we always got it.

LC: That’s quite remarkable.

FB: The corpsmen are ingenious. You can’t imagine how smart those kids are. They get into trouble and that’s part of your—I had to weigh from whether or not getting
into trouble was a big enough deal to do something about it or to support them so that
they will do what has to be done. I’ll give you another example.

LC: Sure.

FB: Mail was a very, very important thing. It came by boat and it came by
helicopter. On the day that the mail was coming it, the helicopter went down in the
water, right off the bow of the ship. Of course, the first concern was for the pilots and
they got out okay. But it was carrying mail. They got the mail because the mail was
floating out of the helicopter in these big bags. But it was all wet and it was just a morale
downer, you know, because people were so upset. When they got it, they were all
moaning and groaning, “What are we going to do?” One of my corpsmen said, “Well,
why don’t we put it in the sterilizer and put it on dry and dry it out?” And that’s what we
did.

LC: Piece by piece by piece by piece?

FB: Oh no, bags full of it. You opened it up, you know, you opened it up. The
sterilizers were like six feet.

LC: Oh, my gosh.

FB: Long, you know. So you’d whip it in there.

LC: Brilliant.

FB: It didn’t do much for the cakes or the cookies that were sent but it was great
for the mail. So everybody was so pleased. They really did a lot of good things, those
kids. What was I going to say? So we had a lot of things like that. You asked me about
the other nurse. The other nurse that was on the ship—I still hear from both of them—
that was in OR was Shirley Peters. Shirley was crazy. I mean that in a nice way. Shirley
was interested in everything that was going on on the ship. I guess these sea stories may
sound crazy to you, but anyhow, she went to learn semaphore. Do you know what
semaphore is?

LC: No.

FB: Well, when you’re signaling another ship, you use these flags and indicate
whatever you want to indicate. Now you probably wonder how we got fuel if we never
could go into port. We could never go into port, so how were we refueled? We were
refueled by what they called underway replenishment. These ships that are just oilers
would come and they would throw a line over the side and then throw fuel pumps. Oh, their not pumps, but they’re—oh, like when you’re at a gas station and you have—what do you call those things that you put your fuel—it’s like a gas station that they’re running—it’s not a pipe, it’s rubberized. You know what I mean?

LC: Yeah, that connecting tube thing?

FB: Yeah, so they would throw those over the side or get them over, throw a line over and then put them in the ship and we would refuel. They were pretty ingenious. Sometimes they’d have a band out there playing. The bands were kids on the ship that worked, you know, it was like a pick-up band, but for us it was great. Or they’d have some loudspeaker that would say, “It’s wonderful being alongside you, Repose.” You know, it was things like this, anything to break the monotony. Shirley, who was interested in everything on the ship, learned to do semaphore which is how you signal them. You know, what does it mean? Well, the commanding officer thought that was the greatest thing since sliced bread. We had two commanding officers. One at the hospital and one at the ship. So the hospital doctor was not responsible for running the ship. The line was. You know, you wouldn’t want a doctor running the ship. So the line captain—I guess I’m talking and not making it very clear.

LC: No, that’s fine. There were two commanders, essentially, one who ran the ship and one who ran all the medical issues.

FB: That’s right.

LC: Was that the captain who was the thoracic surgeon?

FB: He was a—the captain who was a thoracic surgeon, no. He was what they called the executive officer. The other physician that was on the ship that was a commanding officer—I had two during the time I was there. I’ll tell you a little bit about him after I finished telling you about Shirley.

LC: Okay. Well, anyway, she had learned how to do the semaphore.

FB: The semaphore. So when she wasn’t busy, she would get up there. The captain would call her up to the deck and have her signal—he’d tell her what to signal—to signal the ship that was coming alongside us. Here they were all out there taking pictures of this woman.

LC: I’ll bet they were.
FB: In a nurse’s uniform and a nurse’s cap, telling the ship, “Closer, closer, come closer.” They were hysterical. Of course, our commanding officer thought it was just wonderful because it was something different, you know. Well, that was Shirley. Shirley was a good OR nurse, but Shirley could get into trouble. I mean, she one time—we were in the Philippines and she swam out to a destroyer because she knew the captain of the ship. That really wasn’t the best thing to do, you know.

LC: She swam?

FB: Yeah, she did. She was a character.

LC: But I’m sure she was also probably good for morale in the sense that everybody, you know, everybody knew she was going to be up to something probably.

FB: Oh, well, yes and no, because you just never knew what she was going to do. One time, the commanding officer of the ship said, “I’d like to go in and scrub in on one of the cases.” Now, if I had been on duty, I would not have allowed that. I would’ve said, “No way. You’re endangering this individual’s life.” The doctors didn’t want to say too much to the commanding officer. Shirley said to him, “Sure you can. Come on, I’ll get your gown. I’ll get you going.” Well she nitpicked him and nagged him to death about you know, “You’re not doing this right, stand up straight, move over here.” Until he finally said, “I’m sorry, I can’t do it,” and he left. But that was Shirley, you know.

She handled it very well. Now, I’ll tell you a side story about Shirley which I didn’t know until we had a Vietnam nurse reunion when the Vietnam Memorial was built. Shirley’s brother was a twenty-four-year-old sergeant in the Marine Corps who was killed before Shirley got there. And Shirley—she told me much later—he got the Medal of Honor, and there’s a street named for him on one of the bases here. Peters Street. Peters Place, I guess they call it. She never told anybody that and during the Vietnam War, if a member of your family had been killed, you didn’t have to go to Vietnam because they felt that it was too much for one family. But she volunteered.

LC: Wow.

FB: But none of us knew that. If I had known that, I would’ve understood her craziness a lot better.

LC: Why do you say that?
FB: Well, I could get aggravated at some of the things she did. But I mean, here was a woman who was coping with her own grief, with a younger brother, trying to help other people. Something had to give. You know what I’m saying?

LC: I think so. I think so.

FB: Something had to give. You know, when you’re in, caring for patients, you’re in a different mode. Somebody was talking about this the other day, that sometimes people get sick and I turn on the nurse mode. Everything is calm, everything is quiet. Everything—we do this, call the doctor, call 911, and that’s it. I mean, I’m just talking like in the building I live in. It’s like I don’t care. I care, but I can’t afford to care at the time.

LC: You have to detach somehow?

FB: You have to detach.

LC: Did you have to do that yourself, Fran, during this who thing?

FB: Oh, yes. Oh, yeah. Because I had great and glorious ideas about how I was going to—I was going to be the perfect nurse. In the perfect world—and I taught this as an OR nurse—that after you, you saw your patient pre-operatively if you could—that’s not always possible. And you saw them post-operatively to see how they were doing. Well, I started that. That lasted one day because I would go up to the ward and I would see—I saw these kids and they broke my heart. They were thanking me for the hardship I was undergoing to go out there and take care of them. These are the Marines. The Marines will break your heart. I said, “I can’t do that anymore. I cannot face them knowing what’s happened to them and what may inevitably happen to them.” Now, that may not have been very courageous but that was the way it was.

LC: But that was how you had to handle it?

FB: I had to handle it. I did see—there was one fellow from my own hometown that was a bilateral amputee. He was nineteen and I did go up and see him and got a message back to my folks so they could call his parents. So, but, you know, otherwise—and I used to feel guilty about that, that I didn’t do that. Because in civilian life, you can do it, it’s okay because chances are your patient’s going to live. But when you see them, as I use the term, GORKed out, it’s very, very hard. They would—you know, when they came in, you would tell them, “You’re in a safe place and we’re going to take care of
you.” As I said, the Marines break your heart absolutely because they’d say to me, “Take
care of my buddy first.” It was just overwhelming. You know, here they are themselves,
wounded, “Take care of my buddy first.” This was routine and it’s the Marines. They
just have that togetherness.

LC: Yes, they don’t do the “Army of one” thing.
FB: No, they don’t. No, they do not. It’s always that way.
LC: But for you also, it sounds like you had to find the way that you could be
most effective for the next person who would come under your care in some way.

FB: Exactly. I had a lot of guilt about that.
LC: What did you do about it?
FB: Well—
LC: Either then or subsequently.
FB: Many, many years later—actually, after I had my—when I had cancer, the
Navy—and this was only a couple of years ago—the Navy tells you, “You will go for
therapy.” You don’t say no, you know. Even though you’re retired, you say, “Okay,
whatever you say.” So I went to this woman who is hired by the Navy and is a therapist.
They want to make sure you’re okay with your cancer. But she also wanted to make sure
I was okay with other parts of my life—the fact that my husband had died. See, I met my
husband on the ship. The fact that Vietnam—she felt I hadn’t dealt with it. So we talked
about it.

LC: For about how long did you do this?
FB: Oh, it was a couple of months.
LC: Could you have gone longer?
FB: I said—maybe it was six months. Because it was when I said, “I think I’m
okay.” She said, “Okay.” But I still see her. You know, I saw her the other day when I
was in the hospital. She’ll ask me if everything’s okay and I ask her if everything is okay
because she has—you know, everybody’s got problems.

LC: Yeah. That’s a tough job she’s got, too, as was yours, of course.
FB: Yeah, yeah, she’s a phenomenal woman. Now she’s dealing with the kids
coming back from Iraq. So we had funny things happen, we had sad things happen. We
were underway all the time. When I say underway, I mean like, we would—and this is a
logistic thing so it is of interest. We would rotate with the hospital ship *Sanctuary*, which was just like our ship. I later worked with the OR supervisor from the *Sanctuary*. So we spoke the same language. Anyhow, we would sail from around Da Nang and we had to be someplace where we’d get supplies. We always got supplies from underway replenishment. That meant food, that meant equipment, that meant anything. Every three months we went into the Philippines for overhaul. Remember, that ship was out there about five years. So, you know, here the carriers come in every six months to be overhauled but we didn’t. We just went to the Philippines and they patched whatever was broken or put in new equipment. We were there about seven days or ten days or something like that. That was kind of a real break because even though we had to work because we took our patients with us, we could go out on the base and shop and do all this stuff. Get our hair cut and your nails done like you were a real person because the ship’s barber wasn’t exactly the one you had wanted to cut your hair. Although he didn’t do such a bad job.

LC: Did you gals cut each other’s hair instead?

FB: Yeah, my roommate cut my hair. I didn’t cut anybody’s hair because I didn’t—

LC: You weren’t trusted?

FB: No. But she cut my hair.

LC: But being in the Philippines was kind of, it was a break?

FB: Oh, yeah. It was great. We really looked forward to it.

LC: I’m sure you did.

FB: Every ninety days, the ship would go down there and then we’d come back out.

LC: Now would you also be transporting patients to a rear area hospital up there who might be flown back to the States? Was that also part of what happened?

FB: There was some but not many because most of ours flew out from Da Nang.

LC: I see.

FB: We had—see, there were a number of reasons logistically why we were in Da Nang. One was to transport patients, to get them out off the ship so they could be aerovaced back to the States because the Air Force had a base there, too.
LC: Yes.
FB: I remember one day—now this was unusual—we medevaced off our ship eight-hundred patients.
LC: In one day?
FB: In one day.
LC: Can you roughly say when that was, Fran? Maybe that’s not possible, but I’m just wondering when it would have occurred. That’s incredible. That’s incredible.
FB: I have a log that I kept but I don’t remember.
LC: You do have a log that you kept, a diary of some kind? Wow. That there were eight-hundred patients on the ship in the course of a day is incredible.
FB: Oh, well, yeah, but we medevaced off eight-hundred patients in one day. We medevaced all day long and the choppers just kept coming in and coming in. I’ll tell you the human side of things. A chopper never came in that somebody didn’t run out with Coke or ice cream or something for the pilots.
LC: What was the view of the pilots? What was the relationship that—I mean, I know that you weren’t probably top-side, seeing a lot of this. But do you have any sense of the relationship between the corpsmen who would be up there and the pilots?
FB: Oh, it was great because—now, I landed, well, that’s another story. But it was great because they knew the kids. They were kids themselves, the pilots. Remember the Army had nineteen-year-old warrant officers, not afraid of anything, to do anything. Then there were senior pilots, too. The Marines had their own pilots. We didn’t have any Navy choppers come in that I can remember because most of them were on other ships, you know. We may have, I don’t remember that, but I do remember having all the patients. The Army brought them in and the Marines. The Marines brought them in. They would really stack them in there like cords of wood. There’s not a better way to put it, but they took everybody that was there and they got out of there and brought them over to us. In fact, out sister ship had a motto, “You find ‘em, we bind ‘em.” The relationship was very, very good. There was no confrontation. For every thousandth landing—now, this sounds sick, but for every thousandth helicopter landing, the crew would assemble who was available, you know, a skipper and a few of those people, and they would present the helicopter crew with a picture. You know they’d take their picture and
present them with a plaque and a cake and all this stuff and sometimes one of the nurses would give them a hug. I was never up there for it but I have pictures of it. But it was really very interesting. If they wanted a good hot meal, they would come over to the ship and we were always happy to have them. It was a big deal. The Marines always came over to check on their men. They always came over to see how they were doing.

LC: The commanders?

FB: Well, it might be a lieutenant, it might be a captain. You know, it was whoever.

LC: Not necessarily the senior guy, but field commanders. We’re talking about people who were actually commanding platoons and so on. They would come in?

FB: Once in a while. See, I was never top-side that much and I’m not putting it off, I just never was.

LC: No, I get that. I don’t see how you could have been.

FB: No, we were busy. So I didn’t and they didn’t come down there.

LC: They were probably up on the post-op wards, too, a lot.

FB: They did. They came and gave Purple Hearts and things like that, you know. We had some of the movie stars. No, we didn’t have very many, but I’ll who did come out.

LC: Yeah, I was going to ask you about VIPs.

FB: Martha Raye.

LC: Tell me about her. Did you see her?

FB: I didn’t meet her but the other kids did. Martha Raye, there wasn’t anybody in Vietnam that doesn’t have the most eloquent things to say about Martha Raye. I had to go ashore one time to the Seabees and it was a friend of mine’s husband who was in charge of this company. So I went over there and they showed me with great pride, the Seabees did. The Seabees are wonderful, they can do anything. They’re the builders and they could do anything. You never had to worry about anything. Just ask them. Just don’t ask them where they got the material. There was no commodes or anything over there. The men just went out in the woods or whatever. They built her a toilet. It was a wooden thing, you know, it was like out camping, but you know. She signed it, “With love to the Seabees.” They kept that thing there, they were so proud of that. She came
on to the ship and I didn’t see this but the kids in the Army told me that she was in an
Army facility where—and she was a nurse. She was in an Army facility where they were
taking on casualties and she rolled up her sleeves and went in and helped.

LC: I’ve heard that, yes.

FB: She came on the ship and she went around and she saw all the patients and,
you know, gave them a big chuckle and everything and I forget who went with her, made
rounds with her. But then she went back into the wardroom and she sat and cried and
cried. Which tells a lot, you know, that she was a caring person.

LC: And that she was taking this on, it wasn’t just kind of a photo-op for her or
whatever we call it now. We’re quite cynical now, but I think—

FB: No, she didn’t do it for a photo-op.

LC: Absolutely not. I don’t think there’s any suggestion of that.

FB: Tarzan came on the ship. Now which Tarzan it was, I don’t remember. But
the one that was about 6’5”, he came on the ship because I had a picture of him standing
with one of the nurses and she was barely five feet. She was right up under his armpit,
you know. I had kept that picture and then I ran into her a couple of years ago and I sent
it to her. I said, “Did you ever get that picture?” She said, “I heard there was one, but I
never got it.” So I sent it to her.

LC: Fabulous. Great.

FB: We’re having a Repose reunion here next month.

LC: Oh, really? Well, I’ll have to ask you about that later on. Did you have
politicians, VIPs, elected officials, congressmen, anybody like that show up?

FB: I don’t know. I never saw them.

LC: That’s probably a good thing.

FB: I very cynically say, where I was, it wasn’t nice.

LC: You know, I can’t even imagine.

FB: You know, we had them coming in wounded. You know, I haven’t thought
about this for a long time. But when they came in, they came in flight quarters, you
know, and I told you they were immediately assessed. Then their clothes were taken
from them so they had nothing on. Then we’d take them down and they immediately had
total body x-rays and immediately we tagged and cross-matched for blood. Now, do you
know how long that would take in a civilian hospital?
LC: Oh, four hours, at least, more than that?
FB: You’d be sitting there waiting. So by the time we got them, they had no
clothes on, they had an ID tag on, they were ready to have an IV started if they didn’t
have one started, if they hadn’t started on up on the flight deck. We started that and by
the time we got them, they either had their IVs in or we got the IVs started. They got
started with their blood. There was no—now, we’d get frozen blood but we also got
blood from the people on the ship. We couldn’t really take it from the people ashore.
Sometimes, sometimes, we couldn’t take it from the people ashore because if they had
been exposed to malaria, we couldn’t—
LC: There was no way to screen really for that?
FB: Well, you knew whether they had malaria or not, I tell you. But we had more
malaria cases than we had combat cases, believe it or not. I mean in the total picture of
Vietnam.
LC: Yeah, I totally believe that in a tropical or subtropical climate like this with
no—I mean, no one had any immunity to any of these things, I’m sure. Or, the
Americans didn’t.
FB: Well, I’m going to tell you a story you’re not going to believe, but it’s true. I
wasn’t there too long when we got this—I think he came in from Quang Tri. I know, I
just don’t have it in front of me. But he was—now, this is going to back to 1968, April of
’68. And he was a gunny sergeant. And he came in and he just looked—he didn’t look
that bad. I mean, he had a through-and-through with the chest.
LC: A through-and-through?
FB: The gunshot when through-and-through his chest. He was a little bit—his
color wasn’t that great but he didn’t look like he was death imminent, let me put it that
way. I said to him in the pre-anesthesia staging area—he said to me, “How does it look,
nurse?” I said, “It looks like a piece of cake, gunny.” He said, “Okay.” Well, I was
wrong, it was—the gunshot wound went through his liver. It missed his heart by a
[centimeter.] His pancreas, it was just awful. He had like something like thirteen or
fourteen surgical procedures before he died. Everybody on the ship just felt terrible
about the gunny. The corpsmen, everyone that took care of him just—it was just too
much. So years went by and we had a Repose reunion a couple of years ago and we were
tyling to pinpoint a time—we were sitting around talking and we were trying to pinpoint
a time that things had happened on the ship. You know, we were swapping sea stories.
And Shirley Peters said, “You know, it was when the gunny came in.” Suddenly,
everybody at that table knew what we were talking about and who the gunny was. One
of the corpsmen who is now in politics up around Gilroy said, “Oh, the gunny. I
remember.” He said, “I took care of him for so long and on the ward.” And all this
business. He was in the intensive care unit. So that was the end of it, you know, we
didn’t have anything more to talk about. But it was just that everybody remembered it.
One day about three or four months ago, I was looking through the VVA (Vietnam
Veterans of America) newspaper. I never ever look through it. I just usually throw it
away. But it was anybody who was on, anybody who knew, anybody who was at Quang
Tri or knew Gy. Sgt. Charles Perkins. So I thought, “What is this?” So I sent an email to
the person and said, “Who are you and what do you want to know?” Well, it was a
woman. He had been married and divorced and he met this other woman and they were
going to be married because he’d already had one tour in Vietnam and they didn’t think
he was going to get another one. Well, he got the tour in Vietnam and she was pregnant
when he left for Vietnam but she didn’t tell him. But they were going to get married in
Hawaii when he was on R&R (rest and recuperation). Of course, she lost the baby and he
died a couple of days later. She has never been able to resolve it. I told her, and so did
this other fellow that I told you that I had—Dillon was his name. We told her, “You need
to go for therapy. You need to go for therapy.” So in the meantime, I hear from—now
this only happened a couple of months ago—from this fellow who’s a retired school
teacher in Connecticut and he knew the gunny and he sent me this email and he said
that—she must have given him my address or something.
LC: Probably.
FB: My email address because he said he—his name was Dennis Manion—and he
said he was a grunt. You know an enlisted grunt. He said, “Really, those of us who were
peons really didn’t relate well to the gunny sergeants.” You know, the gunny sergeants
are like God, you know.
LC: Yes.

FB: And he said that it was during—it wasn’t during Tet, it was during Quang Tri, I think. It was up around there anyway and they were dug into a hole. But he used to wear this thing that his mother sent him on his helmet that said, “Kiss me, I’m Irish.” The gunny used to come around and say, “Take that thing off,” in kind of salty language. “They’re going to find you. The sharpshooters are going to find you.” But he wouldn’t take it off. Then on Saint Patrick’s Day—now, food, you know was very, very limited as far as the rations they got and everything. For them to get a hot meal was almost impossible.

LC: Yes, exactly.

FB: That day, he—the gunny sergeant came back. It was Saint Patrick’s Day and he had a big bag of frozen hamburgers which he threw into the hole where these Marines were. He said to them, “Happy Saint Patrick’s Day, you Irish bastard,” and walked off. You know, it’s just phenomenal. This fellow—I’m sorry, I said it was Quang Tri, it was not. It was Khe Sanh.

LC: Okay, okay.

FB: It was Khe Sanh, how could I make that mistake? But anyhow, he sent me—I haven’t seen it yet, I just haven’t had the heart to. He went back to Khe Sanh three years ago with a group from Vietnam Veterans, this is Dennis Manion.

LC: Sure.

FB: He took some pictures of Khe Sanh and everything and I really have to be in the mood to watch it. You know what I’m saying? I just can’t. It’s just—I have to be in the mood. It has to be the right time.

LC: Fran, let’s take a break there for a minute.

FB: Sure.

LC: Fran, just returning to some of the things that you had mentioned earlier. I want to ask about facilities on the ship and I gather from you that many of these were actually run by corpsmen. For example, you must have had a lab on the ship.

FB: Yes. We had a physician that was a pathologist but the lab work was done by the corpsmen and the pharmacy. We had an officer and a pharmacist in charge of that. That was done by the corpsmen. They made the medications and distributed them. In the
Navy, the corpsmen in the Navy medical system, the corpsmen are invaluable because they can do just about anything. They do administrative work, they do work on the wards and, of course, the majority of corpsmen worked on the wards. Mine as I said, worked in the OR and they were, they were characters, every one of them. They could—I’ve got some pictures of some of them. I had one who was in a rock band from Greenwich Village and so he was perfect for being a corpsmen on a hospital ship. You know, and he was really—he looked like Captain Kangaroo. He had a mustache like him and he was just really funny. But he was frightened to scrub. I could see that and I didn’t have to do anything about it because the other corpsmen would cover for him, would take it, you know. I’ll tell you a couple of stories. I know you don’t have time for all this but it’ll give you a couple of laughs.

LC: You know I do, actually.

FB: One night all hell broke loose. All hell broke loose. We had patients on gurneys out in the passageways, we ran out of gurneys—you know what I’m talking about with a gurney?

LC: Yes.

FB: We had them laying down on mats on the floor. We were so busy, it was just—I can’t remember where it was when they, where the battle was. I used to keep track of that but I can’t remember it. So anyhow, the orthopedic surgeon said, “Can we do two cases in one room?” Now they usually don’t do that. They do now but you didn’t then. That meant one anesthetist or anesthesiologist intubating one patient and bagging the other one. The other patient was just what they call debridments. You know, in an operating room in a combat situation, you don’t close any wounds because every combat wound is a contaminated wound. There’s no such thing as a clean wound. The Viet Cong used to pack their mortars with human and animal waste so that even if you—if it was a clean injury, besides the ground which was contaminated, the feces would contaminate your wound more. So this was not an unusual thing. So the orthopedic surgeon said, “We’ve got so many cases, can we run two in a room?” And the anesthetist said, well, she would be will to run to bag one and intubate the other one. I said, “Well, I have one scrub technician. That’s it. And one person to circulate. I don’t have any others because they had the other rooms going.” Cranies and stuff. So anyhow, this
kid—they used to call him Sister. I don’t know why. It wasn’t because he was gay or
anything like that. It was just they called him Sister. Sister was scrubbing and they said
to me—the doctors—which was a lie and I knew it. “We can do everything. Once we’re
set up, we won’t need you. You can go run the other two rooms. We won’t need you.”
Immediately they started and they’re going on and on and they, “I need this, I need that.”
And I said, “Wait a minute. Does anybody here want anything else?” Sister, who was
into laughter. You know, it just eased that situation which was so tense. It doesn’t—it
may not sound very funny now but it was just the thing, everybody just laughed because
they were that way. The kids were that way and I’d call them back after they’d worked
fifteen hours and say, “I’m sorry, you’ve got to work a couple more hours.” They’d say,
“These guys didn’t ask to get hit.” But then when they got ashore, they got into trouble,
you know. They drank and got into arguments and things like that.

LC: Would they regularly have shore leave or would it depend on how much
work you guys were receiving?

FB: Well, we let them go ashore if—the CO (commanding officer) was pretty
good about that, if they could go ashore. See, there was no liquor on the ship, supposedly
anyway. They could go ashore, could send a launch out over the side and send them into
Da Nang where they could sit and have a couple of beers. They’d maybe have two hours
or three hours or so. A forty-five minute boat ride, usually, and then they’d come back,
you know. Because other times, we never went in. We couldn’t go ashore anyway, but
we never went in. We were close enough to get casualties but we couldn’t go bring the
ship in anyplace so we had what they called, ride the hook, stay out in the stream.

LC: Ride the hook?

FB: Ride the hook. That’s—you drop the anchor and then you just go around and
around the circles like—that’s what riding the hook is.

LC: Did the ship, as far as you remember during your tour, ever take fire?

FB: They said yes. They used to have—you become very nonchalant about these
things. Every once in a while they would throw—it’s not a grenade. I can’t think of the
name of it. But the ship would shake and it would vibrate. I’d say, “What are they
doing?” They would have gotten word that there were some divers that were trying to
plant something on the anchor. So they would throw these—concussion grenades were
the name. Concussion grenades. They wouldn’t blow up anything but they would stir
the water so that whoever was there would be—

LC: Shake you up a little.

FB: Would be gone. So we used to have that every so often. There was a
woman, Hanoi Hannah. I’m sure they told you about Hanoi Hannah.

LC: What do you remember about her?

FB: Well, I never listened to her but she used to talk.

LC: On the radio.

FB: Yeah. She would tell them, “Okay, Marines, you’re going to be killed here.”
She was always threatening to blow up the Repose. I’m sure she did the same thing to
the Sanctuary. She’d say things like, “Okay, Repose sailors, on the seventeenth of
September, your ship will be blown up.” You’d be walking along the corridor and
somebody would say, “Hey, we’re going to be blown up on the seventeenth of
September.” “Oh, really?” “Yeah, Hanoi Hannah.” “Okay.” Nobody paid any attention
to her, you know.

LC: Right.

FB: They didn’t believe her. But apparently she played pretty good music. So
they listened to the music. I didn’t. I didn’t have a radio or anything down where I was.

LC: Well, did you have music? Did somebody down in your barracks area have
music?

FB: Well, we had tapes, you know?

LC: Sure.

FB: But not in the department. Not in the OR, we didn’t have any.

LC: No, no, not like now where they play music in the operating rooms and stuff.

FB: No. No, no, no. No, we didn’t have that.

LC: But you had tapes, what? Sent from home?

FB: No, the guys on the ship would make them for us.

LC: Oh, okay.
FB: We could go into the Philippines and buy a big tape recorder and then you’d just—they’d know. They had some tapes and everybody had the same music. Because they would just take them and make the tapes for us.

LC: Do you remember anything particularly that even if you hear it now, you remember it?

FB: Oh, “Love is Blue.” Yeah, there are a couple. Let’s see. “Love is Blue.” There’s one other one. I can hum the tune.

LC: Go ahead if you want to.

FB: (Hums) “Too good to be true.” You know, “I’ve got my arms around you.” I forget the song now.

LC: I think I know which one you’re talking about but I won’t try to render it.

FB: Yeah. As I said, “Love is Blue.” Any of them. We would go into the Philippines. The first night, we would all—everybody from the ship—all the officers from the ship—would go into the club there and they had a great band because the Filipinos had great bands. We’d eat and sing—those who didn’t have the duty. The men would get pretty much, pretty drunk really. The women didn’t really because they were dancing the whole night. You know, you could hardly walk back to the ship because everybody wanted to dance and you just did, you know?

LC: So if you had anything to drink, you were probably metabolizing it because you were—

FB: Oh, yeah. You didn’t have time. You know, your feet were just killing you. We’d get our nails done and get our hair cut and all the things that—and you would—you will get a kick out of this. I know it doesn’t mean anything to anybody else, really, but we had these big tough engineers. I mean, really. Chief petty officers plus the engineering officer and they would go ashore. They would take a plane out into Subic Bay about almost a week ahead of time so that they could fly in and make arrangements for what needed to be repaired, you know, so they’d be all ready for us. Then they’d come around to the nurses and say, “Well, what hours are you working and when do you want to get your hair cut and your nails done?” And call and make appointments for us at the beauty shop.

LC: No kidding? Wow.
FB: And you know, if you could see these guys—I can’t see—I thought it was the
greatest thing going, that they would do that. They’d come and say, “Okay, did you
make your appointment yet?” It was really great. It was a great team, you know?

LC: Were there any moments or incidents on the ship that pointed to tensions
between the men and women that you can speak about?

FB: I don’t—I don’t remember any. I had—there were some tensions that I
had—I didn’t have any tensions with the men. You know, social tensions, is that what
you mean or you mean work tensions?

LC: No, well, either one, but let’s think first of all about, yeah, social tensions. I
mean, men and women working together and all the women were officers and not all the
men were so there’s disequilibrium there. Or harassment or somebody—

FB: No there was—there was a—I considered it kind of a harassment, but I’m not
so sure everybody else did. That was—our commanding officer was known as the Pimp
of the Orient and that was what the men on the ship called him. Now, nothing ever
happened to the women, but when any of the officers like the generals or colonels or
something like that were coming ashore, coming over to the ship for dinner, they would
eat in his cabin. Then he would insist that—well, he would request but it was really just a
request that some of the nurses go up there to be—

LC: As company?

FB: Company. Or if they came over and he’d put the—you could not drink on the
ship. But if he’d put a launch over the side and they would go around the ship, you
know. Or if there was a party ashore, he would ask for so many nurses to go. Now I
personally resented that. But it wasn’t—and that’s why they called him Pimp of the
Orient. There was no sexual exchange but he didn’t do it because he wanted the nurses to
have a good time. He did it because he wanted to show the other commanders that he
was in charge of everything. I mean, that’s the bottom line and I don’t think I’m reading
it wrong. I didn’t like that.

LC: Did you talk with other women or did you hear other women on the ship
talking about that and kind of feeling resentful about it?

FB: No, I don’t think so. Most of them were pretty young and they didn’t think
anything—you know, they were like in their twenties and they didn’t think anything of it.
I didn’t like it because I wasn’t in my twenties and I didn’t like the idea of—I felt like
that he was using us. There’s only two times that I had to—one time I had to go do the
dinner up in his cabin and it was certainly all right. There was nothing negative. Except
there was—you know, it’s funny the comments that I remember. Do want to hear this
stuff?

LC: Sure, absolutely. If you want to talk about it.

FB: Well, my roommate—and I didn’t talk about her—she was only in her
twenties and she was really the greatest kid going. Everybody loved Kathy. There was
not a soul on her ship that didn’t love Kathy.

LC: What was her last name?

FB: She died about ten years ago of non-Hotchkins Lymphoma, Agent Orange
related.

LC: What was her last name?

FB: Her name is Glover, Kathy Glover. She was vibrant and vivacious and she
was just so—everybody loved her. She was wonderful. The patients loved her. She was
just wonderful. She worked in the Vietnamese ward and she took care of the children
there and it was nothing. I’d have been up all night and I’d be sleeping and I’d hear the
pitter patter of little feet and she would have a bunch of little kids coming through and
you know, their hair is so straight and she’d be trying to curl their hair, you know. She
was just—and this was in her off time. She was just wonderful. I didn’t know anybody
who didn’t really love her. So we went up for dinner and as I said, she was very
vivacious, she was about twenty-three and we had a baby on the ship. A Vietnamese
woman came in because she was injured and she was nine months pregnant and about
due and she had the baby and that was the best excitement we had had in forever. Here’s
a live birth and everybody was so excited about that baby. They all went down and took
pictures and everything. So Kathy was very enthusiastic and she was telling this general
about—that they had this baby and the general said, “Well, was she pregnant when she
came on the ship?” The implication was, you know. Kathy didn’t even get it. I mean,
she didn’t even realize that he was saying anything that was kind of nasty. She said, “Oh,
yeah, yeah, she was a casualty and that’s how come she got here.” I thought you know.
There were some other instances. Was that harassment in my book? Yes. I think it was
inappropriate. Maybe you don’t think it is. But I think it was very inappropriate for a
general to say that to a young junior officer. To intimate that there was something going
on on the ship, I didn’t think that was appropriate.

LC: Well, it was just salacious and, yeah, not appropriate.

FB: It was inappropriate. As a general, it was inappropriate. The other thing that
happened was one time—I never went on the excursions because I wasn’t interested and I
was too tired. But the chief nurse came to me and said that they were going to have a
party up at Quang Tri for the Marines and the commanding officer—they needed a senior
nurse to go with the junior officers and would I go? And it was like my day off and I
didn’t really want to go. She said, “Well, the commanding officer is going to be furious
if you don’t.” So I went and the Marines were very happy to see us and it was very nice.
They entertained us. They had a cookout with steak and everything but there was so
much dirt blowing and wind that the sand got on the—you know. I knew some of the
helicopter pilots because they had brought patients in. I went to talk to one of the
helicopter pilots and he said, “Please don’t talk to us. The commanding officer said that
he doesn’t want any of the nurses talking to any of the married men.” Come on. We
knew them, you know? I mean, it was craziness and yet he wanted them to come over
there. We’re there eating and all of the sudden the Viet Cong started to cross the Perfume
River and we had to get the hell out of there. Because, you know, they had to take a
helicopter and take us out of there because they were under attack. I thought, “That’s
crazy to put us in those kinds of situations.” One night Kathy went out and they took her
to a firebase and, of course, they got under attack and they couldn’t leave till the next
morning.

LC: She stayed there all night?

FB: Yeah.

LC: Oh, boy.

FB: So I’m saying—look, I was older and I was a commander and I don’t think I
would have wanted that to happen. I think the chief nurse should have been stronger and
said, “Well, look, if they’re not going to be in danger, that’s fine because I need them to
work the next day. But if they’re going to get hurt or anything’s going to happen to them,
I don’t want them there.” That’s my opinion but other people might not. But in my case, and this isn’t poor me, but I was tired. I didn’t want to go because—

LC: Well, as you say, you weren’t twenty-two, twenty-three.

FB: That’s right.

LC: You were pulling these, you know, the shifts and every third night on call and all the rest of it. So yeah, things are a little different when you’re—well, how old were you? You were in your late thirties?

FB: Yes, I was.

LC: So things look a little differently than they do when you’re—

FB: They do. You can see the problems that can arise. I don’t mean just sexual problems but, you know, I didn’t want a bunch of nurses coming back drunk.

LC: No.

FB: To fall off a ladder or something like that, you know. I wasn’t the chief nurse but I didn’t—anyhow, those are the only things. But as far as sexual harassment, I can honestly say I never saw any of it. But I’m not the type of person somebody would sexually harass.

LC: No, probably not.

FB: Not even when I was young. You know, I would just have told them.

LC: Told them where to get off.

FB: Yeah.

LC: Well, let me ask about another area that again, you may not have observed much of, but it’s possible that something was going on. That has to do with whether there were any gay folks on the ship who might have taken—had a hard time because of that or were perceived to be that way even if they weren’t. Did you see any of that? You mentioned people calling the OR tech that you had, Sister. But he was not gay but were there any gay folks that you know about?

FB: Yes, there were.

LC: And did they have a hard time?

FB: No. To my knowledge they didn’t.

LC: Is that right?
FB: One of my senior techs was gay. In fact, later on, I found another one of my
techs had died of AIDS. He was my best tech.

LC: No kidding?

FB: He was the best. Whenever we had anything really bad, I sent him in, Novak.
I didn’t honestly see any of that. I think if there had been anything, I would have known
it. I’m not naïve, but I think that they would have—if there was, it never happened in my
department, let me put it that way.

LC: If there were problems, you mean?

FB: Yeah. It never happened in my department and I never saw anybody. I
didn’t honestly know—there had to be people that were gay on the ship. Women as well,
but I didn’t—

LC: As far as you know, you didn’t pick up any problems around that.

FB: No. They were too busy—it was a body, it was a warm body and they could
work and that’s all you were interested in.

LC: Were there—and I don’t want to harp on this or seem to be creating
problems, but—or looking for problems, but these are interesting. They tell us something
about the year 1968. I mean, were there problems between whites and blacks or
Hispanics and blacks or Hispanics and whites? Any of that or was the team feeling so
strong, do you think, that that kind of stuff got overwhelmed if there was any?

FB: Funny you should ask about that because it was reverse of what you’re going
to think. You’re not going to believe this but I had Hispanics, I had blacks. Another one
of my really good technicians was a kid named Hatton. Do you remember—well, you
probably don’t remember, but how during that Black Power time, besides the Black
Power sign, you know how they’d raise their fist?

LC: Yes.

FB: They also walked with one shoulder higher than the other.

LC: I don’t remember that.

FB: Oh. Well, it was kind of a strut that the blacks had. They would come and
they would—one shoulder was higher than the other and they would kind of shuffle a
little bit, you know? Well, I had one kid that did that in my department and Hatton was
his name. He was a good technician. The next thing I knew, every white kid in the place
was doing it, mimicking it. It all comes—then I’d say, “Will you set up Room Three?”

Instead of saying, “Yes, ma’am, no ma’am,” they’d give me the Black Power signal. Did I care? No. I mean, it was the white kids that did it, too. Somebody came down and they said that there was—at one point in time, they came down to the department. I think it was an anesthesiologist and he was intimating that there were some racial problems down there. So the executive officer came down to find out what was going on. I said, “If there are racial problems, I don’t know it and I’m here every day.” I said, “Yes, they do give the Black Power sign.” I said, “Do I care? All I’m asking them is to set up a room and because they raise their arm instead of saying, ‘Yes, ma’am,’ I’m going to have a nervous breakdown if it makes them feel better?” I mean, I didn’t take it personally. I didn’t take it as an offense or anything like that. I was there when Martin Luther King was killed and then Bobby Kennedy. Yes, there was a technician, an anesthesia technician and he was just decimated. I agreed with him, I sympathized with him. But did we have fights over—no, we didn’t. Race wasn’t what they may have had arguments about. When they went ashore, they got into trouble but it wasn’t because of color.

Every ship wore their nametag, you know? They wore on their—the sailors wore USS Repose on their sleeve. We would pull in and one of the—like the USS America or something would be docked next to us and the sailors would kind of make fun of the hospital corpsmen. Now, my hospital corpsmen were working a whole lot harder and seeing a whole lot more of the war than these kids on the America were. You know, where you send the planes off. They would say something and there would be a fight. Happily, my corpsmen used to win but unfortunately, they did some damage. I mean, one of them broke somebody’s jaw and then they came looking—did anybody know? Well, I didn’t really know who did it. I knew it was one of my techs but I certainly wouldn’t tell them.

LC: So they came and interviewed you and said, “Which of these guys is the culprit?”
FB: They came down and somebody—well, I don’t think they really expected me to.

LC: Probably not.
FB: They came down and said—one of the line officers said, “Do you know who—which one of your techs would have done it?” I said, “Absolutely not.” I said, “I take care of them when they’re on the ship. Somebody else can worry about them when they’re ashore.”

LC: You know, you said that when they—when one or the other of the techs might give the fist, the Black Power symbol fist thing if you—in response to you asking them to do something and you said that it didn’t affect you personally, you didn’t care.

FB: Um-hm.

LC: Why do you think you didn’t care? Because someone else in that position might have cared a lot and I just wonder.

FB: Because you had to give these kids leeway. You had them working twenty-four—they’re nineteen years old, they’re twenty. You had them working twenty-four hours a day. They slept when they could sleep in racks that were five high, you know. The lights were on all day in their quarters. They would come by and say they hadn’t had any sleep. I’d say, “Take a gurney and put it you know, in the recovery room, and put a screen around it and sleep there.” I didn’t—it wasn’t that—my feeling was, I had a department to run and I had to support these kids because they needed somebody to pay attention to them because they were doing all this for—you know, they would come out any time of the day or night and never give me a hard time about it and they got into trouble. I won’t deny that, they got into trouble. I chose to ignore it. Now is that not being a good officer? Maybe not, but at least my department was run well and people were cared for. It came to me. When you see everybody, white—and we had an Oriental—I had white, black, Spanish, Japanese. When they would come by and give you the Black Power symbol indicating that the work was being done, I didn’t care. I’ll tell you one story about Hasagawa. Hasagawa was called an OJT. We had on-the-job training. We had several that were trainees because we didn’t have enough [corpsmen] and we had to train them ourselves.

LC: These are people who would have volunteered for the sea for the MOS (military occupational specialty) would have been something else.

FB: That’s right. So this one black kid used to say to Hasagawa—in front of, you know, I would be there—trying to get my goat as well. He’d say to Hasagawa, “You
know, my father has a Japanese gardener and he picks this and he picks that and he does
this and he does that.” You know, sort of—and Hasagawa never said a word. And I
would just look at them. Because if they weren’t trying—they were trying to get to get
your attention, but that wasn’t the way to do it, you know? So I chose to ignore that so
December 7th—and Hasagawa came down and wished everybody a happy December 7th.
Well, everybody roared. I mean, I know it’s sick humor, but it was humor. He had to do
something to—it doesn’t sound funny but it was then.

LC: That was actually probably a pretty good move.

FB: And everybody—they no longer had Japanese gardeners, you know what I’m
saying? It wasn’t—it wasn’t a hateful thing or a mean thing or picking on anybody. It
really wasn’t. I was there with them all the time. I think you have to give kids some
leeway. Now maybe if I was twenty-one, I would have felt differently about it. But you
have to give them some leeway. Let them—but within the parameters. They did their
job, they worked hard and long after the surgery was finished, they’re still there cleaning
up.

LC: That’s what you needed them to do. You didn’t need them spit and polished.

FB: I didn’t need them to have any fights or anything else. I had one kid that—
who was black and he decided he wanted off the ship. So he took an overdose of
something, I forget what. The XO (executive officer), who was from Texas by the way,
came down and said to him, “Look, son, I’m here for twelve months and you’re here for
twelve months and I don’t care what you take, you’re not leaving.” That was the end of
it. He never took anything else.

LC: Were there times—did you notice or were you aware of other people who
were using drugs? You said there was no alcohol allowed on the ship.

FB: Well, that’s right.

LC: That was the rule.

FB: No alcohol was allowed on the ship. I didn’t say it wasn’t there.

LC: Right. The rule was there was no alcohol on ship.

FB: That’s right. Or drugs.

LC: Or drugs. But did you come across that or see that either in the young men
that you were treating or in the ship’s personnel?
FB: I personally didn’t. I heard rumors that there was marijuana being smoked some place or other. I didn’t see that. I only saw one doctor drunk and I had come on duty. It was a Sunday morning and he was the ophthalmologist and he had just finished a case and he didn’t say anything, he just left and went up to his quarters. About an hour later he came down and he was so drunk he was falling down. I said, “Doctor, what’s the matter with you? If the CO sees you, you’re dead.” Or the XO, you know. He said when he had been a resident, he saw one enucleation. He saw one.

LC: One what?

FB: Enucleation of an eye.

LC: Okay, can you explain what that is?

FB: Removal of an eye.

LC: Okay.

FB: The complete removal of an eye because of an injury. Then, you know, the person of course is blind in that one eye. He said, “I’ve just done my eleventh bilateral enucleation.” Which meant that he’d taken out [both] eyes. He’d only been there a couple months—of eleven people who had been injured and lost both eyes. He said, “I’ve been trained to save eyes and what am I doing?” He was so drunk. So I said, “Who’s your roommate?” He told me. So I called him and I said, “You better get down here and get up here because otherwise if the CO sees him, he’s a dead man. He’ll get him court-martialed.” Well, did a lot of things like that go on? I’m sure. But we protected one another. I’m sure. I think the men had liquor on their ship. I was too chicken. I was scared to death I’d get caught so I didn’t. But I think the men did. But they had a locker, you know.

LC: Whereas you did not?

FB: I had one, a safe, but I didn’t—I was really too frightened to do that.

LC: Well, what did you keep in your safe? What stuff did you value?

FB: Money. If I bought jewelry, things like that. Important papers. That’s all.

But no booze. But they did.

LC: Well, I don’t think that’ll be too much of a surprise really, to anybody. Let me ask about eating. You all ate together or were there shifts or how did it work?
FB: No, we had one meal time. We had two shifts, I should say. The enlisted men ate in one place and the officers ate in another and I was on the second, you know, the second shift. But if I couldn’t make it then I didn’t—I just didn’t go, you know? I almost never went to breakfast. I’d go down the back ladder and stop at the galley and pick up some donuts or something and then go on down to the OR. Frequently couldn’t get up for lunch or dinner but we would order the trays to come down for the troops that were down there, you know, that were working. It might be cold, but they’d eat it. That was the way it went. You know, if you were really busy in the OR, you really couldn’t afford to get up and go and eat.

LC: Oh, sure. Would you then just try to catch what you could when you could? I mean, for you obviously this is different that for the guys who were non-medical personnel working on the ship.

FB: Oh, yeah. Right. We would—they were pretty good about bringing chow down if we needed it, you know. They were pretty good about it. All you had to do was call the mess hall and they would do it. Not a problem.

LC: Fran, you said that you met the man that you later married on the ship. What was his job?

FB: He was an administrative officer. He was the—you know there’s the CO, the XO and the administrative officer. He was third in command.

LC: Okay. So he was obviously career Navy.

FB: Yes.

LC: His last name was Buckley, I take it, and his first name was—?

FB: Emanuel. E-m-a-n-u-e-l.

LC: I’m sorry, E-m?

FB: E-m-a-n-u-e-l.

LC: What kind of duties did he have? Can you just kind of outline what he did?

FB: Well, geez, it’s hard to say. He was responsible for anything that was administrative, you know. I mean, he was responsible for like change of commands. He was responsible for setting up anything that had to do with the troops at all on the ship. Their pay schedule—he didn’t do that, but he was responsible for all of that. Anything that the commanding officer needed to know. For example, if there was a change of
command, he had to set that all up. If you needed anything, you really had to go to him
to get it. You know, if you needed extra supplies or you had to—not go through the
system. You needed it, but you didn’t want to go through the system. They call it
cumshaw.
LC: Right, you explained that. His appointment then was not on the flag side, it
was on the medical side? Is that correct?
FB: It was on the medical side.
LC: Was he a member of the Medical Service Corps then?
FB: Yes, he was.
LC: Okay. And what was his rank?
FB: Commander.
LC: Okay. His—did his tour basically line up with yours or had he been there?
FB: He was there a little bit longer. I was there before he was. I remember—how
I got to really know him as I remember it, he was supposed to be there and he didn’t
arrive. Well, there had been a confrontation or a fight out or a shootout or whatever you
want to call it and so he was late getting there. Everybody was very concerned because
they thought maybe he might have been injured in this, but he wasn’t. He was able to get
out there okay. But he was born in Nicaragua. His mother was a Latino, a Latina, and
his father was American and so he was fluent in Spanish. I had been stationed in Spain
and I have no Spanish left really now, but—
LC: But at that point you still had some.
FB: So when I had a night off, we would go to the library and they had classes in
Spanish. People would come in and see what we were doing because it was something to
do, you know. Then when they found out that what we were doing was speaking Spanish
to one another, he’s explaining things to me, they’d leave.
LC: They’d get up and leave.
FB: It wasn’t of interest. They wanted to know what we were doing. It was a
very public place, you know. We were very good friends but we didn’t get together for
years later after his wife had died and all. We were just friends. But we had very good—
I have very good memories of him.
LC: Did he stay on the ship for a year or thirteen months?
FB: He stayed on for a year.

LC: Let me ask about the other hospital ships just for a moment. You mentioned the Sanctuary. Were there others that you came across?

FB: No. Oh, there was a German one.

LC: Yeah, I was going to ask you about that.

FB: There was the Helgoland.

LC: What do you know about that? Did you ever get aboard?

FB: Yes, I did, but then—I got aboard once and we were there maybe for half an hour or an hour. You see, they used to come over to our ship all the time.

LC: Why did they do that?

FB: Well, it’s because they didn’t have supplies.

LC: Okay.

FB: Or they would transfer patients over to us. The Helgoland was a very interesting thing. It was about a third of the size of ours but because they weren’t at war with Vietnam, they were allowed to dock in Da Nang. So they were docked in Da Nang and these doctors and nurses were all volunteers. They took care of everybody: Viet Cong, NVA (North Vietnamese Army) or North Vietnamese, or the South Vietnamese soldiers. Whoever were the people. But they didn’t always have the equipment and they would transfer the patients to us. Now if we had North Vietnamese, regulars, you know, the troops, or Viet Cong, when they left our ship, they went to a prisoner of war camp. But if they were on the Helgoland, they didn’t. So the Helgoland had invited us over and then the bombing started and we had to get out of there. You know, get back to our own ship because we knew that there’d be casualties.

LC: So the German ship was actually in danger of being taken?

FB: No, they weren’t in danger. What happened was there was going to be a bombing. This is how we knew that there was going to be an attack. If we were in the harbor—and that was way out but we could still see the Helgoland—and if the Helgoland got underway and came out to sea, we knew there was going to be a bombing.

LC: How do you think they knew?

FB: Oh, they were told.

LC: By—?
FB: By the Viet Cong. See, they were neutral in the war and it’s very interesting. They did it—went over there and worked and they didn’t get paid—as reparation for what Germany did to the rest of the world. It was a very small thing but it was very moving.

LC: What was their staff like? You mentioned that the ship was smaller. They would have had been, I’m sure, fewer doctors, fewer nurses?

FB: Yes, I only met a couple of them. I didn’t—that was the only time I got over there so I didn’t really—I can’t really say very much about them. I would see them sometimes on the ship and I don’t mean to sound like I was, you know—but I never had time to socialize. I was either working or sleeping and that’s the truth.

LC: I believe—I actually completely believe that.

FB: I knitted in my spare time, but I had no time.

LC: What did—you said you knitted? What did you knit?

FB: Well, I made sweaters for some of my family members.

LC: Okay.

FB: Irish sweaters. My mother would send me the roll and I would sit there and knit.

LC: Wow.

FB: There was one of the doctors and he was really macho. He was really macho. He was from Georgia. I would be sitting there knitting and one day he came in with his needlepoint and he gave everybody the look, “You open your mouth, you’re dead.”

LC: Great.

FB: And he did it. He was doing a needlepoint of the ship.

LC: Of the ship?

FB: Yeah.

LC: Do you know whatever happened to it?

FB: I’m sure he has it.

LC: Amazing. That’s great. What kinds of things did other people do for fun and to chill out, to relax, as we say.

FB: I think they played cards and games. You know board games and things like that.
LC: And you mentioned music before.

FB: Music. Yeah, they listened to music, a lot of music and made tapes. We made lots of tapes.

LC: Tapes?

FB: To send home.

LC: Right, like recorded letters?

FB: Yes.

LC: Did you send—did you yourself do that?

FB: Yes.

LC: Or did you mostly write?

FB: I sent tapes. Did my parents save them, yes. I have them but I don’t think—I think they’re so old, I don’t think they can be used.

LC: Hm. Okay, well, I’ll talk to you about that, too. But you preferred to do that. What tone did you take? Do you remember? Did you try to reassure your folks that you were all right?

FB: Of course, of course. I don’t know that I told them very much, but I always told them the positive things. I didn’t tell them the things that would worry them. We could call home every so often. We could patch. There was a—I don’t know how it works, but there was somebody like in Honolulu who would patch a call through to your parents and every once in a while I could call. I must have done that three or four times in the year. I think I called them when I got into the Philippines, too.

LC: Can you tell me anything about how they reacted? Obviously they wouldn’t know, probably, in advance that a call like this was coming.

FB: Well, they were always thrilled. They were always happy to hear that I was okay.

LC: I’m sure they were. I can only imagine. What about you? Did you worry about them?

FB: I really didn’t. I don’t remember worrying about them. I had two brothers in the area at that time and lots of cousins and you know, aunts and stuff. They were all alive then and I didn’t really—I really didn’t worry about them.

LC: As you said, you were pretty focused on what you had to do.
FB: Yeah.

LC: Well, Fran, let’s take a break there.
Laura Calkins: This is Laura Calkins at the Vietnam Archive at Texas Tech, continuing; excuse me, the oral history interview with R. Adm. Frances Buckley. Today’s the twenty-second of August 2005. I am in Lubbock and the admiral is in California. Fran, you were going to tell me about the—some of the work the dental folks did on the ship.

Fran Buckley: Oh, yeah. Well, we did a lot of facial surgery because there were a lot of facial injuries. See, what happened in most of the—many of the Vietnam injuries, you rarely got someone who just was—had one injury, was a direct hit like a leg or an abdomen. Usually, they had multiple injuries. We used to call them in the vernacular, multiple dings.

LC: Multiple dings?

FB: Multiple dings. That means they needed a—and I’m afraid we didn’t use a great many medical terms. You’d say, “Well, what have you got?” “I’ve got a face, a head, and a leg, and an abdomen.” You let the medical terminology just drop, you know. Then you knew what you had. Elgin Mainous, who, by the way was head of the oral surgery department at some place in Texas. I think in—oh, it’ll come to me, but anyhow, when he retired from the Navy. He was absolutely fantastic and I’ll tell you one story that will just—see when they did the surgery, they didn’t just do an abdomen and then you waited and somebody came in and did the head and then you waited. You couldn’t, you didn’t have the time. Time was very, very important to the patient, but it was also important to get the patients in and out. So you had multiple teams working. When I say multiple teams, I don’t mean ten or twelve people. I mean one physician, maybe with one assistant doing an abdomen, somebody else debriding a leg and someone else doing a face.

LC: Simultaneously.

FB: Simultaneously.

LC: In one theater.
FB: In one room.

LC: Right, okay.

FB: So one day, I came down to surgery. It was about seven in the morning and I had come down the back ladder because I didn’t take time for breakfast. I could stop down, stop in the galley and get a cup of coffee and a donut and walk on down to the OR. I walked into what was the recover room but also the pre-anesthesia staging area, you know? A casualty had come in. This kid’s jaw was blown out and the Viet Cong used to pack their mortars with feces.

LC: Right.

FB: With human, animal—and human and animal waste and this kid’s whole jaw was covered with feces. I said, “Oh, my God!” Elgin Mainous said, “Oh don’t—don’t worry, Fran, I can fix it, I can do it. It’s going to be okay. We’re going to do this and we’re going to do that. He’s going to be okay.” I remember that was—I remember that case because it was so horrific.

LC: What was the dentist’s name again?

FB: His name was Elgin. E-l-g-i-n. Mainous. M-a-i-n-o-u-s.

LC: He was trying to reassure you he had a plan.

FB: He was trying to reassure me that he could do something with this kid’s face.

And he did. Every so often after I was back from Vietnam and I was stationed in Washington—I was stationed at Bethesda as the assistant chief nurse and then chief nurse—I—people would come in, you know, and I don’t have it anymore. I donated it to somebody, but they gave me a book of—the dentist gave me a book of maxillofacial injuries from Vietnam that they had written. You know, what they had done to repair them. It was really interesting and they would come in and say, “Oh, come on in, come over to the department.” Because one of the dental offices was right near ours and they would show me what this person had looked like after five years of post-reconstructive surgery. They were so proud of what they had done and they should be.

LC: Unbelievable.

FB: Yeah. It was unbelievable. While I’m on the subject—well, it’s getting away from the story.

LC: That’s okay.
FB: I got a call the other day from a nurse who I knew who was married to the POWs—a POW (prisoner of war). We had taken care of the POWs when they came back and she called to tell me that one of them had cancer and he has pancreatic cancer which is what my husband died from. So she said, “He would really like to hear from you.” So I called him and we talked for a while and he spent seven years in a POW camp. So we—you know, his treatment sounds like it’s—my husband’s was worse, actually. I mean, my husband’s cancer was worse.

LC: More advanced, you mean? More aggressive?

FB: Right. You know, by the time you have pancreatic cancer, it’s too late by the time they diagnose. It’s often too late because it’s already metastasized to the liver or something like that. They call it the silent killer. But they’re going to try to shrink his tumor with chemo and radiation and then they’re going to try to go in and remove the rest of it. So I’ll keep in touch with him and see if he’s doing okay.

LC: Did he know perhaps through his wife that your husband had suffered with the same thing as that?

FB: No. No, no. No, he didn’t know anything about that. He just knew that I was one of his nurses when he came back from Vietnam.

LC: Oh, is that right?

FB: It’s a strange—it’s a strange relationship. When I had cancer, I got a card from—I never cried. I never ever get—you know—and it’s not easy, but I never shed a tear until I got a card from three of the POWs. You know, and I thought—I hadn’t heard from them in years and how had they found out? But we have a network like you wouldn’t believe. But anyhow, that’s sidetracking your—but one thing while I’m sidetracking, I did send you an email on my new email address and it came back. So I still have my old email address and I’ll send it to you because one of my friends is a Seabee. He was an admiral in Vietnam the same time I was. His wife and I were in the Navy at the same time and still are very good friends. I told him—he’s from Texas. In fact, he might have gone to Texas Tech for a year before he went to—

LC: No kidding.

FB: He may have, before he went to the Naval Academy.

LC: Wow.
FB: I told him about the project and he said, “Send them the information.” I’ll email you his address.

LC: Okay, great, we’ll—yeah.

FB: Because he was in Da Nang the same time I was. He said, “I might have a couple of interesting stories.” He would have.

LC: I’ll bet he would. Okay, yeah, I’ll look for that on email. If you can send it, that’d be great.

FB: Okay. Sorry to take up so much time.

LC: No, that’s totally—gosh, Fran, that’s fine, that’s fine. When the POWs returned—and we can talk about this in a minute—you were at Bethesda. I just want to—at the main—

FB: Bethesda Medical Center. National Naval Medical Center.

LC: Right. I just want to clarify that. We’ll come back to that. Let me ask you a little—just a couple more things about the year that you spent on the ship.

FB: Okay.

LC: Especially as you came toward the end of your tour. Did you have feelings about leaving that were other than, “Thank God, get me out of here?”

FB: Guilt. Guilt. Tremendous guilt because how could I leave them? You know, who’s going to take care of them? Now that’s nonsense, but most of us cried when we left. It was because—it wasn’t because you didn’t really want to go home, it was just that you know, who was going to take care of them? I suppose that’s hard to believe. But I’ve even seen—well, I saw at least one doctor cry when he was leaving. He was a tough old boy from Georgia.

LC: The sense, certainly intellectually, you would’ve known, yes, there’s a well-trained person who’s going to come here and do this job. But on the other hand, the sense that the young men were going to keep coming in.

FB: Well, the thing is, you weren’t sure they were as good as you were.

LC: Oh, really?
FB: Now that sounds really—well, you had thirteen months’ experience and these
guys were going to have to start from scratch, you know? I mean, you wanted to go, but
you didn’t want to go. I don’t know how to explain that.

LC: Did you think in terms, either then or later on, about—think in terms of
whether the policy of having this kind of thirteen month or one year rotation tour into
Vietnam and then out was a good idea or not? A lot of people have commented on, you
know, it causes discontinuities, it wasn’t—it may not have been the best thing for morale,
and so on. Did you think about those things?

FB: No, I honestly didn’t. I was there thirteen months. My relief was a month
late in showing up, which was okay. I didn’t have any problem with that because I got
there in March and I came home in April. That wasn’t a problem for me. It truly was
not. I felt that it was okay. I had a hard time going home. I mean, mentally hard going
home. It was a real shock to go back to the States.

LC: Yeah, can you say something about that?

FB: Sure. I left. I didn’t want to say goodbye because I’m kind of chicken.
Because they always—everybody would gather outside on the deck to say goodbye to
you and wish you well and all that stuff. So I tried to sneak off but I wasn’t successful.
Then they would ding you. What I call ding you, I mean they would ring the bell and
say, “Departing, Commander Shea,” or whoever, you know, was leaving. That was sort
of the final—the final farewell, you know? So I tried to sneak off but they were there and
I didn’t get that chance to do that.

LC: What else did that brief—I’m sure it was brief—ceremony include?

FB: Oh, that’s all. They just gathered at the—around the—on the deck, you
know. Because we were in port, actually, when I left. We were in the Philippines and I
rode the ship back to the Philippines from Da Nang. It was a routine overhaul anyway.
So my relief just came aboard about a week before I left and it just about gave me enough
time to show her around, show her what was going on. Excuse me for coughing.

LC: Sure. No problem. Did you have some more confidence—the fact that you
had that little overlap with her? I mean you probably had to lay it on her in a big hurry.

FB: Oh, no. I mean, it’s fine now. You know, I haven’t seen her often. But you
see, when you go there, you have all these ideas how this isn’t good and this isn’t right.
Then you find out that there’s not a whole lot you can do about it and under the circumstances it is good and it is right. It’s hard to explain that. You had to—you know, if the corpsmen didn’t say, “Yes, ma’am,” and “No, ma’am” and you know, like you would expect them to in the States, you could get upset about it. But if you realize they hadn’t slept in twenty-four hours then you don’t get upset about those things. That’s Mickey Mouse and you have to learn to do that.

LC: You have to learn the difference between—

FB: You have to learn the difference. You have to do a lot of modification. You know, I didn’t have enough OR techs so—that were trained—so I think I mentioned this to you. I had three OJT—on-the-job-trainees—that I had to teach during the time that we were there. They did very well. They were very well motivated. We did get them—after a year in Vietnam, we were able to get them qualified as operating room technicians instead of—because they didn’t go through the school. The school I think is six months or something, I forget. But we had to teach them on the job. So you can’t expect the same—I do not mean the discipline because they were disciplined. But you can’t expect someone who hasn’t slept in twenty-four hours to be professional. Not professional,

that’s not the word, but as military.

LC: As sharp on the detail.

FB: Right, right, yeah.

LC: On the protocols and so on.

FB: That’s right. And that’s—I think my relief had a little trouble with that but I think that she calmed down after about a week or two weeks. She got the message.

LC: Was it your sense that the casualty level was continuing just almost as high as when you first arrived? When you were leaving?

FB: I think so. I think so.

LC: The number of people coming onto the ship needing help.

FB: Right. See, I left in ’69. Sixty-eight and sixty-nine. I got there—I got there, as I think I told you I got there because the Tet Offensive had started and I got there earlier than I was supposed to because they needed the help. But yeah, I think that we had—we had a lot of casualties. I may have told you this, but we did over three-thousand surgeries while I was there. Now that doesn’t sound like a whole lot but we only counted
the individuals. We didn’t count the number of surgical procedures the individual had. I mean, he may have had multiple injuries and had three surgeons working on him at the same time. Now the other ship counted it that way so they came up with maybe fifteen-thousand surgical procedures, which they weren’t lying. They were telling the truth. We just counted the individuals. They counted the surgical procedures.

LC: Whose decision was it to—?
FB: It was the CO’s decision.
LC: To generate statistics that way.
FB: Yeah, it was the CO. It wasn’t anything that really, you know, was hard and fast. Lots of times you’re flying by the seat of your pants.

LC: Yeah. I would think. Did you have an adequate flow of supplies? We talked a little bit about this. But were you able to—you talked about some of the scrounging and so forth that some of you more clever guys got on with. But in terms of what was meant to arrive at the ship on a regular basis, did that happen or were there times when it didn’t always happen?
FB: I think most of the time we had what we needed. Sometimes it took a little longer and that’s when I said you had to have creative theft, you know. The neurosurgeon might need craniotome bits or something and you’d find out it was going to take six weeks to come from the States. So you had to do something about that so you went ashore and begged, borrowed, or stole—whatever it took.

LC: What happened in the—for you in the Philippines as you left the ship? Did you remain there for any length of time or were you sent back to the States right away?
FB: No, I came back to the States right away. I had left out of Manila so I took a car—I mean, they have a car and driver offered there for a reasonable [price], and I went to Manila and left from Manila. Another nurse who’s from Texas, by the way, we were together.

LC: Where was she coming from?
FB: She was from the ship, too.
LC: Oh, was she? Okay.
FB: Yes. Mary Katherine.
LC: What specialty had she worked in? I know everybody had to cover pretty much everything.
FB: Well, she worked in surgical and then later on, she went in to anesthesia.
LC: Was she career like you?
FB: She was career. She got out and she lives in Texas. I’ve got her address because I—Gatesville or something like that.
LC: Okay.
FB: Because I hear from her at least two or three times a year.
LC: Your plan was to fly back to the States?
FB: Yeah.
LC: Where did you arrive?
FB: I arrived in San Francisco. At the commercial airport.
LC: Through the main airport?
FB: Yeah.
LC: Was anything going on at the airport?
FB: Well, there were all these anti-war things going on in San Francisco. I had no idea.
LC: Really?
FB: Absolutely no idea that this was going on. Because we did get news but we didn’t get that kind of news. You know, we got—the news that we got—we found out when Martin Luther King died, when Robert Kennedy died. Those were things that were important, but the rest of the stuff—because we did have radio, you know, you could get it, but we didn’t—I had no idea. See, I came from the South where there was none of this demonstration business. I was in Virginia and then went to Vietnam and then got off in San Francisco. Absolutely stunned.
LC: What did you see?
FB: Well, I don’t remember too much because I guess I was sort of stunned. Two friends met me and I was aware, because of everything that was going on, that there were people who were angry about Vietnam veterans coming back. It wasn’t until after I was back in the States that I realized how bad it was and talked to other women who had been spit on and stuff like that. But I hadn’t been.
LC: But you were aware and kind of picking it up in the ether?

FB: Oh, yes. Oh, yeah. I mean, what did somebody say to me? He asked me something—some civilian asked me something about my ribbons and I said they were from Vietnam. The comment was, “Well, I wouldn’t know anything about that.” But I don’t remember anything else specifically. My friends took me to their apartment and from there I left and came down to San Diego because I had a cousin down here. Stayed two days, three days and then I flew to New York. I don’t know why I kept postponing going home. In New York, I met one of the fellows that had been on the ship with us. He’d gotten off—Pete Peterson—he’d gotten off about two months before I did. I said, “How do you handle this?” He said, “It takes time.” Because it was such a different—you know, everything was so different.

LC: From when you—

FB: From being on the ship. From the high pace of everything and where you were close to everybody and everybody was so cooperative and you’d get home and it’s not like that. One, they don’t want to hear what you have to say. Two, you don’t particularly want to tell them. Three, they don’t know what’s going on. I watched the news and I was absolutely appalled because the things that they were saying wasn’t what I had seen.

LC: Such as? I mean, do you have any examples?

FB: Well, they would talk about—they would show a soldier drink—smoking pot. Did they do it? Probably. But they sure as hang weren’t smoking pot when they got shot. They pictured the troops like they were bums and that wasn’t the way it was at all. I mean, they looked after one another. They were very courageous and you know, and the Vietnam veterans were very bitter about they way they were treated when they came back and I can understand that.

LC: Were you sort of bewildered by this or did it make you angry?

FB: Some. Well, I was angry. I had a—we had these—the men had regular jackets that they wore on board ship. But they didn’t have anything for women so we just bought small sizes of the men’s jackets and put a decal on it. So it had a decal on it that said USS Repose. I was really proud of that jacket and I went off to the grocery store one time—and this was after I was home for a short period of time—and the person said to
me—this was in Boston and they said to me, “What’s that, USS Repose?” I said, “Oh, it’s the hospital ship I was on in Vietnam.” He said to me, “Well, I wouldn’t know anything about that.” And that was it. I rarely wore it.

LC: That must have had some edge on it when he said it.

FB: Oh, yes. Yes. But there were enough of us there that we didn’t talk about it. We never talked about it but we knew one another and we—there was a silent eye contact, if you will. Well, I’m not there yet where I got home and I think that my parents were kind of distressed because I was so tired and I slept all the time. I was supposed to have thirty days leave and just like anything else, you know. Not my parents but my sister-in-laws and my brothers—they’re happy to see you for the first twelve hours and then it’s old hat and they don’t have time, you know. So I terminated my leave and reported for duty at the naval hospital in Chelsea.

LC: Did you pick up from any of them that they questioned the war or were angry about US involvement in the war?

FB: No. Not at all. In fact—and this was a surprise to me because my mother was a very sweet woman who would not—who was not confrontational. But some woman said to her, she was saying, “Well, I don’t want my son to go to Vietnam.” She said, “If it means he has to go to Canada, that’s okay with me.” My mother said, “Well, I have a daughter that’s over in Vietnam and that’s okay with me.” My mother—you know, somebody else told me that that my mother had said that. But my mother had no sympathy for her because her son—so anyhow.

LC: That’s interesting.

FB: Yeah, it was. It was—

LC: That was very nicely put.

FB: Well, she was nice lady. She wouldn’t have—but I think if she had been pushed enough, she would’ve told her off.

LC: But you terminated your home leave early.

FB: Yeah.

LC: But it sounded like you needed rest. You needed some downtime.

FB: Oh, I slept. I slept all the time. I’d sleep all night then I’d stretch out on the couch and I’d sleep. My mother was worried about that. You know, she thought, “Is
everything okay?” So then I’d watch the news all night. Every night I’d watch the news and it was so awful. They never—they presented the worst possible side of Vietnam that they possibly could. They didn’t talk about the good things that the troops did over there. Same thing with Iraq now. I mean, taking care of children. I told you on the ship we also did people-to-people. But we did children and we did adults that needed reconstructive surgery or something like that. You know, we were—it wasn’t that we just—we were only concerned about combat casualties. I found that—I found the news—I thought Walter Cronkite and the rest of them were the pits.

LC: Really?

FB: Yes, I did and I’ll tell you something. They supposedly came over—some of them—came over to Vietnam. I can’t remember who they were now. And supposedly they came on board the ship. They came, but as I said to people, they never came where I was because where I was wasn’t nice. They would have to face those casualties and say what they did was not worthwhile. That’s what they were doing. I sound bitter and I’m not bitter bitter, but I have no respect for them.

LC: The presentation that they were giving you thought was skewed.

FB: Oh, absolutely. Absolutely.

LC: Interesting. You reported then—you must have already had your orders in hand.

FB: Oh, yeah. You get your orders about three or four months ahead of time.

LC: Okay, so you knew that you were going to be in the Boston area.

FB: Yes.

LC: Okay. Was that a good—I mean, did you look forward to that?

FB: Well, I had asked for Boston area because I had never been stationed near home and it was only a hundred miles from home.

LC: Yeah. What was the setup that you found there when you did arrive? This would be probably the middle of 1969.

FB: Sixty-nine. It was about May of ’69.

LC: Okay.

FB: Well, they had a lot of casualties there. But it was a—

LC: Vietnam casualties?
FB: Vietnam casualties. But it was a training facility for one thing. That is, we had residents and all. I was assigned as the operating room instructor, this time to nurses. Nurses came from various hospitals in the country and would stay there six months to take a training course on operating room technique and management. I’d have like six or seven in the class and the class was over—you finish one class and then you’ve got another one, if you know what I’m saying. You know.

LC: Um-hm.

FB: So we had some Vietnam veterans there that were reconstructive surgery. We had a lot on the orthopedic ward. But you know, I was in the OR most of the time so I didn’t get out there. There were several nurses there who had been in Vietnam. In fact, the OR supervisor was a gal by the name of Tracy Colford and she had been the OR supervisor on the _Sanctuary_, which was our sister ship.

LC: Right.

FB: She came in about three months after I was there as an instructor. I liked being an instructor. I had been a supervisor and this way I could teach the nurses what I felt they needed to know. Because in most of the Navy hospitals, the nurses themselves did not scrub on cases and they circulated the rooms and the corpsmen did all the scrubbing. My philosophy was, if you can’t do it yourself, you can’t tell somebody else how to do it and you can’t anticipate their needs of the physician. So they were happy with the modification of the course.

LC: So it was more hands-on for them?

FB: It was hands-on. They had to learn other things, too, you know. But they had to learn how to scrub and I would scrub in with them for the first couple of times until they got their feet on the ground. Because by that time—when I was a student nurse, we had to learn how to scrub. But by that time they had almost deleted that from the programs in the colleges.

LC: With the idea that corpsmen would be taking those jobs?

FB: The technicians would do it. Technicians would do it.

LC: Now you said you enjoyed the teaching.

FB: Yes, I did. But I had taught before. I taught the corpsmen.
LC: Was it part—how much adjustment did you have to go through not having
the sort of level of emergency that, you know, that environment that you had on the ship?
Now you’re going to scheduled surgeries, I presume.

FB: Oh, it was frustrating. It was frustrating because we had residents. The
residents would call and say they had an emergency. It was something that we would
have done in a treatment room. Suturing a hand or something for a small cut. But they
needed to get so many cases in and so they would bring them to the OR. You know, one
night we were doing—I forget what the procedure was now—it was—anyhow, I can’t
remember what the procedure was but we had to give a lot of blood. It was Thanksgiving
eve and the orthopedic resident said, “Well, I need to get this guy into surgery right
away.” I said, “Well, as soon as we get this fellow off the table, we’ll put him in.” He
said, “How long do you anticipate it?” I said, “Another hour or two.” He said, “I’ve
gotta go home and stuff a turkey for my wife.” I said, “Well, that’s tough. You’ve got a
problem.” So what they considered an emergency wasn’t what we considered an
emergency.

LC: I mean, that adjustment had to be a little difficult because—

FB: It was.

LC: I mean, you were so having to be on task, on point when you were with the
ship and then you have this kind of—

FB: And I’ll tell you one other story about that so—you’re right, absolutely. And
that eventually is why I got out of the OR. Not totally, but I needed to expand. But
anyhow, one day we got—there was a German ship in port and this German sailor was
captured between a rocket and a rocket launcher and it would have been bilateral
amputee—amputation. So they said he was coming to the hospital because he was in the
German military. It was sheer panic. Everyone was running around and you know, the
doctors were just, “We need this, we need that.” So Tracy was the other supervisor. We
said, “We’ll take the case.” So we went in with a young nurse and we had one corpsman
who had been in Vietnam and we called him and said, “Okay. You scrub.” The
anesthesiologists both had been in Vietnam but none of the doctors had. The
anesthesiologists did what we called a blind incubation. They had that guy asleep in
three minutes. They just inserted that [tube]. There was no, “We can’t do this or we
have to have this special equipment.” They had him asleep. We had everything ready to
go and after the case was over with, the surgeon said, “I want to comment. I want to
thank you. You people did an absolutely fantastic job.” He’s going on and on. Tracy
and I are looking at one another. We said, “What are you talking about? This was daily
routine.” You know? It wasn’t—but the sad part of it was we went into the nurses
change room and there was this little ensign sitting there crying. I said to her—we tried
to console her and said, “You know, we did the best we could. We aren’t going to save
him, but we did everything.” And we didn’t save him. “We did everything we could do
for him and don’t cry. We did our best.” She said, “That’s not why I’m crying.” I said,
“Well, why are you crying?” She said, “Because of the look on your face and Tracy’s
face.” I said, “How did we look?” She said, “You had no look. I don’t ever want to look
that way.” She meant that we had no compassion on our face. I said, “Well, I’m sorry.”
But it wasn’t that way. It was you just did it. I don’t know if that makes any sense to
you. It wasn’t that you didn’t feel compassion. You didn’t have the time to express it.
Does that make sense?

LC: And you had been in situations where—
FB: Dozens of times.
LC: You had been through it such that you had learned this from experience, not
from someone telling you. You were sort of what they now say, “in the zone.”
FB: I’ve always remembered that because I felt badly that we didn’t—we weren’t
able to communicate to her that it wasn’t that we didn’t care. It was we’ve been there so
many times that all we were concerned about what getting it—getting the case going and
that’s it and we were onto the next one.
LC: It’s interesting that she—what she picked up out of all of that experience. It’s
funny how people are different in that.
FB: Yes it is. It is.
LC: Did you feel in some way that you could communicate better or had some
sort of unspoken level of communication with other folks who had been serving in
Vietnam?
LC: Like Tracy.
FB: We did not talk about it but we knew, you know. We just knew. You know, we knew what doctors had been in Vietnam by the way they proceeded.

LC: Really?

FB: Oh, yeah. Nothing bothered them. They didn’t get upset. Some doctors can be a prima donna, particularly in the operating room. They can be—you know, they have to have this and they have to have that. They have to have something else so that—some special equipment. Well, our guys did with what we had. All of them went on to be really top-notch surgeons at various facilities in the United States.

LC: You stayed in—at the post in Massachusetts for what? Two years?

FB: Two years.

LC: Was it, as you look back, a good thing to have done after Vietnam or was there some—was there something missing?

FB: No, it was a good thing to have done. I had some friends there that I knew really well, you know, both before we went to Vietnam and during Vietnam and I thought it was a good thing. I mean, it was good to go back to New England. But I didn’t want to stay there.

LC: Well, how did it come about that you went to Bethesda?

FB: Well, my chief nurse, whose name was Betty Murray, and I think I mentioned her before. She was the detailer when we were going to Vietnam and she had this—it wasn’t a phony accent, it was the way she talked. She called me into the—I was a commander by that time—and she called me into her office one day and she said, “Fran, you have to get out of the OR if you want to make captain.” Well, that isn’t true today, but it was then, you know.

LC: So she was saying you needed broader—?

FB: Broader experience. So the detailer was up and she said, “Well, you’ll probably go to Philadelphia or Portsmouth, Virginia.” I said, “Okay.” So when my orders came, they came to Bethesda. That was the best thing that could have happened.

LC: Do you have any idea how that came about?

FB: No, no.

LC: Would it have been the result of someone’s intervention or—

FB: No.
LC: Luck of the draw.

FB: It was like put a pen on the—okay, this one. We’ve got an opening here. Let’s put Shea down there.

LC: Slam her in there.

FB: Yeah, that’s it. There was nothing.

LC: Now the chief nurse—how do you spell her name?

FB: Her name was Betty Murray.

LC: Okay, M-u-r-r-a-y?

FB: Right.

LC: It sort of sounds like she talked like a 1930s movie or something.

FB: She did. She was from Boston.

LC: (Laughs) Right. Okay.

FB: She was a character. I mean, she was really a character. She had some surgery on her neck and she couldn’t raise her head up. Now these are what we call sea stories. So she had to have surgery again and she said, “You know, Fran, I can’t go to the beach and fly my kite because I can’t look up.” I was stunned. I couldn’t picture this captain out there flying a kite, but she did. (Laughs) We had a lot of characters.

LC: That’s for sure.

FB: That made it so interesting.

LC: Oh, yeah. Well, I mean, that was certainly one of the things that makes it interesting is these different people whose paths came across yours.

FB: Exactly.

LC: When you reported to the National Naval Medical Center, what were your duties? Were you going to be broadened out from OR? 

FB: Yes, I was going to be the area coordinator, they called them. They have different names for it now, but it was in charge of the ICU and the recovery room and then all the surgical wards. Neurosurgery, dental surgery.

LC: In a position like that are you mostly administration then or are you—?

FB: Yes.

LC: How did that go?
FB: Oh, well, you had to assign people to the jobs, you know. It wasn’t such a bad thing. You had to make sure that they got the training they needed to do what they were doing, and that the patients were getting the care that they needed, and to report back to the front office anything that was unusual or different or things that you needed. We had a lot of Vietnam veterans that came back and I spent a lot of my time going into the recovery room and into the ICU to check on—and I made rounds.

LC: I was going to ask.

FB: Every day. Every day. A couple of times a day. Just to see what was going on, I spent a lot of time in the ICU and recovery room but I did spend time on the wards, too. Because, if they don’t see you, they’re just saying in the nurse corps, “If she ever leaves her office and comes out to the ward, she’s gotta throw breadcrumbs down so she can find her way back.” Which meant they didn’t see their supervisor very often. I felt very strongly—and I still do—that if you don’t get out there every day and see your people, then they don’t feel that they have anybody supporting them. Because if they tell you that they’re shorthanded and you’ve not been out there and you don’t know that they’re shorthanded, then you can’t take care of them.

LC: Right, you don’t feel the immediacy.

FB: That’s right. You don’t know them by name.

LC: How many people would you have had under your purview during this perch?

FB: Oh, thirty, forty at least. At least. More than that, maybe, with corpsmen and nurses.

LC: And are you also responsible in this position for their professional development? I mean, making certain that they get a good—that they’re grounded well in what they’re doing and that they get a good placement the next time?

FB: That’s right.

LC: Whatever it is.

FB: Yes. Also their evaluations. Because you’re evaluations of them—what they call fitness reports—impacted heavily on whether or not they’d get promoted to the next highest rank. If you saw somebody who was exceptional in some areas—and that’s what happened—that you could make recommendations that they have other jobs like the...
White House nurse or instructors or recommend them for various schools. At that time we had a lot that did not have their bachelor’s degree. That’s not the case anymore. But we had programs at the local university—any university—that they could go to if they applied and it was really your responsibility to go in and encourage them. Because sometimes they said, “Oh, I don’t think I can do that.” “Yes, you can. You have to do it.” I mean, I would even bring down the papers to them to fill out to apply for school. They kid me—sometimes I ran into them and they kid me about that. I say, “Well, you went, didn’t you?” You know, because they had to go on and get their bachelor’s and master’s if they were going to make it.

LC: How difficult or easy did you find this kind of work which is completely different from running an OR where you’re actually working with the people and trying to handle all of their different issues including their preparation for promotion and so on?

FB: Well, I think—I didn’t think it was that hard. I thought it was—in a lot of ways it was easier than in OR. But then I was in that job for about seven or eight months and the assistant director of nursing services, the assistant chief nurse, got orders and the chief nurse called me down and told me I was going to be her assistant. The assistant chief nurse—and I’m going to spend a lot of time telling you about her. I mean, the chief nurse was really fabulous, but a character. A character in Navy nursing. Her name was Alice R. Riley. They said the initials ARR stood for “always right regardless.” Because she was. She was the smartest woman I ever met. When I say that, I mean in street smarts. She was smart clinically, but in street smarts you couldn’t beat her. It was like getting a PhD, I’ll tell you, in management—working for her. When she called me in to tell me I was going to work for her, my maiden name was Shea, and she said to me, “Shea, you have one job in this office. Your job is to see that I don’t flub and that you don’t flub. Because if you flub, I flub and I don’t want to flub.” So that made it very clear, you know. Know the rules, obey the rules, and see that everything is okay. So it meant that I had to do a lot of things but it was a learning experience that I couldn’t get any place else in the world.

LC: Were you promoted at this time?

FB: No. Not until after that. I was still a commander. I hadn’t been a commander long enough.
LC: So you were still a commander and she kind of reached down and pulled you up into this position.

FB: Right.

LC: Was that fair?

FB: At that time, in the whole nurse corps, we probably only had ten or twelve captains.

LC: Oh, yeah. She was one of them.

FB: She was one of them. She had a tough exterior but she was a pussy cat inside. However, she really knew how to win and that’s the thing that she taught me. I never say anything—but she really was the one that was responsible if I got anything because I learned from her. What I’m talking about there is the way to handle people. She’d say things like, “Never go into a fight you can’t win. But if you go into enough fights that you can win, get your ducks in a row, get all your information, after a while, they won’t take you on because they figure you’re going to win. It’s not worth their effort to take you on.” Now when I talk about that, it may sound crazy to you but in an administrative situation like that where you have chiefs of services—I’m sure you have it in education. Where you’re looking for money, where you’re looking for billets so you have more people. Whatever it is you’re looking for, you’re going to have somebody who’s going to pressure you and she knew how to handle that. That’s why they called her always right regardless. They really took her on. I’ll give you one example. This is probably too much more than you want to know.

LC: No, she sounds like a fascinating character.

FB: She was. But she was—I’ll tell you, there people who didn’t like her.

LC: Oh, I’m sure.

FB: But I’m not one of them. I thought she was the world’s best. She—one day—we had just opened up a new ICU and the doctors had opened it up without any consultation from nursing service. So we didn’t have a lot of nurses that were skilled and they had to learn on the job. Both these kids were right out of college. I mean, they were in training and we had programs, you know, to teach them. We had to put them into training and she said—we got called up one day to the commanding officer and the commanding officer said—well, all the chiefs of service, the medical and surgical chiefs
of services wanted to have a meeting because they felt that we didn’t have a staffing. Our 
staffing wasn’t good enough in the ICU. So she said to me, “Come on, Shea, this is a 
learning experience for you.” So we went down to the ICU and there were all these 
The commanding officer, who, by the way, had been in Vietnam and later became 
surgeon general. They’re all sitting there and so he had each on of them say what they 
had to say. You know, what was wrong, why this wasn’t right. I’m sitting thinking 
there, “Oh, my God. They’re crucifying her.” So she’s sitting there with her arms folded 
and this kind of disdainful look on her face like she really didn’t care what they were 
saying. So finally the commanding officer said to her, “Well, Alice, do you have 
anything to say?” She reached into her pocket. Drama! Reached into her pocket and 
pulled out this crinkled piece of paper. And pulled it out, opened it up and read the 
staffing patterns of every naval hospital in the United States in the ICUs and ours was 
better. The commanding officer said, “This is the end of the discussion.”

LC: Nice move.
FB: Oh, but she was that way all the time.
LC: That’s very smooth.
FB: She was that way all the time. You see, you had to—if they came in—
sometimes they’d come in to the office really livid about something. She’d take them 
into the office and she’d look out the window and she’s say, “What do you think those 
birds are out in that tree?” They’re so taken off guard—I saw her do that many times. 
Then, “Now, what is it you came in to see me about?” By that time, they’re not really 
sure.
LC: Yeah, they can’t remember.
FB: She was—she was smart. There was an attempt in some parts to make life 
difficult for her. The commanding officer had been in Vietnam. He later went on to be 
the surgeon general and people were kind of afraid of him because when he looked at 
you, he looked straight at you and his reports had to be extremely complete. Everybody 
in the ICU, what their vital signs were, what happened to them during the night and we 
had a lot of political patients. That is to say, we’d have the emir of Kuwait as a patient or
we’d have the wife of somebody from Bolivia. You know we had a lot of dignitaries there and also people like admiral—what’s his name.

LC: Rickover.

FB: Rickover. And John McCain’s father, you know, and people like that. So not only did you have to know their clinical situation, you had to know—give the commanding officer enough information to tell the Congress. Because we also had congressmen there. I mean it was a very high-powered facility.

LC: Oh, yeah.

FB: And you had to be—the president. We had Nixon there. Nixon was our patient when he found out about Watergate. Excuse me for coughing. We had a couple of the others—well, their wives or somebody would be a patient. So anyhow, we would have to run and give a report to him. She did every morning and I had to get that report written up and it was in detail. This had to be before eight o’clock. So it had to be in complete detail of not just the VIPs but—and if there was some new test, this doctor was so sharp he would say, “What kind of a test is that, I don’t know.” Somebody else would let it go but he wouldn’t. So you had to know what the new tests were. It was not just you go in and tell him everything is okay. So she was going on leave and I was going to have to give the report. She said to me, “Now look, Fran. I don’t want you to get upset about going in there to give him a report. He stares at you very intently and that’s what frightens people because they think he’s challenging. He’s a little deaf. He can’t hear you and he’s trying to read your lips.” You know, that in itself was worth—because I would go in there and not be the least bit concerned because I know when he was looking at me intently, he was trying to read my lips. So I spoke slowly, you know, if he couldn’t—because he didn’t wear a hearing aid.

LC: Right. But it’s very interesting that she tried to—I mean, it sounds like she tried arm you, kind of bring you along instead of—

FB: Oh, she did. Absolutely.

LC: Instead of let you hang out there and see what happened.

FB: Absolutely. She did. She decided that—well, she was really, as I say, she was sharp and it was a learning experience. One day we got a call from—and see, sometimes the doctors were kind of mean. I mean, if they could find something that
was—let’s face it. This is the way they look at it. You know, you’re a captain, I’m a
captain—and by that time I was not a captain. But she was a captain, I’m a captain and
you’re no better than my wife and she washes my clothes.

LC: Right. So therefore—

FB: Therefore, why should I listen to what you have to say?

LC: Right.

FB: But she knew how to handle that. Sometimes they would try to embarrass
you. We got a call—our regular commanding officer was away and we got a call that this
woman—a woman had called the chief of naval operations. Now I could be dialing my
fingernails down to bloody stumps and never get the chief of naval operations. But this
woman did and she talked about one of my nurses who was having an affair with her
husband and all that stuff. The nurse happened to be a very good clinical nurse. So
Captain Riley said to me, “You think that’s true, Fran?” I said, “I don’t know.” I said,
“But she’s a good nurse.” She said, “Okay. Call her down.” So she always had me in
the room whenever she was counseling anybody and she would say to them, “Now,
Cmndr. Shea is here for you, to be your witness as to what is being said so that I can’t say
something that.” And that’s really not there. I was there for her, to protect her. You
know, she let the person think that I was there to protect them and in a way it was true.
But I was really there to verify what she had said if the individual went out and said,
“Well, Captain Riley said something else.” You know what I’m saying?

LC: Absolutely, yes.

FB: And she was smart. So this gal came down and Captain Riley, who was kind
of straight-laced. I mean, she didn’t believe in these affairs business. She said—now this
woman—well, the fact of the matter was that the divorce was going to be final within a
week and they were going to get married. So she said to her, “Now,” she said, “I can’t
tell you what to do. But if you were to ask me for leave, I would give it to you. Will you
be married when you come back from your leave?” “Yes, ma’am.” “Well then, if you
want, you just go out there, fill out your papers for a request for leave and I’ll let you go.”
Now, you’re saying, “Well, that was really generous of her.” Sure it was. But it also—
when she had to call back to SECNAV’s (Secretary of the Navy) office, she could say,
“I’m sorry, she’s on leave.” The man’s divorce is going to be through in a week and she
won’t be back until she’s married. That ended it. There wasn’t anything they could do about it.

LC: Where did she figure out, do you think, these—you know, I guess you could call them skills, managerial skills? But I mean—

FB: She just had horse sense. She just had them. I don’t know whether she was brought up with them or how she got them.

LC: Where was she from?

FB: Wilkes-Barre, Pennsylvania. She was—there were a lot of people afraid of her.

LC: Why? Why were they afraid of her?

FB: Because she was always right.

LC: Because she was too smart for them?

FB: Yeah. I mean, the doctors knew soon on not to take her on because she—and they did, they tried, but they learned. We had one young incident—one incident one day where we had the chief of naval operation’s son was a patient and it was reported—some one of the doctors reported—it was kind of like, if they could get something on her, you know what I mean?

LC: Sure.

FB: It wasn’t all the time, but I’m sure you know what I’m talking about.

LC: Oh, yeah.

FB: So one of the doctors said that this nurse was in the waiting room to the recovery room at four o’clock in the morning with the chief of naval operation’s son who was a patient and that—the allegation was that they were involved somehow or other. So he named this nurse and she said to me, “Shea, do you think that that nurse could have been the one?” I said, “She got off duty at eleven o’clock, but I don’t think it’s her.” She said, “Why do you say that?” I said, “Because she’s too smart for him. He’s pretty dumb.” You know, I said, “She’s too smart.” And it turned out it wasn’t her. It was somebody else. In those days, they all wore their hair down to their shoulders and it was somebody else with dark hair. But what I’m saying, she just—if they could pick on something, sometimes, not all the time, but enough though that you, you know knew that
you were in for a fight. But she taught me how to fight. And for that I’m everlasting grateful.

LC: And she would—it sounds like she backed up her people, too, she didn’t just run with every rumor and call them down and, you know, give a hard time to a nurse if she didn’t have some kind of confirmation of—

FB: She didn’t. And the thing is, she never yelled at them and screamed at them when they weren’t doing something that was not appropriate. She taught them in a way that they got the message that they needed to do something better. But she wasn’t—she taught me a lot, I’ll tell you. It was a graduate school plus.

LC: How did she make captain? Do you know anything about that?

FB: Well, at the time there were only—just before that time, they only selected four captains.

LC: Right, there was a—it was capped.

FB: Yeah. They only had four captains in the entire nurse corps and she was one of them. I think because the people who sat on the board and saw her record knew that she was really good. She was in charge of the—it’s not the biggest but it’s a very prestigious naval hospital because you have all these senators, congressmen—oh, she was smart. But she gave you common sense values, you know? Like, I’d be going up to make rounds. I made rounds and I saw patients because she wanted to know. She’d say, “Now, if you go into—now, if you go up onto the ward to see a senator or a congressman and they tell you he’s in there with his secretary, do not go into the room because it’s his mistress.”

LC: So she was like totally heads up on all of this stuff.

FB: Oh, she had street smarts. She really did. And you know what? She was right!

LC: Now, Fran, why do you think she pulled you out? Why do you think—I mean, she certainly had her choice of who she was going to have as an assistant. I mean, given your own modesty, okay, but why do you think she pulled you out, looking back on it?

FB: Okay, I think—and I couldn’t be right about this but—we had some chaos in the recovery room one day. I mean this nurse really erupted and I—she wanted more
help and we didn’t more help. They just weren’t there. So we said, “You’ll just have to
manage with what you have.” And she erupted and screamed and yelled and carried on.
I went back to the front office and she said, “Well, what do you want to do?” I said,
“Well, we don’t have a choice. We have to put her on report.” So she walked down
there and she said, “You’re relieved of your duty and you’ll hear from us. You’ll hear
from the command.” Oh, this nurse was really a whacko. I’ll be honest with you.
Eventually got a medical discharge from the Navy but I had to do something. It was a
violation of regulations and it wasn’t just—if she hadn’t created such a scene—

LC: It could have gone without administration involvement.

FB: So when she went to captain’s mast—she went before—he later became
surgeon general—she went before him. I went, too, and so did Alice Riley. I mean, I
could have nailed the kid to the wall but I didn’t. I pointed out her good points as well as
her points that weren’t so good or that what had happened in this disruptive—and I had a
couple other nurses that had to go to mast. I defended her but I had to say what had
happened but I had to say that she was a good nurse. I just didn’t nail her to the wall. I
guess that’s what convinced Alice that maybe I was trainable. You know?

LC: That you already had some balance in hand?

FB: Yeah. That I wasn’t going to just nail them all. We had a couple of
incidents.

LC: Where she got to see you, essentially, in action?

FB: Right. I did not—I never went in there and just blasted them. You know, I
did point out their good points because after all, they were good.

LC: That’s interesting because in other circumstances, I can see someone
operating as if this is an opportunity to show how tough I am and just take somebody
apart.

FB: Well, there wasn’t much—there wasn’t much reason to really do that.

LC: I’m sure.

FB: And the other thing, I had a lot of experience in defending my corpsmen.
What good was it going to do to have my corpsmen sent off to the brig and I’m short
somebody if it was something that could be taken care of? Do you know what I’m
saying?
LC: Right. It wasn’t—no one had died, right? (Laughs)

FB: No. That’s right. No. You know—

LC: In effect, you were stripping yourself of an asset if you did that.

FB: That’s right. And then nobody would want to come to work for you.

LC: Well, that’s for sure. And then where would you be?

FB: That’s right.

LC: Can you describe the atmosphere in a captain’s mast, like the one you’ve
described?

FB: Well, it’s tense because the person who’s—and I’d been to more than I would
care to be. You know, because even on the ship we had kids get into trouble. The
captain is—and I had—when I was a commanding officer myself, I had to have a
captain’s mast. I had to take somebody to captain’s mast. The commanding officer is
like a judge. He has to determine whether this is a serious enough event, first of all, to
say they’re guilty. Do you have enough facts to say that they’re guilty? You have to
listen to the person that’s being charged. I mean, everybody’s a little bit tense. I mean,
you’re not happy that you had to bring somebody in there. The person that’s there isn’t
happy because he’s there.

LC: Right.

FB: So therefore you just have to present it as well as you can and in some
instances they might have—not usually—but they might have an attorney there with
them. I mean a military attorney to help defend them. It’s usually—and the punishments
usually aren’t so severe. I mean, they may get thirty days or something like that that they
can’t leave the base or something of that sort. You know, it’s not major crimes. But it’s
a tense situation and I certainly never felt comfortable with it because you’re really
saying something about somebody else. Even thought it’s true, you don’t want to do it,
you know?

LC: Right.

FB: But sometimes you just don’t have any—you have no choice. There’s know
the rules and obey the rules and if they don’t obey the rules then they go to mast.

LC: Right. And if it’s way outside the bounds, it’s a particularly important
problem.
FB: I mean, sometimes you can overlook things and God knows I did that often enough on the ship. But when you’re—because of some of their crazy antics. But this was something that couldn’t be ignored, when she just blew up in front of patients and everybody else. We just couldn’t have that.

LC: Right. Let me ask you a little bit about the VIP people that you mentioned who were treated at Bethesda while you were there. You mentioned that President Nixon came through. Can you say anything about that?

FB: I didn’t get up to see him. They have a special area where the president goes.

LC: Like a secured area?

FB: It’s a secured area. They had Marine guards and they—on every floor. They have—now I don’t know if it’s this way now so you’ll have to understand that it’s when I was there.

LC: Of course.

FB: They have, of course, cards and flowers and everything come in so you have to have an area where they can check those, even back then, to see if there was nothing like an explosive device or anything like that.

LC: Sure. Right.

FB: There’s a Marine guard on every floor up to where he his and it’s isolated.

LC: How high up would he be? Now we’re talking about the landmark building there, I’m sure, on the campus. I don’t know, what is it? Twenty-two floors or something?

FB: Yeah, well he’s probably—it’s almost like a separate building but it’s attached to it, you know. But if you didn’t know—you could work there for five years and not know where it was.

LC: Okay.

FB: That’s probably not true. They would probably—you would know it was up on such and such an area and it was completely equipped with medicine and there’s room up there for the doctors to stay if the doctors needed to.

LC: So it has a suite kind of thing?

FB: It was a suite.

LC: With its own facilities?
FB: Yes.

LC: Wow.

FB: And the food was brought from the White House.

LC: No kidding? Wow.

FB: Well, you can’t blame them. They have to have security.

LC: There’s a certain procedure around the food at the White House. So yeah.

FB: You have to have security. Then we had to have a listing of nurses and corpsmen. I mean a big listing of nurses and corpsmen who had been cleared by the Secret Service. They didn’t even know it but they were in various clinical specialties.

Like you’d have ICU nurses, CCU nurses, different ones like that, you know, that had been cleared by the Secret Service. Then you would call them up and say, “I need you to come to work. Now.” They’d say, “What for?” “I will tell you when you get here.”

LC: So these personnel often would not know that they had been—that a clearance procedure had been done on them?

FB: Oh, absolutely they did not know.

LC: Okay.

FB: Then they were on duty as long as the president was a patient. No days off.

LC: And do you know what the president was there for?

FB: He had pneumonia.

LC: Oh, is that right?

FB: Well, this was Nixon. He had pneumonia.

LC: I always remember with him, he had phlebitis in his leg and I remember him trying to kind of hobble around sometimes. But I didn’t remember that he had been ill and hospitalized.

FB: This was just about the time that Watergate broke. It was pneumonia.

LC: Well, that’s scary. It’s certainly a serious infection in a man of that age.

FB: Well, one time though, we had the emir of Kuwait as a patient. Now they were in a ward, I mean, a private room, but not anything like where the president would be or anything like that, you know. This one has since died. But I forget—I think he came for some ear, nose, and throat surgery, as I recall. I went up to make rounds and I
really didn’t—I didn’t really know that much about the Middle East and I went bounding into the room and laying on the floor with weapons were his guards. His body guards.

LC: You’re kidding.

FB: No.

LC: Wow.

FB: So I went in—and one of them spoke English—to say why I was there. Later on I realized that women, you know, didn’t usually do that but he was in our country and he was going to live by our rules. We got people like the editor of *al-Ihram*—now we’re going back some time—in Egypt. There’s, you know, they may hate us but they’re perfectly willing to take our medical care when they know that they aren’t going to get it from any place else. Also they’re not going to be—it’s not going to be revealed where they are. They aren’t going to have to worry about people coming in to shoot them or anything of that sort.

LC: You mentioned that Admiral Rickover was there.

FB: Yes.

LC: Can you tell me anything about your experience with him there? Because I gather you worked with him or knew of him in a professional capacity later.

FB: Yes. He wasn’t a bad patient. He was a pretty good patient. But not a very nice man. You know, he would have people—and he would tell these stories himself about when people came in to go into nuclear programs.

LC: Yes.

FB: The things he did to them—lock them in closets and tell them they were lying and all this stuff. All of that was true.

LC: You said he himself would tell these stories.

FB: Yes. You’d go in there and he’d be on the phone. His back would be to you and he would be calling that person on the phone every name under the sun and then he’d turn around and look at you and smile sweetly and say, “Well, good morning, nurse. How are you today?” It was like a Dr. Jekyll and Mr. Hyde.

LC: Very odd.
FB: Oh, that’s a whole other story, Rickover. But he was—and then he was a patient the same time Admiral McCain was. Now Admiral McCain’s son was in the POW camp. You know, that’s the senator.

LC: Yes, John.

FB: I forget what their diagnosis was. I mean, you know, they were maybe cardiac. I don’t remember. But they would walk up and down the passageway, pass one another and never speak.

LC: And, of course, they certainly knew each other for years. No question about it.

FB: Oh, yeah.

LC: That sounds very strange.

FB: Oh, no. Admiral Rickover had a lot of enemies. A lot of enemies.

LC: Well, how long did you work under Captain Riley?

FB: Well, I got down there—let me see. I got home from Vietnam in ’69. So I went ’71 and I left in ’77 or ’78.

LC: The information you had given me said ’77. You were there until ’77.

FB: Seventy-seven. Okay, I was there maybe for two or three years with her and she retired and another nurse came in who was—Norma Gardell was her name and she was the chief nurse. Well, Norma, who was in her fifties, had decided to get married to this man that she knew. And really, she wasn’t terribly interested in being the chief nurse. She was more interested in getting everything done for the wedding. That’s what she told—I essentially was acting chief nurse during that time.

LC: Okay.

FB: I don’t blame her for that. I really don’t. In fact, she got married at Bethesda, in the chapel. While I was there, I got orders to Puerto Rico. So when she decided to get married and I’m all excited about going to Puerto Rico as chief nurse the command, I guess, said to the Navy, “Look. We don’t need another turnover so have Miss Shea, or Commander Shea,” oh, and by that time, I made captain. “Have her be the chief nurse because she knew the area.” So I said, “Okay.” And that was it.

LC: So you then became the chief nurse.

FB: Chief nurse, yeah.
LC: I presume then that you had to find an assistant.

FB: I did. I kind of had—they told me I could pick my own but that really wasn’t true because the nursing division had some ideas of what they wanted. But I did have somebody there who was very, very good. Then I got somebody else in who wasn’t as good but maybe I wasn’t as open to her, you know. She was okay. She did all right. She really did and we certainly were friendly towards one another but she wasn’t what I would have picked.

LC: It didn’t gel in the same way.

FB: No, it didn’t. The one that I had picked was a hard charger and that’s what we needed. It wasn’t that this one wasn’t, it’s just that she didn’t charge hard enough.

LC: And was this second person more or less imposed for whatever purposes?

FB: Yes. She was. The bureau made that decision. The nursing division made that decision. And that was their right. They could have.

LC: Was it a political decision somehow?

FB: I think so. I think that there may have been some—remember, there may have been some resentment that I was going to be chief nurse at Bethesda because I had never been chief nurse at a smaller command. The idea was to send me to Puerto Rico and then move me to—after a year or two, whatever I was going to be down there for—to a larger hospital like Portsmouth or someplace like that. That was understandable. But the fact that I was moved in as chief nurse—and that was a political thing, too. The commanding officer and the surgeon general knew me. I had worked there with them and that’s who they wanted. So you can’t argue with that. I’m sure there were some people not happy about it, but I understood why they made the decision. They wanted some continuity.

LC: And just for reference, chief nurse at Bethesda is a big deal.

FB: Yes. It’s the director of nursing service. There are four big hospitals: Portsmouth—well, there were four. Portsmouth, Virginia; San Diego; Washington, D.C., or Bethesda, and the fourth was San Francisco but San Francisco was no longer. So there were three. So it was a big deal. I’m sure there were people who were senior to me that were concerned but there wasn’t anything I could do anything about that.
LC: Right. They put you in there.

FB: It wasn’t political on my part.

LC: Right. Right.

FB: It wasn’t. I would have gone wherever they sent me.

LC: Right. When you’re assigned to a post presumably you have to just get on with it.

FB: Exactly right.

LC: And let the chips fall wherever they’re going to, I would guess. What responsibilities, if you can, just very quickly outline what the responsibilities of the chief nurse anywhere would be and then, of course, you’ve mentioned some of the special characteristics at Bethesda. But essentially, chief nurse is a term that—

FB: The director of nursing service.

LC: Okay.

FB: They use that term now. I think they even have a different name now for them. But it’s the director of nursing service. Well, you’re responsible for the staffing for one thing. You’re responsible for the patient care, the nursing care. You’re responsible for staffing. You’re responsible to see that your people have the training that they need. For example, we had critical care nursing courses and we also had intensive care nursing courses, people that taught those and that came under our direction. We were responsible to see that they could get advanced. Not just in promotion purposes but if you had somebody and you thought that they were really smart and good, you tried to encourage them to go on to school. And as I say, and for patient care, same thing for the corpsmen. You’re responsible for the corpsmen. So you’re responsible for seeing that they get the training that they need and that they are advanced. You’re responsible for patient care. Then if you don’t have enough staff to take of that patient, that’s your responsibility. So that you have a lot and you have to keep the doctors informed, you have to keep the command informed, of course, and you have to keep the bureau informed so that it’s not an easy job. I mean, I don’t want to say it’s rocket science. But in a way it is because if they decide that they want to do something new—a new—say start up a new division—say they’re going to do kidney transplants. It’s up to you to get
people trained to—pick them and get them trained to do it. Sometimes you make a bad choice but sometimes you make the best.

LC: You’re directing a lot of traffic it sounds like.

FB: You are. Exactly. Now the difference between that—now you may have three-hundred people under you whereas the doctor who might be chief of ENT has twelve. But he’s a chief of service just as you are a chief of service. But you have the largest chief—you’re the chief of service of the largest department in the hospital. You also have to budget for money.

LC: So you had budgetary responsibility at this point, too.

FB: Sure.

LC: Wow.

FB: Now, you learn as you go on. I mean, if you’re a physician, chances are you’re going to get whatever you want in that. But that’s another story and I might even tell you about that.

LC: Okay.

FB: But that’s after I left Bethesda. I left Bethesda—when did I tell you?

LC: Seventy-seven.

FB: Seventy-seven. Okay. Because we had a new surgeon general, Arentzen. And Admiral Arentzen’s favorite hospital was San Diego. He had been CO here. He decided he wanted me to go out there. They wanted me to stay in Bethesda. I said, “I’ll go wherever you want. I’ll do whatever you want to do.” So I came out to San Diego, which was night and day from Bethesda. A bigger hospital, more staff, more clinical assignments. However, more contact with the fleet because, of course, the fleet is here. However, less stress because you didn’t have the Washington bureaucrats looking over your shoulder. I got to work at the crack of dawn every morning. I got calls at home at night. I got calls in the middle of the night. Like one night I got a call that the Greek finance minister died. I said, “What would you like me to do?” You know? I mean, really. She said, “Well, I thought you ought to know.” I thought it could wait till morning but I didn’t say anything to her, you know. But then I get out here and after I’m out here about a month, the commanding officer said to me, “How many calls have you received at home since you’ve been here?” I said, “None.” He said, “Isn’t it great?”
Because the difference between here and there because it’s so political. Everybody’s afraid something’s not going to be right. There were congressmen that are alcoholic that come in to dry out and you can’t open your mouth about things like that because it would be the end. So it was a different experience out here entirely.

LC: Now in which of the two facilities, or maybe both, did you have Vietnam era POWs that you—whose treatment came under your purview?

FB: Oh, at Bethesda.

LC: At Bethesda. And those—were they mostly on the orthopedic ward or—

FB: No, they had a separate ward all by themselves.

LC: Did they? Oh, I didn’t know that.

FB: Oh, yeah. People couldn’t get on or off the elevator to them, only their families. Well, this is—do you have time to listen to all this?

LC: Absolutely. Yeah, Fran, anything you can pitch in.

FB: What they did was they debriefed them. Remember, these guys had been POWs for as long as seven years. I didn’t tell you this before, did I?

LC: No.

FB: Because if I’m repeating myself, tell me.

LC: No, I will.

FB: They had been, some of them, for seven years. They didn’t even know what happened and what was going on in Vietnam. They didn’t even know that we had lots of troops there or anything else. There’s no way they could know. They came back and I was there the night they came back and they came back about seven o’clock at night. We had one ward completely shut off for them. This is private rooms I’m talking about, not an open ward.

LC: Yes, each had a private room. Sure.

FB: Each had a private room and they were in their uniform. They brought their—they had uniforms ready for them when they came and we had a couple that were POWs that were with the State Department. I can’t remember their names; it’s been a long time.

LC: That’s okay.
FB: So we had a team and I was the head of the nursing team and we would meet every morning to discuss their care, how they were progressing, were they showing signs of post traumatic stress, whatever. I was the head of the nursing team so it was my choice of who went up there to work. We had to have somebody who was empathetic, who was smart, who didn’t talk, you know, outside there.

LC: Yes, discreet.

FB: They had to know that. Most of them knew that, you know. So anyhow, our commanding officer at that time happened to be a psychiatrist and he said after about the first two or three days, he said, “We have to get them back in a normal setting. Everybody is doing everything for them. They’re waited on hand and foot. They’re treated like royalty. It’s up to you, Fran, to go up there and give them a dose of reality.”

So I said, “Okay.” So I went in and I remember the first time I did it. Because I had a sense of humor, you know, but I went in and this guy’s name was Jim Bell and he’s never forgotten. He was in there and he was brushing his teeth and he had had bad injuries and came home to find out that his wife had left him. Not only had she left him, she’d divorced him and remarried, taken his kids to Texas and so he had to face that. He didn’t know that until he got into the hospital. He’s brushing his teeth and it was about nine o’clock in the morning. I walked in and I said, “What do you mean nine o’clock in the morning? You’re not up out of bed yet? Where do you think you are, the Hanoi Hilton?”

He just blanched for a minute and then he burst out laughing because he knew I was kidding him, you know. I could kid with them and that was my job, to give them a taste of reality and to—I mean, we knew things. Like we knew if their wife had been playing around and were planning on divorcing them. This one I went into and he was complaining that, “I don’t know.” He said, “I’ve been a prisoner all these years.” They could go home at night, you know. He said, “I haven’t had sex with my wife.” He said, “Because she says she’s got an infection. She’s had all these years and nothing.” I said, “Well,” because I knew she had a boyfriend, you know. I said, “Well, maybe get it treated and things will be better.” He said, “And here she wears these,” the Capri pants, you know. And she had a wig and all this stuff. He said, “I liked it when she wore high heels, three inch heels and a straight black skirt and a white starched blouse.” I said, “Listen. If she’s going to dress like that, she’s gotta go to the Salvation Army to buy
the clothes because women don’t dress that way anymore.” So it was that kind of—that was my job, was to do that. To go in and—but all of them were debriefed in between treatments. Now they were debriefed by a Navy security agent and he looked like something right out of Russia.

LC: How do you mean?

FB: Well, he had these piercing blue eyes. He was tall. He was balding and he didn’t talk very much. When he smoked, he could roll a cigarette from the corner of one mouth—the corner of his mouth, one corner of his mouth to the other without stopping. I know that a hard something to remember and he very rarely spoke. He was like something you would picture. But he had them. They had hours and hours and these guys remembered every single thing that happened to them for seven years or for as long as they were POWs. Now the debriefing was so that we would have some information, the government would have some information, but also it was very therapeutic.

LC: I’m sure it had to be.

FB: Because they were forced to talk about something in a safe area so that they didn’t end up with PTSD (post traumatic stress disorder).

LC: And at the same time, they’re also having procedures done.

FB: Surgical procedures.

LC: Yeah, surgical procedures I’m sure. I mean, some of them probably had to have their legs reset or I can’t only imagine. Some of their injuries were horrendous.

FB: There was some way that they tortured them by pulling their arms out of their sockets. Of course, that can do tremendous damage after a certain period of time and they would have to have shoulder surgery. Let’s face it, most of them couldn’t go back to being pilots. Because they were all just about pilots. They couldn’t have done it. They had—we sent them shopping. They didn’t have any civilian clothes and I remember Jim Bell went and he came back—and the nurses went with them—the younger nurses.

LC: The nurses would go with them to help them shop?

FB: Yeah. I remember Jim Bell came back and he said—and he had like maroon trousers or something, you know. He said, “I used to go to the circus, now I are one.” Because clothes had changed so much.
LC: Right.

FB: The style.

LC: Right. You know, it must have seemed to them that everything had changed. I mean, in some ways.

FB: They were very strong. Very strong. I understand that when they got on the plane, they never said a word, they never made a motion. I think they got their clothes in the Philippines; I’m not sure—their uniforms. Then they took off and then they let loose.

LC: I’ve heard that as well. Did they tell you or any one of them talk to you at all about how it felt to be back or their experiences. You’ve discussed a couple of antidotes. I wonder if any others come to mind.

FB: Well they were almost euphoric at being back in the States, but it wasn’t the States they left and their situation wasn’t the same.

LC: Their personal situations as well as, of course, the country as a whole.

FB: That’s right. Well, they had no idea. They had no idea there were nurses in Vietnam. They had no—and see, we tried to put nurses who had been in Vietnam up there because they felt—we thought that would make a difference but it didn’t. Because they didn’t know that there were nurses there.

LC: Did it make a difference to the nurses to have that opportunity? I mean, did it make a difference to you? Did it bring back—I mean, how did you feel about it? I mean, you had been in Vietnam. How did you feel about working with those guys?

FB: I didn’t really talk about it to them. I never really did because the whole thing was about them. They thought we would have a better understanding. But I have to tell you, a POW, you know, their experience is so intense and then, of course, at that time we had—it was that time—before they came home, before then—remember we had John Kerry who was in Vietnam Veterans Against the War.


FB: One of the nurses that was on our ship was on TV with him one night. It was years and nobody would speak to her because she had done that. But I think she was just taken in by the glamour of it all. We all made our peace with her and we never talk about it, but I almost died the night I saw her on television.

LC: At a rally, at a VVAW rally or something?
FB: No, Walter Cronkite had him on television and she was with him.
LC: Okay.
FB: She didn’t really say very much but, you know, that was just the living end when he did that as far as most—as far as the people that I knew who were in Vietnam.
LC: The nurses who had been in Vietnam were not happy with her.
FB: Oh, no. She was *persona non grata*. But anyhow, she—but things have gotten—she’s come as close as she can to an apology by saying she just caught up in the whole thing. I believe her. I like her and we get along fine. I don’t see her very often. Maybe once every four or five years, but there’s no bad feelings towards her.
LC: Well, Fran, let’s take a break there for today.
Laura Calkins: This is Laura Calkins at the Vietnam Archive at Texas Tech University, continuing the oral history interview with R. Adm. Frances Shea Buckley. This is the sixth of September 2005. I’m in Lubbock on the campus of Texas Tech and the admiral is speaking to me by telephone from California. Good morning again, Fran.

Frances Buckley: Good morning.

LC: I wanted to just thank you again for participating and ask you if you could to recall your transition from Bethesda, where you held the position of chief nurse out to San Diego. You told us a little bit about being offered this position by the new—

FB: Admiral (Willard P.) Arentzen.

LC: Admiral Arentzen, yes, who had come in as the surgeon general, is that right?

FB: Right.

LC: What made you decide to take this opportunity?

FB: Well, you know, it really wasn’t a choice. I mean, I was asked to go, and I suppose I could have said no but that would have been an end of a career.

LC: Would that have been retirement?

FB: Well, it—they may have moved me someplace else. I mean, I don’t know.

LC: Were you considering retirement at this time?

FB: No, no, no. I wasn’t.

LC: It didn’t even—it hadn’t occurred to you?

FB: I was what they call a lifer.

LC: Okay and let’s see, in ’77, you would have been in for—including your reserve service—twenty-six years at this point.

FB: Yeah.

LC: So you still felt like a hard charger?

FB: Oh, yeah. I really did. I said, “Okay.” You know, I don’t think there was any—I mean, the CO at the hospital didn’t want me to go because I had been there with him for about a year-and-a-half or two years because the COs change. You know, he
knew my method and he didn’t want to have to break somebody else in, I guess. You
know?

LC: Sure.

FB: He didn’t have to break anybody in. But I said—and I also knew the admiral
that was out in San Diego. I said, “You know, I’ll do whatever you want.” That’s the
best answer to give, really. “Whatever you think is best.” Let them fight it out and then
whatever they decide. But he wanted me to come out here. And it was really—it’s the
largest naval hospital in the country.

LC: Now this is the regional medical center.

FB: In San Diego, right.

LC: And your position there, your title?

FB: Was—well, chief nurse or director of nursing service.

LC: I mean, just as an outsider I would say this is one of plum jobs in the Naval
Nurse Corps.

FB: Oh, I think it is, too. I think it is, too. First of all, it’s three-thousand miles
away from Washington and all the nitpicking that goes on. I had been there about a
month and I had sent—I did some reorganization. At first there was some, “How can this
work?” For example, they had one—they call them area coordinators, you can call them
supervisors, you can call them whatever you want—in charge of maybe two- or three-
hundred people all told when you consider the corpsmen and nurses and everything.
That’s ridiculous. You can’t—you can’t do that. You know, you barely have time to do
fitness reports.

LC: In other words, you can’t effectively manage that many people.

FB: You can’t manage that many people and do it well.

LC: Right.

FB: Get out there and see the people. So, I broke them up. What that did was it
gave more people the opportunity to be in charge, you know, to be the—

LC: Supervisor.

FB: The supervisor of an area that was, say, lieutenant commanders that should be
doing that pretty soon instead of being a commander. It gave them an opportunity to do
anything but do evaluations. They [were] able to make some rounds. I had insisted that
they put a corpsman in their office so that they would have some clerical support, if you will, you know. At first I ran into some problems because it’s a much larger hospital than Bethesda, but within about a month or two, they accepted it.

LC: Now you ran into problems, meaning resistance?

FB: A little resistance.

LC: From?

FB: They couldn’t resist very much. They had to go ahead and do it but they just grumbled.

LC: Right, because you were kind of in charge, right?

FB: Right, yeah, right. You know, not to blow our own horn but—excuse me, my asthma today is terrible. But they assigned an assistant, Annie Steinocher who was just wonderful. She was from Texas, by the way. She was a wonderful people-person which was excellent. I mean, I’m a people-person, too, but I also had to be administrator. So she, you know, they could go in and cry on her shoulder any day and it was fine. They could come to me, too, but I think they felt in a lot of ways a little more comfortable. It depended upon the situation.

LC: Now was she your assistant.

FB: She was my dep—

LC: Dep—I’m sorry—her title?

FB: Yes, she was assistant director of nursing services.

LC: Okay. And what was her last name?

FB: Steinocher. S-t-e-i-n-o-c-h-e-r.

LC: Okay, thanks.

FB: She was really good. So we would make rounds together. The place was so big that the other chief nurse really didn’t know the staff and that’s what we wanted to but sure that we knew. We had meetings with the area coordinators, they called them—it was supervisors, but they were area coordinators—every week to find out what their problems were and what we could do or couldn’t do. It was a much bigger hospital, as I say.

LC: How much bigger? I mean, do you have a number of beds comparison, or employees?
FB: Oh, I would say, let’s say, I’m not sure we had—about twice or three times the size of Bethesda. I’ve gotten it written down some place. I mean, it’s several buildings to go to.

LC: I’m sure. Now, you mentioned, Fran, that there was another chief nurse with a different set of responsibilities. Is that accurate?

FB: At here?

LC: Yeah.

FB: No, I relieved a nurse that went to Japan. Then her assistant retired so that’s when Anne came in. I had never had duty with Anne, but I knew her. I knew of her. She was perfect for the job because she was a sweet, kind person. Smart, but who could talk them into anything, you know? She just was really good. We would go around together and make rounds and sometimes we’d go separately and see patients and see people. That was the thing that we tried to do was be visible so that you weren’t just somebody—there’s a saying in the nurse corps about the directors of nursing service that sometimes if they don’t leave their office, they’re referred to as “sacked up.” If they ever left their office they’d have to throw down bread crumbs so that they could find their way back. Which is an insulting thing, really, because their job is to get out there and see what their people are doing and what they need. That’s the only way you get to know your people.

LC: One question that comes up from this and it does have to do with command styles and leadership styles. It sounds like you were willing to, and in fact, you obliged other people to do work that you might have held to yourself. In other words, you were willing to delegate.

FB: Oh, you can’t do without delegation.

LC: Can you talk a little bit about that? Because this is something that comes up in all kinds of different command situations, the degree to which you’re comfortable and the degree to which it’s a good thing to delegate.

FB: Well, first of all, if you keep everything to yourself, that you’re going to make all the decisions. You’re going to make the final decisions. But if you’re going to make all the decisions yourself, you’re going to make big mistakes because you don’t know the whole situation. You can’t possibly know what’s going on with every unit.
Say you have an orthopedic unit or an operating room unit. You are dependent upon that area coordinator or supervisor to tell you what’s going on. You can go out there and look yourself, but you might stay there fifteen minutes and not know. You know, not see the whole picture: that they had enough help or didn’t have enough help. You can make educated judgments but you don’t necessarily know. So it’s important for you to have somebody who will come back to you, trust you enough to say, “This is what happened today in my unit.” And you say, “Okay, we’ll, whatever.” I’ll give you one example of something that happened here and it changed things because there was—the delegation was so poor.

LC: Sure.

FB: We had a terrible plane crash and everybody was killed.

LC: When was this?

FB: I think it was ’77 or ’78.

LC: Where was the crash?

FB: The crash was in San Diego. It was in what they call North Park but it was not too close to—it was close to the hospital.

LC: Was this a commercial aircraft?

FB: It was a commercial aircraft. I think they called it—PSA (Pacific Southwest Airlines) was the name of it, but they don’t—Pacific something, but they’ve been out of business for years and years. It was hit by a student pilot who was in a single engine plane and he hit that and it went down. Everyone was killed. It went down in a civilian—you know a heavily-populated civilian area.

LC: Like neighborhoods.

FB: Yeah. Anne and I had been over—we had a schoolhouse there that we had nurses going and taking some educational program that was being sponsored by UCSD (University of California, San Diego). It was a nurse practitioner program when nurse practitioners first started. It was being—as I say, we had Navy nurses but they were all civilian nurses but they were using our facilities. We were coming back from there and we could see the smoke and it was during fire season, so it would have been around this time of year. There were some trees and I said, “It looks like there might be a fire, some
trees on fire.” One of the other people commented, “But the fire is black. That’s gasoline.” So we went back to our office and sure enough. We went down—

LC: Went back to the office and, I’m sorry, and you heard it on the news?

FB: We heard it as we were going by. People told us.

LC: Oh, I see. Got it.

FB: It was about a five minute walk to the nursing office.

LC: Sure.

FB: That was so-called our disaster station. That’s where we were supposed to wait. So we went up there. Annie had been in Da Nang about the same time I was on the hospital ship. We were sitting there, waiting and waiting and nothing was happening and I said, “Come on, Annie, let’s go down to the emergency room. I know we’re not supposed to—this is supposed to be our area, but we need to know what’s going on.”

Well, it was absolutely utter chaos. By that time, Annie and I both knew we weren’t going to get any casualties because the time frame had been too long—that people were dead. It was absolute chaos. They were running around drawing up all these drugs, doing all these things. It was absolute disaster. Nobody was in control and then there were tons of people standing on the sidelines and I said to the nurse in charge—she’s never forgiven me, as a matter of fact—I said, “What are you doing?” She said, “I’m getting all these medications ready.” I said, “You’re not going to get any casualties in.” She said, “What do you mean?” I said, “It’s too late. It’s past the golden time.” We didn’t even know there were no casualties at that time, that they were all killed.

LC: But you knew it.

FB: We knew it.

LC: You sussed it out, you sensed it. You knew.

FB: Well, we’d been there.

LC: Okay.

FB: You know, you know? There’s a certain time and if you don’t get them in that time, they’re not coming.

LC: Is that why you called it the golden time?

FB: Well, we called it the golden time. I’m not so sure that’s what everybody else called it. There is a golden time frame. I forget what it is.
LC: That’s interesting.

FB: We knew that if we didn’t get them within twenty minutes, we weren’t
getting them. Remember, if you call 911 today, it is anticipated that they will be at your
facility within three minutes.

LC: Yes, yeah.

FB: Now, it doesn’t always work that way. It might take five. But if you don’t
get a patient in twenty minutes from a crash, something’s wrong. So anyhow, based on
that—and it wasn’t just me, it was one of the physicians who had also been in Vietnam
and saw this absolute chaos—we were able to say, “Okay, now this is what we’re going
to do. We’re going to delegate. We’re going to do this. You do this, you do that. You
get a program going so you understand what the basics are.” I didn’t start the program,
but they did have an after-action session to have us each give our opinion of what
happened. Because it was chaos. That nurse was so mad at me because, first of all, she
was drawing up morphine like it was going out of style and the doctors were doing the
same thing. It was a nightmare. I don’t think that would happen today. At least I hope it
wouldn’t. But there were just not enough people who had seen enough conflict, enough
mass casualties to understand what was going on. The point of it was if you could
delegate something, “Okay, this is what you do when it happens. That’s what you do
when it happens. You don’t do anything until this. You don’t call out everybody until
you know for sure what’s going to happen.” Does that make sense to you?

LC: It absolutely does. Yes. Let me ask about why—why you think she got
ticked at you. Was it because you were telling her something she didn’t want to hear?

FB: That’s one thing. I think it was one of them.

LC: What else was going on? I mean, that part’s kind of clear.

FB: I think she didn’t like me.

LC: (Laughs) She just didn’t like you?

FB: I think she didn’t like my way of doing things. I mean, you know—and I
don’t care. I mean, I had a job to do.

LC: Exactly.

FB: She wasn’t happy. She wasn’t a happy person. I mean, you know,
everybody can’t like you and you can’t worry about it.
LC: There’s underlying issues.

FB: You know, you can’t worry about it. She had wanted to come there—and see, this is the thing that was so ironic. She wanted to come to San Diego and I never ever requested any nurse. Never. Whatever they sent me, I took.

LC: Okay.

FB: Because I found out from experience that sometimes when you request it, you have to live with them and, you know.

LC: That might not be such a good thing.

FB: So people told me that she wanted to come so I did request her and it was a big, big mistake.

LC: You had not done that before?

FB: Never.

LC: Did you ever do it afterwards?

FB: No. Except when I went to be director. Then I had some requests but that’s beyond this business.

LC: Right.

FB: But we did a lot of things at here that we never could have done in Bethesda. One of my goals—and I know it sounds really kind of self serving. But one of my goals was to get nurses in as many positions as I could that were in leadership roles where they could use their nursing skills in fields that were related to nursing. But where they weren’t totally dominated by physicians or medical service personnel. Where they could make a decision or make a contribution. One of the things we started with was CPR. We had a nurse anesthetist and a team of volunteers to go down to the ship and teach them CPR. Now they have doctors on the ships—not all ships, but they all have corpsmen. But you know, their skills get rusty. This didn’t cost anything so we were able to do that. We were able to do other small things that made an impact. Not a huge impact but let them know that there was somebody out there who would do these things.

LC: Of course, since you’re in San Diego, you’ve got access to the fleet.

FB: Absolutely. So it was an entirely different atmosphere from Bethesda where you don’t have a fleet. But we had Marines and we had big departments and everything. It’s just a humongous place and now they have a new hospital that’s just tremendous. So
we did everything that we could. We had a hospital corps school there so they came in
and they worked on the wards. So it was an entirely different apolitical area. Bethesda
was very political. You had to know the politics of the area. You had to know what
governor or what senator was in the hospital and what was—and as I mentioned before,
the emir of Kuwait and things of that sort. You had to know that. That was part of it.
But we didn’t have the patient load that you had out here. Out here you had the fleet and
the Marines so it was an entirely different picture and the patients were really good.
After I was home—maybe I mentioned this to you. After I was there a couple of weeks,
the CO called me up and said to me—he called me in his office and he said, “Fran, how
many phone calls have you received at home since you’ve been here?” I said, “None.”
He said, “Isn’t it wonderful?” Because he had come from Bethesda. So, essentially, we
had to—the opportunity to, and push to get people into school and to graduate school or
to get their degrees. Now, of course, you have to have a degree to get in the Navy but it
wasn’t that way at that time.
LC: Particularly for nurses. They have to have a four-year degree.
FB: Yeah. Now you do, yes.
LC: Yes.
FB: But we had to send the three-year graduates back to school. So sometimes
you had to do a little pushing to get them to go back.
LC: Who would you have to push on? Them or higher up?
FB: Them. Because they would always have some reason, none of them
justifiable. Insecurity. “Well, I don’t think I can do it. I’ve been out of school too long.”
“You can do it. You don’t have to go to work; you just have to go to school.”
LC: Fran, did you take that on with direction from above or was that something
that you wanted to implement because you know, you had the opportunity, being in the
position you were, to actually go ahead and lean on people to improve themselves? I
mean, was there an order from, you know, BUMED (Bureau of Medicine and Surgery) or
something that pushed that along or did you come up with that and have that go forward
under your own steam?
FB: Well, BUMED had—we had what they called billets, educational billets. I
did more about this as a director than I was able to do when I was director of the nurse
corps than when I was director of the naval hospital. I did this at Bethesda, too, and I’m not patting myself on the back because it was a selfish motive. The more that we had gone out to school—out to say, University of Maryland, University of Virginia, wherever.

Wherever they were going to go to school. A lot of them chose their home states because they could get in-state tuition. We were paying for it, but nevertheless, the better off they would be in the long run. We were going to become an all-degree corps. We needed to get them done and needed to push them. Some of them needed pushing. They were insecure. They felt, “Well, you know, I don’t know if I can go back and do this.” I said, “If you want to make captain, you’re going to have to do it.” They all turned out really great. They all did a great job. So we sent them to many, many civilian schools and then later on (to) get their master’s. So we pushed very, very hard. Now we have several with their doctorates now and many with their master’s. You just can’t get any place if you don’t get your master’s. Does that mean that you’re that much better a nurse? Not necessarily, but it means you have the opportunity to do much better. Do you know what I’m saying?

LC: And you have broader opportunities, presumably, within—in terms of things that can be offered to you. There are certain things that would be cut off, as you’ve said, unless you have—now, unless you have a master’s degree.

FB: Well, when we get into being a director, then I’ll tell you more about that.

LC: Okay, good.

FB: But at the hospital, I did push, both at Bethesda and here, to get them to get their degrees. Now Alice Riley also taught me that. You know, she said, “We’ve got to get them to get their degrees.” So we would push them. I mean, I literally, would go in with the application forms into their wards and say, “Fill them out and sign them.”

LC: “Sign here.”

FB: Exactly. They were always so insecure that they would get into school, you know?

LC: Where you do think that comes from, that insecurity that you’ve been mentioning?

FB: Well, I don’t know.

LC: I mean, these are officers already. I mean, these women are officers.
FB: I know. But you know, I didn’t go to a three-year program so I didn’t have
that. But the three-year program, I think a lot of them felt that, “Well, this is the end of
the line for me. This is all I’m going to be able to do.” They didn’t see it as in the bigger
picture. Now, obviously, most of them didn’t think that they were going to be in the
Navy for thirty years or twenty years.

LC: True.

FB: That was another thing, to get them to go regular Navy from reserve. I really
pushed on that, constant recruiting.

LC: How successful were you?

FB: Very. The ones that I wanted, we got in. You know, there were some that
were deadbeats and you didn’t want them. You know, I’ll be honest with you.

LC: Right. But the ones that you saw promise and spark, you went after it.

FB: Absolutely and I wouldn’t deny it. Really, practically forced them to sign the
papers.

LC: Were there any issues with slots available or any bureaucratic limitations
internal to the Navy that would have made the pushing that you did more difficult or was
it pretty much an open field and if they wanted to come on, they could?

FB: You don’t have to be the brightest star in the sky but you have to be clever. I
mean, I’m sorry to put it that way. But I would send—when I was director—any
graduate program that had a slot, I would send a nurse to it. It may have had nothing to
do with nursing. It may have had to do strictly with administration but they would sit
around and say, “Well, we’ve got an empty billet.” I’ll give you an example. When
computers first came out, people didn’t know anything about it. They thought you had to
know a lot about math and all that stuff, you know. The school out in California, the
Navy Command—I can’t think of the name of the school right now. But anyhow, it was
out in California. Had a program to get a master’s degree in computer science. So
they’re sitting around there saying, “Well, we’ve got this billet. The medical
department’s got this billet and we don’t have anybody to go.” I said, “I’ve got
somebody that can go.” They said, “You do?” I said, “Yeah.” I said, “This kid was an
aeronautical engineer before he became a nurse. So if it’s about math, he can do the
math.” Okay, he got it. But when he came back to the bureau, he didn’t work for nursing
anymore; he worked for the entire medical department. But so what? You had a plant.

You know what I’m saying?

LC: Yeah. You had created his—well, you hadn’t, but a new capability had been
created and he was serving the Navy in a different area.

FB: If they had administration programs that were usually open to people to who
were in management and administration and management within the Navy medical
department but not necessarily nursing and they’d say, “Well, we’ve got two empty
billets.” “I’ve got two people I can send.”

LC: Did you have also, on the other side of the coin, people who tried to bring
themselves to your attention for—who wanted opportunities, who came to you and
said—I’m not sure what your rank was at this time.

FB: I was a captain.

LC: Who said, “Captain Shea?”

FB: But when I was talking about the others, I was an admiral then.

LC: Okay. Right, right, later on. But at this point, at San Diego, ’77, ’78, ’79,
you’re still a captain. Who came to you and said, “Captain Shea, I’d really like to have a
new set of opportunities. Can you help me?” Did you have people who did that?

FB: I think so, yeah. I think that they would come in and, yes, I would say so.

They would come in and they would want maybe anesthesia or do something else. Then
you would tell them how to go about getting it.

LC: Did that kind of thing fall primarily to you or to Anne?

FB: Well, it fell to me but that was because I wanted it that way. I mean Anne
would certainly talk to them and say, “Well now, you need to talk to the captain about
this and see what she says.” Because they were dependent on getting a positive
evaluation from us and if they didn’t cut the mustard, we wouldn’t give them a positive
evaluation. I mean, if they didn’t have the back-up, the fitness reports. Just because they
said they wanted to do it, they had to be able to prove they could do it academically
because we didn’t allow for failures.

LC: Were you also, at this point, how do I say this? Observing people, not only to
write a fitness report for them as you both had to do, I suppose, but also looking for the
next—looking for people who had great potential?
FB: Absolutely. Of course.
LC: What did you look for? How did you identify that? I mean, I know this is a difficult thing, certainly hard to quantify.
FB: I mean, if it was a young kid, you know, a young nurse it was very hard in a place that size, to know the in and outs of everything with them.
LC: Sure. Yeah, that’s right.
FB: It’s not the same as knowing them as personally as you did at Bethesda because it was a much larger facility. So you were dependent upon their area coordinators. By cutting the area coordinators’ job in half, which means making more coordinators, you had more people who were absolutely involved with their staff. They would recommend them.
LC: So you would get the word up the chain because of the reorganization that you’d done.
FB: Right. They would come in and say, “You know, I’ve got this kid and she’s this or she’s that.” Or she might not be good. We had some that—we had a couple of bad incidences there with drugs and had to get them out and that was not easy.
LC: Why was it not easy? I mean, to someone on the outside, that’s probably going to be a very clear case of someone that doesn’t need to be in a responsible position, certainly in the medical field. Why is it difficult?
FB: Proof was one thing. The other thing was the legal system.
LC: The naval, the military justice?
FB: No, the civilian, too. I had one nurse who we absolutely knew was taking morphine. No, Demerol. At least we pretty much had a lot of evidence. She had about two months to go in the Navy. In order to bring her to court martial, we would have had to extend her time and she also had a brother who was an attorney. He—I won’t say he threatened—yeah, he did threaten. So in the best of—the military decided the best thing we could do. We would have to extend her to take her to court martial. It would be—they were concerned that the case wasn’t as strong as it needed to be so they let her out of the service.
LC: After the couple of months had expired?
FB: Yes. The husband—the brother said that anybody, “If you say this to anyone, we’ll sue you.” So, of course, across my desk comes a letter of recommendation from a local hospital and they wanted to know an evaluation and all I wrote down was, “Under no circumstances would I ever hire this nurse.” Now if somebody said that to me, I’d have been on the phone, right? Saying, “What is going on?” They hired her.

LC: You’re joking.

FB: No, I’m not. The other one—

LC: That’s bizarre. Okay.

FB: The other one—oh, what did they call her? Looty. I thought it was because her name was Louise. She was very, very pretty. She was ordering drugs for patients, sending out patient discharge and she would go in and flutter those big blue eyes and they would give her the drugs. She had a chit and everything that she forged except one day, it was a woman at the desk, at the—

LC: Dispensary.

FB: The dispensary. At the pharmacy. She didn’t, you know.

LC: It didn’t work.

FB: So anyhow, she had—I’m trying to think of what they call that personality, where she absolutely—they gave her—she can’t tell when she’s telling the truth. There’s a disorder. I can’t think of the name of it. She couldn’t say when she was telling the truth. So they did lie detector tests and everything. So we couldn’t do anything to her. She was also engaged to a doctor and he just couldn’t believe that his Looty would do this. They got married and that marriage lasted about four months and he found out his Looty did do it. So we had just a couple of those cases. Not many.

LC: But those, I mean, they’re memorable probably—correct me if I’m wrong—because they probably took up a lot of time.

FB: Well, they took up time and you have to be so positive of what you’re doing. You know, you have to be absolutely sure that you can prove it. Then, you know, could we send them to jail? If we had been able to prove it. Or to some sort of rehab program or something, but stealing from patients is terrible.
LC: So she wasn’t just making up prescriptions for them and then keeping it for herself, she was actually absconding with drugs such that they weren’t given to the patients at all?

FB: Yeah.

LC: So patients were going without treatment?

FB: No, she would have ordered drugs that were not ordered for the patient.

LC: I see.

FB: And then taking them—quaaludes I guess.

LC: Oh yeah, sure. Quaaludes. Was there drug testing?

FB: Oh, yeah. We had drug testing.

LC: When did that come in?

FB: I think it came in certainly late ’70s or early ’80s. I forget exactly but certainly if there were any question, they did—you know, of your behavior—they did drug testing.

LC: But did they start—I mean, at some point they must have introduced random drug testing for everybody.

FB: Yeah, but I don’t remember when that was.

LC: I wondered about that.

FB: I don’t remember when that was.

LC: But certainly because these were naval employees, naval officers, they had to submit to a test, they couldn’t say—

FB: Oh yeah, you couldn’t say no.

LC: Right.

FB: No, you couldn’t say no.

LC: Wow. Well, those kinds of issues are sticky, especially if you were being threatened with civil action, too.

FB: Oh, yeah. You had to prove everything, you know.

LC: Would you call—I mean, what kind of—who would you call in to help with assembling the evidence? Did you call JAG (Judge Advocate General)?

FB: A lawyer. Oh, yeah. We had a JAG officer, yeah.

LC: Okay.
FB: I’d call him and I’d also call the psychiatrist.

LC: Who would be the psychiatrist? Would you have someone assigned to the
unit or someone covering?

FB: We had a psychiatric unit there. One of my big issues was drugs and alcohol.
We had an alcohol problem. Alcohol abuse—substance abuse facility at the hospital and
one of the things that I had to do, which was one of the best things I ever had to do, we
had a big alcohol rehab program at Long Beach plus we had a school up there. Now you
had to go through that school for two weeks as if you were a patient. The only difference
was that you went to the motel at night. They would maybe take ten officers at a time.
Sometimes doctors, sometimes nurses, sometimes Medical Service Corps, sometimes line
officers. It would depend. It was a fabulous program because you went through like you
were an alcoholic. You were confronted with your drinking. For example—and you
were in a group therapy and it was a very good experience and I’ll tell you because you
learned a lot besides alcohol. You learn a lot about yourself. For example—and that was
the time Betty Ford was admitted to the hospital there—the Navy abuse center.

LC: At Long Beach?

FB: Yes, yeah. She was. I had left that week but she was there after that. What it
was supposed to help you do was identify drug and alcohol problems because one thing
that—does this, are you interested in this?

LC: Yes, I’m very—I’m fascinated.

FB: One of the things I found out about myself was that if you drank, I gave you
an excuse. I’d find an excuse for you. For example, I’d say, “Well, she works so hard,”
or, “She’s got a miserable living situation.” I wasn’t conscious of this myself but there
was—I had an aunt who was an alcoholic and so you had that empathy. I mean, I didn’t
realize this about myself. I thought I was right down the line but I wasn’t. If you had a
problem with alcohol, I’d find an excuse for your drinking, which was not helping you
any.

LC: It’s enabling them.

FB: I was an enabler. Anyhow, in group therapy, this came out. Some things that
were said to me were very interesting. One, they asked me how much I drank. They do a
confrontation. I don’t know if they’ve changed the word.
LC: No, I think it’s still the same.

FB: They said to me, “Do you drink?” I said, “Yes.” They said, “What do you drink?” I said, “Well, I don’t know. Beer, alcohol, whatever.” They said to me, “Do you ever take a drink when you don’t want it?” I said, “Yes.” You know, “Do you want a drink?” “Yes.” They said, “That, for you, is wrong. If you don’t want that drink, you shouldn’t take it. You should say, ‘No, thank you.’” You know, I never thought about that. And it’s true. Because I didn’t drink a lot, don’t misunderstand, but you would go to a cocktail party and they’d say, “What will you drink?” You’d say, “Scotch and soda.” But if I didn’t want that drink, I would say, “I’ll just have a plain soda.” The other thing they said—we were in this confrontation of this young man who was not only an alcoholic, he was a drug abuser. We were all giving him input. I’m telling him, you know, giving him my input. Some of the nurses pointed, “You should do this, you need to do that.” He said to me, “You’re a nice lady but you think you have to help everybody and some of us don’t want to be helped.” Which I thought was a very telling thing. He told me, “You don’t know as much about what you think you do when you’re talking to these people that are—they have problems with alcohol.” Does that make sense to you?

LC: Yes, absolutely. This is interesting. You were then going—just to clarify for listeners—you were going through the program. It was essentially your participation was a teaching tool for you so that you knew something more about the program.

FB: Right, but I was going through it—

LC: But you were going through it with people who were actually—

FB: Alcoholic. I was going through it as if I were an alcoholic.

LC: Right. So you’re living into the program.

FB: Exactly.

LC: It was two weeks?

FB: It was two weeks.

LC: This was quite—I mean, this was pretty cutting edge stuff, I would think, for the late ’70s.

FB: It certainly was.

LC: That’s really quite amazing.

FB: It really was.
LC: Who came up with this idea, Fran? Do you have any idea who decided that
this would be a good teaching tool?

FB: Well, I think maybe—I wonder if Admiral Arentzen had something to do
with it because Admiral Arentzen was big on alcoholism and he was very concerned
about the program. I’m trying to think of the guy who ran it. He was Yugoslavian but
American, you know, and a psychiatrist and very, very good. In fact, he’s the one that
got Mrs. Ford sober.

LC: She was there just after you were?

FB: Yeah. I was at the—now, if I sent nurses up there for treatment, I had to go
up there before they returned to their hospital so they could confront me.

LC: You had to have a one-on-one with them or—

FB: There was other people there.

LC: Okay. So that they could confront you?

FB: Exactly.

LC: With being angry at you?

FB: Exactly. For sending them up for treatment for alcohol. Why did I do it?

LC: How many times, any idea, that you had to do this?

FB: Oh, I had a couple of them up there. Two or three times.

LC: Fran, I think it would be very interesting for you if you can remember
anything about how those—how you felt about that, those sessions.

FB: Well, I wasn’t too happy to go up. Because see, when I would confront them
on their drinking, I mean, it was like—excuse me, let me get a cup of water.

LC: Just take your time.

FB: It was like I knew I had to do it but I felt guilty. One of the nurses I had duty
with in Spain, she was a Mormon. So I had to confront her about her drinking. Now
when they were confronted, I didn’t do the confrontation alone. I sat in on it, but the
psychiatrists did because they knew what questions to ask.

LC: Right and how to handle what would erupt or what might erupt.

FB: This one that I had duty with in Spain—oh God, she was so mad at me. So I
went up there and that was—and she was going to come back in a couple of weeks. She
asked me what made me think that she was an alcoholic. I told her. I said, “Well, you
come to work late and your face is puffy.” You know the usual things. It turned out her husband was an alcoholic and got her drinking. Eventually the marriage broke up because when she came home and she was sober, he didn’t want a sober wife. I don’t know where she is now. But another one always worked pm’s—never wanted to work days and she was always late coming to work and she always smelled of like, men’s aftershave lotion. I can’t think of the name of it but it wasn’t a particularly nice one. Someone came to me and told me she was drinking. It was to cover the smell of the alcohol on her breath. So when we confronted her, one of the things we said was she was always late and she had an excuse for everything. Well, how often does that happen? You know, she was just—but the psychiatrist was there and, of course, by the time the psychiatrist got finished questioning her—because I certainly didn’t have the skills—she was sent up there. You know, I still see her. She looks fabulous and any time I see her, I may not see her but once or twice a year, she still tells me how many years she’s been sober. I had another one who called me every name under the sun.

LC: This is in—that’s all right, I can cut all that out. Don’t worry about it. I’ll just make a note. Just take your time, Fran. Actually, do you want to stop? Are you okay?

FB: No, I’m okay.

LC: I can cut all this out. Don’t worry about that.

FB: The coughing, I’m sorry.

LC: No, it’s fine, I’ll go back in.

FB: It’s my asthma. But anyhow, this one—and I don’t want to tell you their names.

LC: No, of course not. Please don’t.

FB: This one, oh my God. Her story was unbelievable. She was sleeping with a gun under her pillow at night. Oh, she had been an alcoholic for years and she was a very good supervisor. When she got out—got up there—she called me and she had the vocabulary of a sailor, I gotta tell you. She called me every name under the sun.

LC: Now this is during the confrontation or the meeting?

FB: Yeah. She called me every SOB under the sun. Wait a minute. She went up there and she was up there two weeks and she said, “I’m at home. This is where I belong.”
This is what I want to do in nursing for the rest of my life.” It was to work in alcohol rehab.

LC: Wow.

FB: I guess her story was just—because they all have to tell their story—was unbelievable. She went on to be one of the best alcohol rehab nurses you could ever find because nobody could fool her. She was kind of the type that would—she wasn’t afraid to use a few coarse words in her vocabulary. She would tell them, “Don’t give me any of that bull.” She was really terrific in her job. She said, “I’ve found my home.” She’d thank me, too. Not that you’re looking to be thanked, but to have somebody come up and say, “I’m sober. This is my fifth or tenth or twentieth year of sobriety,” it really makes you feel good.

LC: This sounds like a real learning experience.

FB: It was for me. They still have them. They’re not at—Long Beach is closed—but they have them at various facilities. Like I’m sure Miramar has one and they have to go out there an exercise every day. They have to run. I mean, they’re really, really—and see, this is the place where Betty Ford went. Betty Ford, the night that she was confronted. Her family confronted her and they had this doctor from the hospital and the nurse who also ran that program and they went out to Palm Springs. Her kids are the ones that confronted her along with her husband and they brought her to the facility and, you know, they had to make their own beds and clean up their own spaces and wash the floors and things like that. It didn’t matter whether they were an admiral or a seaman or what. She had to do it just like everybody else. Then, after she came out of there, one night, I can’t remember the name of the alcohol program. Maybe it was the AA (Alcoholics Anonymous) program. But one night we had to go to the AA meeting. We had to go to AA meetings all the time.

LC: All the time during those two weeks?

FB: Yeah, two weeks. At one of those AA meetings, she got up and she said, “I’m Betty.” They said, “Hello, Betty.” No one went out and told she was there. It didn’t come out in the papers for weeks, which I thought was something to say about the AA. No one. Buzz Aldrin, we had him as a speaker because he was—is a recovering
alcoholic. They always refer to themselves as recovering alcoholics. It was a tremendous experience. It was a learning experience and they did a good job.

LC: Did you then send people through as part of a training exercise, too?

FB: We did. We did send some up for training. Well, not as many, certainly, because you would have to be pretty senior to be going up there for training. Because they wanted the senior people to be able to identify someone on their staff. Believe me, after—not that you’re going to call everybody that walks along the street an alcoholic—you’re not. But after you’ve been through the program, the light goes on. You just look and see a situation and you know, I’m not saying you’re never going to be wrong, but you pretty much can tell.

LC: You had a better feel for whether—

FB: Whether they are. Some of them are—I forget the term for it. They’re not drinking, but their not sober. You know, they have problems. But I have tremendous respect for that. For them and for that group.

LC: Wow. This sounds very, very interesting and again, pretty cutting edge. I mean, the whole phrase “the Betty Ford Clinic” is just part of the vernacular now. But this was—

FB: But Betty Ford got that idea and she did the same thing that they do down—that they did down at Long Beach.

LC: She has—I think the facility—is it at Palm Springs? I think.

FB: It’s at Palm Springs.

LC: I think it is.

FB: She has a lot of the high mucky-mucks there, too, you know.

LC: Oh, sure. Yeah.

FB: But she’s never denied she was an alcoholic. You know, after that. But she became an alcoholic while he was in the White House. Also, she was in a lot of pain. I forget whether her pain was back or what. So she was—every time she’d have a pain, they’d give her something. After all, she’s the president’s wife. You’re not going to let her suffer.

LC: Right. But that’s still not good medicine.

FB: No.
LC: Were you able, you think, to locate then people who were having more problems on your staff as time went on, not only in San Diego but later on?

FB: I think so. I think so. Yes. Was I always one hundred percent right? No.

Did I miss some? Yes. But—

LC: But your antennae were up.

FB: Yeah, my antennae, and they still are. I can—like there’s a lady here now, in this building and I know darn well she’s an alcoholic.

LC: How do you know? Not about her, but I mean, what did you learn to look for?

FB: Well, on of the things is—of course their drinking is one thing. The other thing is—not everybody who drinks is an alcoholic—but the other thing is their stability. Their mood swings. Anything like that. You just—now and this woman that I’m talking about now, I would say, she’s not eating.

LC: Not eating.

FB: No. She’s lost a lot of weight. She often has slurred speech. Sometimes she’s not coherent and sometimes she gets into arguments. Now these could be other things. This could be some other mental problem or something but I think she’s drinking. Next time you’re in a group and you think that there’s somebody that might be drinking, look at their speech. Look at their train of thought and the red face isn’t always an indication.

LC: Right. What would you say was the most important thing that you learned from going through this experience?

FB: Well, one, of course, was to try to help identify them. To understand that they needed treatment but not to be judgmental so that if they came back to work, that you didn’t think of them as just another drunk. You know what I’m saying?

LC: Who you couldn’t rely upon to discharge their responsibility.

FB: To be forgiving. Because I met a lot of alcoholics who were very, very smart and did a great deal. Did it affect my drinking? Yes. If I want a drink, I’ll take it. If I don’t, I won’t. When I was in Washington at any kind of a public affair, I never drank anything but club soda.

LC: Yeah. Which is a good, I think, professional code to observe.
FB: But to look and to be compassionate, you know, I think that’s—to recognize it as a medical disease, not as just another drunk.

LC: You accepted that, the fact that it’s seen as an illness, that it’s an illness?

FB: Oh, yeah. Absolutely.

LC: That’s interesting because that was not—it took some public education efforts for that message to get across.

FB: It’s definitely an illness. There’s no two ways about it, as if you would have cardiac or asthma like in my situation. But it’s just a very—some people respond very well and some people have—they know they have to go the rest of their lives to—

LC: Fighting it or struggling with it. Yeah, the whole idea of having your consciousness raised both as a commander, as someone in charge of other people, as a supervisor and personally, it sounds like a very worthwhile couple of weeks that you spent.

FB: Oh, it was. But again, remember, it wasn’t to condemn anyone. It was to diagnose, to help in their diagnosis and get them to treatment. You got a lot of really smart people that were alcoholic.

LC: Oh, yeah. Absolutely. Well, there are—a lot of smart people are in different kinds of pain and that’s one thing that’s available, socially acceptable. You know, had been at that point for many years. Let’s take a break for a minute.

LC: Fran, did you have any experiences while you were in San Diego that were related to your Vietnam service? You’ve mentioned some of the people that you worked with there who had also served in Vietnam and kind of had a different take, for example on the plane crash, mass [casualty] situation. Were there others their who you worked with who you saw a difference in, partly because of their Vietnam service?

FB: Well, we all kind of knew one another. Not—if you wore your dress uniforms you wear you ribbons so you obviously would know. But we all kind of knew who had been there because there weren’t thousands of us you know. But we never talked about it. Never, ever talked about it.

LC: Why was it? Can you say why that was or why you think it was?

FB: Well, I think it was because nobody wanted to hear it, for one thing. Therefore, we didn’t feel comfortable talking to one another about it and it was sort of
like you weren’t supposed to have anything wrong. You weren’t supposed to have post-traumatic stress and there were nurses with post-traumatic stress. Many of them got out. I think that they had a better chance if they stayed in the Navy because at least—or in the armed forces—because they were at least with people that understood their circumstances and understood what they were upset about. Or if they were upset. But we didn’t talk about it. Annie had been in Da Nang, I was on the hospital ship. I don’t think we talked about our Vietnam experience two or three times.

LC: Really?

FB: She went on to be my deputy in Washington.

LC: Is Anne still around?

FB: Annie is but she’s not doing terribly well. She’s had some surgery and as a result of the surgery and I don’t know, she had some memory loss. I don’t think that they’ve indicated that it’s Alzheimer’s by any means but she’s worried about that, of course. But her memory loss isn’t as great as it is. I need to call her. She doesn’t have—she’s in Texas.

LC: Really.

FB: Uh-huh. In Corpus Christi. No. Is she in Corpus Christi? No. She’s not in Dallas. Where is the University of Texas?

LC: College Station. No, Austin. Sorry.

FB: She’s in Austin.

LC: She’s in Austin.

FB: I haven’t talked to her in a while. But she does have, apparently, some memory deficit so I haven’t—but we’ll see. She may be all right. It may be it happened post-operatively, after she had a hip replacement. You there?

LC: Yes, I’m here.

FB: They think it was just a problem with the anesthesia.

LC: The anesthesia, yeah. But I find it just remarkable that you two did not talk about Vietnam in the years that you worked together.

FB: Well, I mean the OR in Chelsea, the OR supervisor and I was the instructor, she was on my sister ship. We never talked about it. You see, it wasn’t well accepted in society. You know, you didn’t talk about it because when they found out you’d been in
Vietnam, you know it was like you were a killer or something like that and we just didn’t talk about it when that happened. But we did afterwards. You know, after.

LC: When did that start to change?

FB: Well, when they started with the Vietnam Women’s Memorial.

LC: Is that right? Is that when it started to change for you?

FB: Um-hm.

LC: Hunh.

FB: I was on the committee that helped the memorial.

LC: When did you first find out that there was an initiative developing around that?

FB: In the ’80s. It was in the ’80s. It was after I retired.

LC: Okay, well let me ask you about that later on, then.

FB: Because a lot of that has to do with when I was director of the nurse corps and what happened then and why I became involved in it.

LC: Okay, well I hope that you’ll stick with me so that we can explore that.

FB: I will if you don’t mind listening.

LC: (Laughs) No, I don’t mind. It’s really—it’s actually quite awesome, some of the things you have to say. Did you fancy staying in San Diego then for as long as possible?

FB: Yeah, I really liked it. I was there for two years and what’s not to like, you know?

LC: Well, this is true. (Laughs)

FB: The weather’s beautiful and it’s relaxed and the hospital was great and there wasn’t—and nobody from Washington could get you most of the time. You know in Washington, in Bethesda, it’s a very tense place because you’re always getting calls and congressmen or senators or somebody or other, you know. This way it was very, you know, it was a very relaxed thing.

LC: You had less stress.

FB: A lot less stress.

LC: Who did you actually report to when you were there?

FB: I reported to an admiral by the name of Brown. I knew him at Bethesda.
LC: What was his background?

FB: He was a psychiatrist.

LC: That could be good.

FB: Yeah, he was very good. He was good.

LC: Your working relationship—?

FB: Then I reported—after he left I reported to an admiral by the name of Bill Cox who was a cardiologist who later went on to be a surgeon general. He was very good. He was very, very smart and I liked him. I liked them both.

LC: What do you think they thought of you?

FB: Well, the truth, I think they liked me because I didn’t give them any problems. It’s as simple as that. If there were problems—and I learned this from Alice Riley—you solve your problems before you go in there. I used to be—that would be one of my mottos with the staff. If you have a problem—if you’ve got a problem, come in with a solution. It might not be the right solution, but come in with a solution.

LC: Have a suggestion.

FB: Yep.

LC: Have thought about it.

FB: That reduces your problems by a large number, as a matter of fact, because when they start to think it out, they realize how they can solve it.

LC: So you actually get fewer big, bad, stinking messes dumped on your desk.

FB: That’s right. I had learned a lot from Alice Riley, as I told you, that I would go in and give my morning report. These are the facts, the figures, and if there was a problem, how we took care of it. So I think that from that point of view, they liked me.

Now, socially, we didn’t interact. Well, a little bit with the Coxes, but not much. But it was just the way it was.

LC: In the position like the one you had, was it significant or important for you to be kind of socially around at different functions and on the scene? I don’t have a sense of that and I wonder how much of that you were supposed to do.

FB: Not here. Not here. In Washington, yes, and when I was the director of the nurse corps, yes. But not here. There were not that many—if there was a nurse corps birthday party or something like that, yes of course.
LC: Right. But some admiral’s cocktail party or something.

FB: No.

LC: Were you promoted during this period?

FB: Yes.

LC: To?

FB: I was elected to—I think it was in May of, let’s see, ’79. It was in May of ’79 anyway that I was promoted. It was ’79 that I was promoted.

LC: Now that would be to essentially a one star, is that correct?

FB: Correct.

LC: And is that—I’m sorry, I don’t know this. The air is too thin up there. Is this a rear admiral as well?

FB: Yes, a rear admiral. Now in the Navy, at that time, you were a one star, but they didn’t have—that changed after DOPMA (Defense Officer Personnel Management Act). But when I was selected, I was a rear admiral lower half, but I wore two stars.

LC: What does that—I mean, can you explain what lower half means?

FB: Like it would be a brigadier general so it was a one-star but you wore—at that time, it’s since changed, but at that time, you still wore two stars but you were only paid as an O-8, O-7, I guess.

LC: Okay, so that’s the scale.

FB: Pay grade, yeah.

LC: Who, to your mind, wanted to see this happen? I mean, someone had to take the initiative to—

FB: Well, you go before a promotion board.

LC: Did you have a mentor or someone who was pushing this, do you know?

FB: Not to my knowledge. There was one medical personnel on the board. I’m not even sure who that was. No, there wasn’t. They were all line officers.

LC: That’s astounding.

FB: Well, it has since changed, but they were all line officers. All line officers and they did the selection.

LC: Can you tell me about that board? Was it an interview, essentially?

FB: No. Strictly on the record.
LC: Okay, paperwork on your reports.

FB: And fitness reports, evaluations. I don’t recall there was a doctor on that board. I can’t remember if there was. I just remember that there were line officers. I didn’t even know it was in session.

LC: Really? How did you find out?

FB: I got a call from the surgeon general.

LC: And he said?

FB: He told me, “You’ve been selected for admiral.”

LC: You had no idea that this was coming up?

FB: I knew I was in the selection zone but there were like fourteen people. But I didn’t know—I’m not even sure I knew when the board met.

LC: So you weren’t like, you know, monitoring this and taking the temperature.

FB: No, I wasn’t. There were those that were but I wasn’t one of them.

LC: I’m sure that there are people who do that. So this just kind of snuck up on you?

FB: Well, if you want the truth, it didn’t really, because—

LC: (Laughs) Okay, go ahead and tell me.

FB: A friend of mine was the dentist in the White House and he called me and he did not see the list, but it had to go to the president to be signed. He said to the Marine who was bringing it in to the president to be signed, “I’m going to ask you if there’s a name on it and just tell me yes or no.” So he told him my name and the Marine shook his head, “Yes.” So he called me. So I wasn’t absolutely stunned. I was stunned when he called me but then I wasn’t sure that he got it right, you know?

LC: Yeah, you’re kind of thinking, “Well, maybe he was just pulling his chain or something.”

FB: That’s right. Then Admiral Arentzen called and told me that I had been selected.

LC: You know, Fran, obviously not a huge number of women at that point even had reached this level. What did it mean to you?
FB: Well, I was the fourth woman to be selected and I’ll be very honest with you,
I hadn’t a clue. The situation is different today than it was—how many years ago?
Twenty something?
LC: Almost thirty, yeah.
FB: Almost thirty years ago. Now they go through all these training programs
and stuff but I hadn’t a clue. I had never worked in a bureau but I had been director of
the two largest hospitals in the Navy. So I figured, “Well, whatever.”
LC: Did you figure, “Well, they’ve got more for me to do? There must be more
for me to do now.”
FB: Well, that’s what I figured, yes, but I had never worked for Arentzen. I think
the fact that I had been in Vietnam helped. Arentzen had been the medical officer on the
Sanctuary and so I think that it was strictly by the record. I didn’t know any of the five
officers that were on that board. I didn’t know any of them. So it wasn’t a political
thing. It wasn’t a case like well, I could go in and say, “Hey, listen.”
LC: You couldn’t schmooze your way in.
FB: Yeah, no. I was out here.
LC: Did you, at that point, know the other three women?
FB: Yes, two of them had been the directors. I was relieving Maxine Conder and
the one before her who had been the first woman admiral was Alene Duerk. Then the
first line admiral was Fran McKee. I knew of Fran. Fran McKee was maybe selected a
year before I was, so there were three of us—four of us. I was the fourth. But, of course,
I knew Duerk and I knew Maxine Conder.
LC: Because they were both from the Navy Nurse Corps?
FB: Yes. And I didn’t know Fran McKee but I got to be pretty friendly with her.
LC: Did any of them call you?
FB: Geez, everybody in the world called with their congratulations.
LC: (Laughs)
FB: Telegrams and all that stuff. It was really pretty remarkable.
LC: It sounds like a good ride. Do you remember any of those conversations
particularly?
FB: No, but some place I have all the telegrams and things like that. Letters in a book some place.

LC: Are you serious?

FB: I’ll send them to you. You’ll be sorry to get all these things. Now, I’m going to call them today to see if they can get it today and pick it up tomorrow.

LC: Okay.

FB: I didn’t do it over the weekend because I figured it would sit in somebody’s truck some place.

LC: Probably. We’d rather just have it come straight directly here.

FB: I’m sending my whole service record so you’re going to get more stuff than you’re—whatever you don’t want, send it back.

LC: Okay, I’ll make sure that the archivists know to send back anything that we don’t want. You know that that’s not going to happen. (Laughs)

FB: I know. My secretary in the bureau saved every piece of paper. Newspaper clippings, everything that had to do with me.

LC: God love her. And you’ve got it all. Or did have.

FB: It’s in the box to go to you.

LC: Okay, good.

FB: All my speeches.

LC: Superb. Excellent.

FB: You won’t be saying that, but all the speeches and everything are in those boxes.

LC: Fabulous.

FB: Then I’ve got more stuff.

LC: Yay!

FB: I haven’t even gotten to yet.

LC: Okay, great. Well are you in need of more FedEx slips?

FB: No, I don’t think so. I’m going to see what I can do with what I have today.

LC: Did you get the group of five?

FB: Yes, I did. I haven’t even opened them yet.

LC: Okay, good. So you’re well armed for future shipments.
FB: I went back to—they promoted me here. I had the promotion ceremony here and then I went back to DC and the surgeon general—I had to go back to meet him anyway and he said, “Well, who do you want as your deputy?” I said, “Well, I don’t know.” He said—I wanted to be fair, is what I wanted to be. He said, “Well, you get along well with Annie Steinocher, don’t you?” I said, “Yes.” He said, “Why can’t she be your deputy?” I said, “She can.” So I brought a couple people from [SD (San Diego)] with me back into the office. Not all were good decisions but—

LC: You brought them from San Diego?

FB: Yeah.

LC: Now, the promotion meant that you would have to leave San Diego.

FB: Oh, yes, and go back to the Bureau of Medicine and Surgery in Washington.

LC: As what?

FB: Director of the Navy Nurse Corps.

LC: Okay. I mean, Fran, at any point, did you ever do this kind of internal check that sometimes women who reach these kinds of positions do? I think they even have a name for it—the impostor’s syndrome—where you think, “I’m not sure why they picked me for this. I’m not sure I can do this.” Did you ever have that, those moments? Or were you all about the business and ready to go?

FB: I didn’t have any doubts. Now, I know that sounds very egocentric, but if they can do it, why can’t I? I guess maybe I was raised with that attitude in my family. If someone else can do it—my father said, “They’re no better than you are. If they can do it, why can’t you?” I think that’s a good way to be raised, really.

LC: Well, it’s a terrific gift, is what it is.

FB: Yeah, it is. And I used to tell the nurses that. If they’d say, “I can’t go to college. I can’t get a bachelor’s or a master’s. I’m not smart enough.” I’d say, “Somebody else can do it. You’re no dumber than they are.”

LC: Somebody—and also, I mean, in thinking about these things, maybe it occurred to you that someone has to do it.

FB: Exactly.

LC: I mean, they’ve got to have somebody to do it. It’s interesting that you didn’t do that. I mean, it’s 1979.
FB: But I didn’t know the politics either. Although, I had a pretty good view of
the politics in Washington. Nothing can prepare you for the politics in an environment
like that and it is political. There’s a lot of politics.

LC: At what point during the year of 1979 did you go back to DC then?
FB: I went back to DC for good in June because they had a turnover party. That
is, the old director left and I came in.

LC: Who were you succeeding as director?
FB: Maxine Conder. Nowadays, they have big promotion ceremonies but mine
was very, very small. My parents were down and a couple of other people. We went in
to the secretary of the Navy’s office and he swore me in. Sitting in the secretary of the
Navy’s office was one of the POWs from Vietnam. He found out I was being promoted
and somehow he got in there.

LC: Who was it? Do you remember?
FB: Yeah, it was—geez, if you hadn’t asked me, I could tell you.
LC: That’s okay.
FB: The name will come to me.
LC: But he obviously remembered you.
FB: Yeah, somebody must’ve told him and he came. I can’t think of his name
[Jim Bell] right now but it’ll come to me. That was all that was in the office. We had a
retirement party for the outgoing director and an incoming party for me.

LC: I was going to ask if she went into retirement or had an additional posting.
FB: No, she went to retirement and she went out to Utah and she’s—I don’t know
if she’s still doing it—but she was very involved with the Mormon Church and the
projects that they were doing.

LC: Had she had the exact same rank as the one to which you had just been
promoted?
FB: Yes.
LC: Okay. What, if any—and this is not to knock on her—but what, if any,
outstanding issues where there as you came in as director? What was on your plate? Not
in terms of politics but in terms of actually managing the corps? What were the key
issues?
FB: Billets and bodies. Billets mean getting the number of people that you need
to do the job and the people to fill those billets. See, it’s all about money. That’s one of
the things it’s all about. For example, you can have—if you have an allowance of
twenty-four hundred nurses, those are twenty-four hundred billets that you can have
filled. It’s your responsibility to keep them filled. Now if you need twenty-six hundred
or more than that then you have to go with the papers to go before Congress through the
years, you know, to get them approved.

LC: Yes.

FB: The old saying was, “No billets, no bodies.” So you can’t, for example, I
couldn’t suddenly take in fifty nurses if I didn’t have billets for those. So you had to
budget for that. Now sometimes you could borrow billets from somebody else. Some
other service or some other department in the medical department. But it was pretty hard
because people hold those things like their life depends on it because it does. Education.

We had a lot of people without their bachelor’s degree.

LC: And you wanted to—the goal had been stated as an all-degree corps.

FB: We had nurses going into other areas like nurse practitioners. Otherwise
they’d been in anesthesia but this whole nurse practitioner thing was relatively new. We
did have a program, as I mentioned, at San Diego with UCSD but it really just blossomed
because nurse practitioners are not junior doctors. That’s not their role.

LC: What is their role?

FB: Their role is to see patients, to evaluate them, to treat them. They can make
diagnoses but they work under a physician. But they’re terrific. If you’ve got a nurse
practitioner taking care of you, they really listen to you.

LC: Am I right in thinking that they are with the doctor’s authorization are
empowered to write scripts?

FB: Oh, yeah.

LC: They’re working closely with, obviously, and reporting to a physician.

FB: Some of them are midwives. Some of them OB/GYN, some are pediatric
nurse practitioners.

LC: But this was a new, basically a new genre? Right?

FB: It certainly was.
LC: You were trying to what? Figure out how it would play into, what role it would have within the corps?

FB: Well, yes, but you also—you have to prove if you want something. You pretty much have to say, “Okay, I need this type of billet for such and such a reason.” You pretty much have to have your ducks in a row as to why you want it. You just can’t say, “I want them.” Sometimes they fall into your lap but—

LC: But don’t count on it.

FB: No. No, no. You have to—my philosophy and it was truly self-serving for the nurse corps, was to get them in as many positions as I possibly could because you don’t have any power if you’re not in control.

LC: And you need a seat at the table.

FB: Absolutely. Was it power for power’s sake? I’d like to think not. I think it was for improvement of patient care.

LC: When you, as you must have had to do, gave public talks or had to make appearances or that sort of thing, did you try to emphasize—what did you try to emphasize? Was it patient care?

FB: It has to be about patient care and patient teaching.

LC: What does that mean, patient teaching?

FB: Well, you know, who teaches a patient how to give insulin to themselves if they have diabetes? Who teaches them how to test to see if—to test their urine? Who teaches them how to—if they have asthma—how to use an inhaler and what medications to use? Who teaches them about, if they’re pregnant, about what to anticipate? Now don’t tell me the physicians do because they don’t. You need somebody to do this kind of thing. I have a nurse practitioner that I go to, OB/GYN, well, for GYN, and if I tell her something like, “You know, I’m having bladder infections.” She’ll say to me, “That’s a bummer, isn’t it?” I’ll say, “Yes, it is.” Then she explains why I’m having a bladder infection. As you get older, your intestines and the wall to your uterus, if you still have one, thins and the wall of your bladder and the infections of bowel come into the organism, the bowel come into the bladder.

LC: It can migrate.
FB: Yeah. But have you ever had a doctor explain that to you?
LC: Not ever. I had no idea. Yikes.
FB: Or then say to me, “Now, look, this doesn’t always work but it does. You go to the store and you buy some crystals.” I don’t know. You probably don’t have these. We have these health food stores here. I don’t know if they have them any place else. “Vitamin C. And you take the crystal. You take a quarter or a half teaspoon full of the crystals a day in water and it acidifies your bladder—your urine—and the acid in your urine kills the organisms.” Now, who tells you that?
LC: So rather than write you a script for amoxicillin or something—
FB: Well, she would write you a script. She certainly would.
LC: But she’s also teaching you about what’s happening.
FB: Exactly. What’s happening.
LC: Yeah, what the mechanism is.
FB: That’s what nurse practitioners do.
LC: What role did you see for them?
FB: Oh, every place. On board ships.
LC: Yeah, I can imagine. I can believe it.
FB: In combat. You name it. They can go any place. Not that the other clinical specialists can’t. They can. How can I put it without sounding—but they have—you know, physicians are trained or educated in a different way from nurses except for military hospitals and military medical schools. In the military hospitals or medical schools, they’re taught to be team players. In the civilian—now this is an opinion, you know, it’s not written in stone. In civilian facilities, they’re taught to be individualists. You know, they’re the ones, not the team. The kids that are in the military, the military nurses will tell you they like to work with the guys that graduated from the military university in DC because they are part of a team and they talk to you as though you really know what you’re doing and you’re part of the team. So I was anxious to get that and people who were interested. I was anxious to get them. Also, remember, I had male nurses. To put male nurses in a situation where they are considered equal and to give them the opportunity that they might not get otherwise. So we couldn’t afford to look as though we were discriminating against male nurses.
LC: How big an issue was the idea of discrimination, whether based on gender or based on race? How big was that becoming in the late 1970s?

FB: Well, for us, it wasn’t.

LC: Why was that? Because you know in the wider world, late 1970s, this was starting to really—

FB: The military is different. We don’t care what they are as long as they do the job. That’s the result. Now, my executive assistant was black and people said to me, “Did you take her because she was black?” I said, “I took her because she was smart.” I wouldn’t have cared whether she was black, white, pink, or purple. She graduated from the post-graduate school in California. She knew everybody.

LC: At Monterrey?

FB: In Monterrey. She graduated from there. All of her students—not all of her students—all of her classmates were in DC as assistants to the big mucky mucks. If I needed information, all I had to say was, “Madeline, we need to know this.” And Madeline had it. Why would I care what she was?

LC: When did that kind of question come up? When you actually appointed her or in later years?

FB: Well, I guess around the time I appointed her. I can’t imagine anybody questioning. I mean, I’m not a saint by any means, but I didn’t bring anybody in there that I didn’t think was smart and could do the job.

LC: Well, yeah.

FB: That one I did bring in there was smart and could do the job but she had no people skills. So we found a job for her where she could do this other business where she didn’t need people skills.

LC: What kind of job would that be?

FB: Well, she was busy building hospitals.

LC: Okay. So, planning.

FB: To do that planning. Don’t ask her to sit down and talk to you because without meaning to, she’d insult you.

LC: Really?

FB: Yeah. I didn’t realize that about her because she never insulted me.
LC: She was kind of on her guard, probably, with you.
FB: Yeah. But no two ways about it, she was smart. But she just couldn’t coordinate her intelligence with her whatever.
LC: With her social kind of interactions.
FB: Right. She’s still that way. But Madeline, Madeline was terrific. She was my executive assistant.
LC: Now, this is Madeline Ancelard?
FB: Ancelard was her name, and Madeline was really sharp. If there was something you needed to know, she knew who had the answer. Those are the kinds of things you know, you need in your office. I guess I sound awfully self-serving and I don’t mean to, but you have to have somebody who really—a lot of things just sort of fell into place. Like Annie Steinocher was just kind and nice to everybody. She would sell them the moon and they’d go there thinking that they had gotten a great deal. She really could because she was a detailer. We would talk about some of them. Some of them we never talked about but some of them we talked about and she would say—she would call them up and say, “I really need you to do this.” And they’d say, “Okay.”
LC: She just had the right spin.
FB: She did.
LC: But Madeline was, it sounds, also very, not only competent but connected and—
FB: Sharp and a tack.
LC: Yeah. Well, I mean, when you have good people, it makes you look good, doesn’t it?
FB: Well, of course.
LC: I can say that to you, admiral.
FB: Yeah it’s true.
LC: It makes you look good.
FB: It does. I had a great secretary there and as I said, she saved every piece of paper. I hadn’t even looked through it until the other day. But she—I mean, it’s more information than you’ll ever want. But then as time went on, there’s a lot more to this story. Being an admiral, I’ll tell you.
LC: Oh, well, yes ma'am, I’m sure there is. I’ll tell you what, let’s take a break for right now.
LC: Go ahead Fran.
FB: Okay, my first experience, I had just been promoted and the surgeon general asked me if I wanted to change. Usually the director of the nurse corps then made the changes of where she wanted nurses to be sent. I knew the nurse who had relieved me at Bethesda—her name was Nancy Furmanchek—was due to retire and she wanted to go to Florida to live. I was certainly not a big buddy of Nancy’s. But anyhow, I got a call and I had to go back to Washington for this, that Admiral Rickover—she was a friend of Admiral Rickover’s wife. Admiral Rickover’s first wife died and he married a Navy nurse who to this day refers to him as “The Admiral.” She never calls him by his first name.
LC: Okay.
FB: So that gives you an idea. Now I had Admiral Rickover as a patient so I knew him as a patient. I used to make rounds. So he got this cockamamie story hooked up, went to the surgeon general. I did not know he and the surgeon general did not get along. This was Admiral Arentzen. He was going to charge me with dereliction of duty or some such thing because I was moving someone when I didn’t have the authority to. I hadn’t been sworn in. And that’s true, I hadn’t been sworn in. But he was going to get me out of there and all this stuff. So I was—
LC: Now what was he—who was the person that you were supposedly moving?
FB: Her name was Nancy Furmanchek.
LC: Now, this is the gal who was chief nurse at Bethesda.
FB: Yes.
LC: Who was retiring?
FB: Well, she was due to retire.
LC: Oh, okay.
FB: She was due to retire within a year or so, so she had mandatory retirement. Knowing that she wanted to go to Florida, I was going to send her down there, to Jacksonville, to be chief nurse. Of course, it’s a small hospital. She didn’t want to go...
and so he cooked up this story that I was doing something illegal and because he was
Arentzen—

LC: Because he was Rickover.
FB: Because he was Rickover, they weren’t going to cross him. Now, Arentzen
would’ve crossed him but you know, he was retired-retained. But the line at that point in
time—later on he lost favor—but at that point in time, they were not going to retire him.
And so they stuck behind him. So I had to go back to DC and rescind her orders before
they even got there so that she could stay at Bethesda. That was done because she went
to his wife and to him and said she didn’t want to leave Bethesda. Now the commanding
officer, whatever she did to the commanding officer, I don’t know. But he wanted her
out of there. You have to take those into consideration. So before I even stepped into the
office, I had Admiral Rickover down there ready to nail me to the wall.

LC: And having him on your case—I mean, that’s not a good thing.
FB: No, it’s not. They said to me—and I told the surgeon general, “I’m sorry I
caused you all this trouble.” He said, “That’s okay.” Because—and this is not generally
known, but he said, “It wasn’t really about you. It was about me.” He said, “My brother
was a submariner who was the one that did all the research on the nuclear submarines.”
Rickover took it from him.

LC: This would have been way back in the early ’50s?
FB: Way back, yes.
LC: Or even earlier?
FB: The ’60s, maybe. The ’60s or ’50s. Rickover took it from him and never
gave him credit for it. So there was just too—there were just arguments, there were just
disagreements between Rickover and Arentzen. At least, that’s what Admiral Arentzen
told me. The paperwork—I’ve included that paperwork in there.

LC: Okay.
FB: It’s just a memorandum for the record, you know.
LC: Sure. Sounds like you got caught in the crossfire.
FB: I did. I did.
LC: Well, I mean, were you intimidated?
FB: No, I wasn’t. I mean, I’m not the brightest star in the sky but if you can’t win the battle, there’s no sense in going on with the war. I said, “Okay, if he says this is what he wants, we’ll do it.”

LC: Well, it sounds like—if I’m correct—you were moving her to Jacksonville partly out of her own expression of interest in going to Florida.

FB: And also because the CO wanted her out of there.

LC: But you didn’t know any details about the background to that, why he preferred—

FB: Well, the only thing he told me was that when he asked her to get things done, she always had an excuse for not doing them. One of the first things she did when she came into the office—now I learned from Captain Riley to save records, to save information, even if it was a couple of years old because you never knew when you would have to go back and get it. Why did a nurse do this or why was she transferred? Save it. First thing she did was clean out all the records and throw them out. So she didn’t have any background to go back and tell you, “Why did we put extra nurses in ICU or why did we do this or why did we do that?” It was all there but she threw them out. He was a very mild man. As I recall, he was very mild.

LC: The CO?

FB: The CO. But he was very—you know, he wanted things done. He didn’t want—none of them want you to say, “I don’t know,” or “I can’t do it.” They want to hear, “Yes,” and that’s it. If you can’t do it, you have to prove it in writing what the problems would be and come up with an alternative solution. I don’t think that’s so unreasonable. But you just can’t go in and say, “I can’t do it.”

LC: Which sounds like, “I don’t want to do it,” or “I don’t care about it.” I mean, it can be interpreted—

FB: Most of the time they’re getting their information from above. So that was my welcome to Washington.

LC: Now, did you ever see Admiral Rickover at a function after this?

FB: No.

LC: You did not.

FB: No. He didn’t go to functions. After this he got into big trouble.
LC: How’s that?
FB: See, Jimmy Carter was one of his submariners.
LC: Yes, ma’am.
FB: That’s why he got all that, you know—well after Carter, it was President—
LC: President Reagan.
FB: No—oh, was it Reagan?
LC: Yeah, President—
FB: You’re right, it was Reagan. Reagan didn’t care about that stuff. He had his
own new team in and they felt that—the secretary of the Navy at that time didn’t feel that
Rickover had any place in the institution and they found some discrepancies about
money—not that he took it—but they found some discrepancies anyway and he left. He
was just a very difficult man.
LC: He would have quite—
FB: Old.
LC: Elderly at this point.
FB: Yup. In his eighties.
LC: Yeah.
FB: He married a much younger woman.
LC: What did you know about her? Had you ever come across her?
FB: Oh, I knew her but I didn’t know her well. She was a nurse that took care of
his first wife in the Navy.
LC: Oh, is that right? Okay.
FB: That’s how he knew her. She took care of his first wife.
LC: I see, I see.
FB: He would send her flowers and things like that and then when he decided to
get married, he asked her to get married and that was it.
LC: And she’s till around?
FB: Yes she is, she’s still in DC and I don’t see her very often. But she told
Annie Steinnocher—she was very good friends with Annie—she told Annie that this was
not her idea, that she did not tell her husband to do this but that Nancy had.
LC: It sounds like—I mean, I don’t know how you write it at the time—but it sounds like he was trying to kind of throw his weight around on an issue that didn’t really, in the larger scheme of things, make much difference in the running of the Navy. But maybe to take a poke at Admiral Arentzen, as you say.

FB: Yeah, and then to prove he could do it.

LC: Yeah.

FB: Because there was no way I could stand up to him. Now what he did, though, was that he lied. See, that wasn’t true. What he said was I was assuming a role that I had not yet been sworn into. I was making decisions. But it wasn’t true. You didn’t have to be an admiral to make that decision.

LC: Nor did you have to have been officially sworn in.

FB: That’s right.

LC: Presumably. I mean, that doesn’t sound right to me, but—

FB: It’s all there in the papers.

LC: Okay. Well, it will be interesting to look at—

FB: As far as that goes, I just ignored them for the rest of my tour of duty.

LC: I think that was probably wise. And you had plenty of other things to be getting on with.

FB: A lot.

LC: Well—
Interview with Francis Buckley
Session 5 of 8
September 22, 2005

Laura Calkins: This is Doctor Laura Calkins of the Vietnam Archive at Texas Tech University, continuing the oral history interview with R. Adm. Frances Shea Buckley. Today is the twenty-second of September 2005. I’m on the campus of Texas Tech in Lubbock and Fran is speaking to me by telephone from California. Good morning, Fran.

Frances Buckley: Good morning.

LC: Thank you again for your time and for participating. It means a great deal to us. Last time we spoke, you had been nominated and then approved as director of the Navy Nurse Corps and I think you came into office in 1979. I wanted to ask you a little bit about the broader milieu into which you walked when you took office as director. This is the time when enlisted women were being put on ships for the first time since wartime, outside of hospital ships. I wonder whether that, A: had any impact on the types of things that you did in your job and, B: whether you had any general observations of that process.

FB: Well it did have—you may not remember but the first ship—there was such an opposition to women aboard ship that they—but they needed them because the draft, there was no draft and people didn’t have the reason or need to enlist. So I can’t remember the name of the ship but it was manned only by women. The CO was a male. It wasn’t the Googins. It was something like that, though. I can’t remember the name of it and they had all women aboard it. But then the men really resisted this—the Navy really resisted this. But they really didn’t have a whole lot of choice. Now remember, at this point in time, women had started in the Naval Academy and they started in West Point. So this was in the late ’70s that this happened because I remember going over to talk to some of the midshipwomen about how they were doing. This was a program that had been set up.

LC: You went over to the Naval Academy?

FB: Right. And I also went to the Coast Guard Academy to talk to the women there. They had a hard time. There’s no two ways about it. But I think it’s such an
accepted thing now, people don’t realize that. But I think the men were, even the
midshipmen, were not accepting because they were coming into a male domain, you
know?

LC: Sure.

FB: What we did was—it had to do with billets. If they needed someone on a
ship, a nurse, and they didn’t have the billets, then you had to lend them one. I mean, it’s
like—I don’t know how to explain it. It’s like playing checkers but the other partner
doesn’t have all of the chips or whatever you call them and so you have to lend them
some of yours because it comes out of your budget. Do you know what I’m saying?

LC: Right. You’re moving the assets around.

FB: You’re giving them—it takes about a year or two to budget for a billet, to get
someone to be in a certain position if they didn’t have it. But they needed nurses. First
they needed nurse anesthetists because in the past, on the carriers, they would send a
dentist to an anesthesia program for six months. Finally one of them said, a commander
said, “I can’t do this. This is a wrong thing because I don’t have the skills. I can’t do in
six months what residents do in two years.” So they said that they needed a nurse
anesthetist and would I lend them the billet? I said, “Yes, but it’s got to be a woman.”
They said, “No, no, it has to be a man.” I said, “No. Our billet, our decision.” Because
ninety percent of my anesthetists, at that time, were women. So they said, “Okay. But
she’s not going to deploy with us and she’s not going to do this and she’s not going to do
that.” I said, “It’s your call.” So they put this—we put this nurse on the—she was the
only woman on the ship. That was the fallacy, though, because industry had women that
were working alongside men in various positions to do ship repair and things of that sort.

LC: Yes. Off—not on the scene.

FB: Yeah. Not in the military. So this wasn’t—and they got underway with
them. So the biggest problem they had when this nurse went with them was that some
commander had to give up his berthing facility, his private room, because they had to put
her in a private room. I said, “Hey, that’s not a bad deal. I mean, you’re getting a nurse
anesthetist.”

LC: Did you actually speak to the woman that you put in that position?

FB: Oh, yes.
LC: Did you bring her into the office and talk to her about it?
FB: No, I didn’t because I forget where she was stationed even. I explained the whole thing to her. She was agreeable. She knew it was only going to be for a short time. They kept saying, “She can’t deploy. We’re not taking them with us.” That’s fine. This is before other women in the line that were really active on ships or anything like that. They only had that one ship that had all women. So she was really the first woman to go.

LC: Do you remember her name, Fran?
FB: I don’t. Pat something, but I don’t remember.
LC: That’s okay.
FB: It’s been a long time.
LC: That’s okay. Somebody will figure it out.
FB: We talked to her about it, you know, when she got back and she was married, had a family, and she wasn’t terribly concerned that they didn’t talk to her. But she said that she almost shunned. It was not easy but it broke down the barrier. Then the Marines said, “Well, we need a nurse.” This one fellow up at Camp Pendleton had told them, “We can’t teach our corpsmen, we can’t go out in the field and do the things we’re doing without someone who can do clinical teaching.” So the Marines called me and they said, “We need a billet.” Because they didn’t—they would have had to budget for it and it would have taken two years. I said, “Okay. I’ll send you a nurse.” But I said, “It has to be a woman.” He said, “Well, that’s up to you, but she won’t deploy with us.” I said, “That’s your choice but we are predominantly a female corps.” At that point, I don’t know if we had any male captains yet or not. I don’t know where they had been. Yeah, I guess we did. Where they had been in the Navy long enough, you know?
LC: In the nurse corps.
FB: In the nurse corps. So anyhow, they said, “Okay.” I sent them this—her name is Cazerra, Liz Cazerra. It was—I forget what it was then but she’s been married and lives out in the desert. She was an outstanding instructor. Outstanding. That’s why I sent her. Anyhow, they said, “She’s not deploying.” I said, “That’s okay, that’s up to you. That’s not my job, not my problem, my concern.” So I had to talk to her about something. I don’t remember what it was even. So I called her and they said, “She’s not
here.” I said, “Well, where is she?” “Well, she’s deployed.” I said, “Where is she deployed to?” “Oh, with the Marines to Korea.” I said, “Yes! We got them.” The next thing I heard was—see, this was out here in the West Coast. The East Coast, “Where’s our nurse? We don’t have a nurse?” “Well, you didn’t have a billet.” But you know, sometimes you had to steal from Peter to pay Paul. But you know, whatever you could do that was going to make it different. We had to send one nurse. One nurse down to Diego Garcia. She was going to be the only woman on the island.

LC: Diego Garcia, for those who don’t know where it is—
FB: It’s in the Indian Ocean.
LC: Yeah. Way in the middle of the Indian Ocean, right?
FB: Right. All males. No females.
LC: She would have been the only woman on the island?
FB: On the island.
LC: Okay.
FB: So I had to pick somebody who was strong. It had to be like a lieutenant, you know, it couldn’t be—I don’t think she was lieutenant commander. She was lieutenant. Her name was Kathy Fornet and one of the things that she had to do was to go to a program on alcohol rehab because they were going to have—these men had not little to do there and drinking was one of them. She had a very opinionated idea of alcoholism. She was from Louisiana and she thought they were all bums. We sent her to the rehab program.
LC: Which you described earlier.
FB: Yes. The instructor, the doctor in charge came up and said, “You cannot send her.” I said, “Why not?” “Because she has no feeling for these alcoholics. She calls them bums and she doesn’t make any—” I said, “She’s going. She’s got the best—she’s got a record. She’s good. Yes, she’s outspoken. Yes, she’ll tell them what she thinks. But she has to go.” Well, wouldn’t you know that this woman had to confront her commanding officer about alcoholism and he came back for treatment? And she did it. I mean she didn’t go in and call him a bum or anything like that. That wouldn’t have been the smart thing to do, but she got him treated. She did very well. She was very good.
The one reason that we had to have the women there—oh, the *Gompers* (Editor’s note: USS *Gompers*) was the name of the ship.

LC: The *Gompers*?

FB: The *Gompers* was the name of the ship that was all women.

LC: *G-o-m-p-e-r-s*?

FB: *G-o-m-p-e-r-s*, I think it is. The *Gompers*. The *Gompers* would go in there but also other—I don’t remember—yeah, they started putting women on other ships but they didn’t have—if they had to go in there and they got sick or they had some problems, there was no one there to talk to them and take care of them. That’s why they put the nurse over there. At least that’s what they told me.

LC: Right. And how long would she have stayed out there.

FB: A year.

LC: Did you have any chance to speak to her when she came back?

FB: Oh, I did.

LC: How did it go?

FB: It went well because she was in control. I mean, what you saw was what you got. Even when she was an ensign. If you made wards, ward rounds, and things weren’t going quite right, she’d tell you it sucks. (Laughs) But that’s okay. She didn’t tell you what you needed to—she told you what you needed to know, not what you wanted to hear. And that’s why I felt she was perfect for it. Anyhow, she fell in love out there and married a lawyer when she got back to the States, but stayed in the Navy and retired. So that’s the story of Kathy Fornet.

LC: She sounds great.

FB: Oh, she was a character. I had a lot of characters but they’re the ones that really made it. So getting the women, you almost had to—once the Marines took the women, no problem. The Navy was a little slower. But then they finally had to face reality. They could not man the ships without women.

LC: What do you think was the difference there? Why did the Marines have that slightly more accepting, a little more ahead of the curve kind of approach?

FB: Well, as far as the nurses were concerned, the Marines have a great deal of respect for the nurses. Because after all, they took care of them in all of the wars and
they really have a lot of respect for them. I think when the reality hit them that, “Okay, we’ve got this nurse. It doesn’t matter she’s a woman—she’s really good. She does a great job, she teaches the corpsmen, she’s out there humping around with the Marines, you know.”

LC: Getting it done.

FB: This particular one was kind of physical. She ran and all that stuff. They love that stuff. So I think, for myself, that it a great thing that she went. That was a start and once we got one or two or three in place, then it began to just—you know, but I wouldn’t give in and say, “You can have a man.” Wouldn’t do it because it was then going to deprive a woman of an opportunity for promotion. Because if you looked at the record and you looked and you compared two records and here’s this man, he’s got all these wonderful things and this woman has been in the States except maybe she went to Sigonella or some place like that for a year. Who are you going to pick to promote?

LC: Yeah, just on the basis of what their record says.

FB: I couldn’t do that. I’ll be very honest with you and say that. I pushed them in as much as I could. Got them into programs, got them into schools, did anything I could. But I could not, at that point, not so something for the women as well.

LC: Right. Particularly since there was this—there was, on some level, a broader push going on for integration. For gender integration, I mean. You could kind of rely on that a little bit, too.

FB: It was—they didn’t go peacefully into the wood, you know.

LC: No, it was uphill.

FB: It was uphill. They were not—I don’t want to say they were not happy. You know, they were not happy. They just couldn’t—and then at that time was when—about that time was when we started having nurses as commanding officers. That was a shock to the system. But they were far better prepared than physicians because, you know, you’re talking about, say, a chief nurse who maybe has a staff of three hundred in comparison to a doctor who has a staff of fifteen. Now, they may have had—other specialties may have had more, you know. So who has the experience?

LC: To run a big shop.
FB: To run a big shop. And they’ve done a great job. Actually, what happened, I guess—I don’t remember how long I was director of nursing service, but—I mean, director of the corps. But I was only director of the corps for a few months when we had, oh, this massive change. I’m trying to think of his name. He was secretary of the Navy. He was John Lehman. John Lehman was going to have a six-hundred ship Navy. But what people don’t understand is that you have to get the money from Congress to budget for these things. It’s okay to say you’re going to have six hundred ships and you’re going to have ten thousand more people on active duty and you’re going—but if Congress doesn’t give you the money, you’re not going any place. So anyhow, he reorganized for the tenth time the Navy medical department which has been reorganized until death do us part, I’ll tell you. So they said they didn’t have enough flag officers to do all that he wanted. Now, supposedly he said it. I don’t know. He said, “Well, you have a nurse and she’s director of the nurse corps. Make her—she can be a commanding officer, too.” So they said, “It’s only going to be for a couple of months, Fran. You’re going to be the director of the nurse corps for—and this job will be right here in Washington. But you’ll also be the commanding officer of the health school of the education training.” Let’s see, Health Sciences Education and Training Command was the name of the place. That was the facility that had control of all the money for education and all of the education programs. Medical students, residents, nursing students, corpsmen, any program that we had was funded from there. I had no idea. I had never been an executive officer so I just had to go and run it like you’d run the nurse corps. Now I did put some nurses in there because I knew they were smart. I knew they could do the job and that they were loyal and I love that. That never was a problem. I used to—I had two great secretaries. One downtown in Washington and the other one out in Bethesda. I would—I was totally spoiled. I would show up at work for one or two days at the bureau and my secretary had everything laid out, all the appointments made, everything taken care of. All I had to do was show up and do the work. Then I’d go out to Bethesda, which was about fifteen miles away, you know and the same thing happened there. I had a physician who was an XO. That was another thing; they thought I was going to fire all of the men. LC: They thought you would?
FB: Oh, yeah, this was the rumor. “She’s going to fire all the men and she’s
going to bring in all the women.” I said, “You know, I’m a woman. I’m not stupid. Why
would I do that?” That’s a dumb thing. But my XO was a doctor, a physician and he was
terrific. So I had a big staff of civilians. So it was a very educational time for me as well
as for everyone else and I was only going to be there for two months, three months. They
didn’t even really have a very formal change of command, you know. It was like in the
office and we had coffee and donuts afterwards. The Navy is big on these change of
commands, you know.

LC: Right. There’s an opportunity for a little ceremony, a little show.

FB: Oh, yeah. We didn’t have any of that. In fact, I have some pictures that are
going to be in some of those albums.

LC: Okay, good, good.

FB: So I started and the first thing the secretary said to me was, “Listen, they
planned a reorganization and it’s a disaster. Nobody knows what they’re going to do.”

So the first thing I had to do was I had to take her word for it, you know, and say, “Okay,
let’s hold off on this change and reorganization until we know what we’re reorganizing.

Until I can get a grip on it.” Actually, you know, people were moving furniture, going
from one floor to the other and they stopped it. Some of them were not happy, but it was
the right thing to do. Again, they thought that the rumor at first was that I was going to
bring in everybody who was a woman.

LC: Right. All your cronies, presumably.

FB: They weren’t my cronies.

LC: Exactly.

FB: I went strictly by the record.

LC: Yeah, did you have any cronies? I don’t think you’ve mentioned too many of
them.

FB: No, you don’t. At that level you don’t.

LC: Exactly.

FB: I had some friends. None of them—I had a friend who lived across the hall
from me. He was a speech writer for the vice-president of AT&T. He helped me out a
lot, particularly with speeches and things of that sort. We’re still friends. But as far as
having—you know, the other heads of the corps, like the Army and the Air Force, we were real good friends but we all had our job to do. We had to go various places and travel a lot so when we got together we commiserated. But they were not—they were dragging their heels behind us. They weren’t going to let us—they were not given the kinds of responsibilities we were until a couple years later.

LC: You mean the other branches?

FB: The other branches. They were not. One of the first things I did—and there was criticism for this—but I got the nurses out of the white ward uniform.

LC: Yeah.

FB: I told you that didn’t I?

LC: Well, no. I think we should go over it. I think you just very briefly mentioned it, you know, en passant with other things you were talking about. But yeah, tell me about the uniform changes because I think this is quite interesting.

FB: Well, there was one other woman flag officer, Fran McKee, who was from Alabama. She was what used to be the WAVES (Women Accepted for Voluntary Emergency Service). They don’t call it that now. But she was in charge of the women in the military. We used to meet once in a while and talk about different problems. She said, “You know, you need to get them out of that uniform, the white uniform.”

LC: Why did she want you to do that?

FB: Because they didn’t look like anybody else in the Navy. They were—and that’s true. I mean, they would refer to—that person might have been a captain and she had four stripes on her cap but they referred to her as “Miss.” I mean, it just—if you were a commander or a lieutenant JG (junior grade), you’re entitled to be called lieutenant JG. Of course, the kids today wouldn’t have any idea of remembering any of this. But anyhow, so she said to me, “Why don’t you get them out of that uniform? Make them look like everybody else.” I said, “Well, it’s an emotional thing, I’ll tell you. They’re tied to that cap and they’re tied to those whites. But let’s see what we can do.”

So we were devious. The people that had the money in the Navy are the supply corps. They knew all the policies and they knew of what you could do and what you couldn’t do. I remember calling up the head of the supply corps. His name was Andy Giodonno. I said to him that Fran McKee and myself thought we would like to get the nurses
looking like everybody else in the Navy. I said, “Can I do that?” He said, “You bet your bippity, babe.” His words exactly. He said, “You want to do it, you do it.” So I said, “Well, the Navy Medical Department would really like to see this done.” Which was not true, it was the Navy Nurse Corps. So then I went to the Navy Medical Department. I said, “I talked to Admiral Giodonno and for fiscal reasons, he thinks it would be the best if all of our uniforms were the same.” So they said, “Well, okay.” But then I had to sell the nurse corps. So we picked—we said that every chief nurse had to dress like every other Navy person in the hospital, or every other Navy person period. Then we picked four hospitals where the staff would wear just like everybody else. A big hospital, a small hospital so that they weren’t wearing those ward whites and the cap.

LC: This is kind of as a pilot program?

FB: It was a pilot program for a year.

LC: Where were the four hospitals? Were they all in the US?

FB: Oh, yeah. They were all in the US. One was Jacksonville, I think. And I think—I don’t know whether it was Portsmouth or Bethesda. I can’t remember right now which four were, but it’s probably someplace in those notes, you know. So I said, “Okay.” We had our meeting and all the directors of the hospitals were there. The chief nurses were there and some of the other people who had a reason to be at that particular meeting and we met once a year. I said, “What’s your feeling?” “Change. Absolutely. Change.” Because they were treated differently in a uniform of the day than they were treated when they were wearing ward whites. Believe it or not. They felt they were, anyway, and I think it’s true. Because that person had to deal with not Miss So-and-so, the charge nurse of such-and-such a ward. He had to deal with Lieutenant Commander So-and-so. You may not think that’s very important but when a JG is telling you what to do and you’re a lieutenant commander—if it’s a reason for medicine, you know, “This person needs this or needs that,” that’s one thing. But otherwise, you know, it made them part of the Navy. There were some people who still wanted to wear the old white hat and everything but that didn’t happen. I guess it doesn’t sound like a big deal to anybody else. But the Air Force and the Navy, the Army, said, “We will never do that.” They did it.

LC: How soon after you did it?
FB: About two or three years.
LC: For much the same reasons?
FB: Sure. Well, I think also the Army kids saw, “Hey, why are we dressed like this when the Navy doesn’t do it?” The Army was adamant they were not going to change. The Air Force was more flexible and so they’ve all changed. It also was not practical, you know?
LC: Well, there’s that, yeah.
FB: I’ll tell you something, though. This is—when you’re on a ship and you have a skirt and you’re running up and down those ladders, you have to look down to see who’s there, you know? I know that sounds gross but there’s just not—you know, you don’t need a girdle and stockings and all that other stuff when you’re on a ship. You need slacks.
LC: Well, it’s just not appropriate.
FB: It’s not appropriate. So we were able to change that. So if you go to the hospital today, you’ll see them all in the uniform of the day. Whatever the uniform of the day is supposed to be, whether it’s khakis—and I just—they told me the other day that they just made skirts optional. They have to have the slacks, but they don’t have to have the skirts. “So don’t you think that’s terrible?” I said, “No, I don’t.” It makes sense. Women wear slacks all the time now, you know? I don’t think it’s a bad thing to—if you don’t want to wear a skirt, then that’s fine. They’re certainly more comfortable. You know, one of the problems in operating rooms—of course operating rooms—now, of course, they all wear slacks and pants and everything. They wear the same OR greens everybody else does. But we wore skirts and one of the problems that—it sounds like it’s a crazy thing. But women in skirts can, if they have an infection, you know, a vaginal infection or something, can distribute—well, I don’t want to say distribute it. But it can contaminate the air or something, you know. It’s kind of far-fetched.
LC: Well, there have been records of that, cases of that actually happening, have there not?
FB: Yeah. So having the slacks was fine. So you’re not going to find a skirt. Once in a while you’ll see somebody over there in a skirt but they look like everybody else. They wear the same camies, they wear everything. When I had to go out—because
I was in charge of the school, I had to go down to Texas where they doing the training for—oh, what do they call it? I can’t remember now but we had like mobile hospitals, how to set up the mobile hospitals and everybody wore their greens just like the men did. There was no difference. Then we had cold-weather training and had to go up there in Minnesota and, God, it was so cold. Well, to have been in anything but what the men were wearing was stupid. But they didn’t fit as well because they were made for men but now they have them made for women and it think it was a good thing.

LC: What was the source of the resistance within the nurse corps itself to making this change?

FB: Well, you’ve got to remember that in nursing, when you were going to nursing school, one of the big things that happened was you got your cap. There was a ceremony called capping and usually after you were in school about six months or so, you had this ceremony and it was a very moving ceremony. You know, you walked down with a candle because that’s supposed to represent light and the director of the school gave you your cap on your head. You know, your parents were there and everything and you said the Nightingale Pledge. So you were very proud of that cap. I mean, you know, if you’d go to a different hospital, you could recognize immediately what hospital somebody was from by their cap.

LC: Because you would retain the cap that was designed for the place that you had been trained?

FB: Exactly. In civilian life, you would always wear your cap and you always knew where—what school someone had come from because of the cap that they wore like Johns Hopkins or University of Pennsylvania. They had very ornate caps. So it was kind of a big deal and then in the Navy, of course, you wore your rank on your cap. If you were an ensign or a JG or a lieutenant. So it was kind of a—but as a friend of mine put it, when we got rid of the caps and there was this emotional tie to it. This one nurse said, “Well, Florence Nightingale started wearing caps.” That’s where the concept of wearing a cap came from. But in those days, they were called cootie caps and they wore them to prevent them from getting pediculosis. Because you know, over in the Crimea it was really not the healthiest place in the world and they had a lot of diseases and all. As this nurse said to me, “I really don’t think that cooties are a problem for us today.”
LC: What is the disease actually called?

FB: They call them cooties but it’s not a pediculosis. It is. It’s like a pediculosis where you get bugs in your head and your hair. You don’t see that anymore but it was not uncommon, say, in the ’20 or ’30s.

LC: Right.

FB: And we’ve gotten—

LC: And kids used to play that, too, right?

FB: Right.

LC: The game. I mean, I’m sure they don’t anymore.

FB: Picking out the bugs from their hair. That’s what it was originally for and as this nurse said, “If we are worried about cooties at this level of the game, we have much more to worry about than that.” We can’t be concerned about their cleanliness. Some one of them—one of the doctors said something about why I did this and it was terrible because they always look so clean and starched in white uniforms. I said, “If you’re worried about that they’re not clean because they haven’t got a uniform on, we’ve got bigger problems than that.”

LC: So that was—so you would, after having made the policy decision, you still got some sniping?

FB: Oh, yeah, but we—oh, yes. But it didn’t do any good. But we said, you know, we played a game, Fran McKee and I. We said that the line wanted us to change and we told the line that the Navy wanted us to change. What difference did it make?

LC: And you got it done.

FB: Got it done. Because sometimes, like this Giodonno, he was really good. I wasn’t a threat to him. I mean, I wasn’t looking for something that was going to take something away from him so he could afford to tell me anything I needed to know. But I could go to some doctors, not all, sometimes they didn’t know themselves. Or I’d go to some other line people and they didn’t—they were reluctant to give you the information.

LC: Because?

FB: Maybe, one, because they didn’t know and, two, they didn’t want to give you any more power than you already had.

LC: Information is power, in a way.
FB: I mean, listen. You can’t believe what they—they thought that when I took
over HSC that I was going to change the residency programs, I was going to do all these
things. I said, “I’m a woman, I’m not stupid.” I mean, why would I do those things?
LC: But they were assuming because you would do them because—
FB: They were assuming that I was going to—
LC: Because you were a woman.
FB: Flush the medical corps down the tubes.
LC: Because you were a woman.
FB: That’s right. I did find some things that weren’t right and we were able to
correct them and if you don’t mind listening to this—
LC: Yeah, no, gosh.
FB: In fact, I still—I may have the letter someplace. If I have it, it’s probably in
my folder. I got a—I was over in the Philippines, I guess, and this one doctor said to me,
“You know, I’m supposed to go back for a residency in such-and-such.” He said, “I was
told I was going to get it and I never got it. They cancelled it. Do you know why?” I
said, “I don’t know why. But,” I said, “I will find out.” I said, “Now, give me three
weeks because I have to finish this tour in Southeast Asia and then I’ll go back and I’ll let
you know.” I never bothered with medical affairs. I had an XO, an executive officer,
who was terrific. He was a physician and honest, decent, you know, as the day is long. I
asked him to look into it. He came back and he said, “Someone’s taking revenge for him.
He doesn’t like him. There’s absolutely no reason why he can’t get it.” So I sent him a
letter and said, “You have—you are—this residency has been—you know, you’ve got it.”
I never told him why he wasn’t getting it but about fifteen years later, he wrote me a
letter and he thanked me and he said what he was doing and he was out of the Navy and
he was at the medical college in Virginia and all this business. But nobody had ever done
something like that for him. Well, I’m not blowing my own horn. I’m just saying that as
a nurse, this is what we would have done. You know, any nurse would have come back
and asked, “Why isn’t this happening?” Doctors are not necessarily the same way.
There were some personality things there.
LC: And you had a very good physician who was actually reporting to you.
FB: Oh, he was fabulous. Absolutely fabulous. The other thing that we were able
to do is—and I admit this—it didn’t make me win popularity contests but they would
say—because I had the education compounds, you know. I wouldn’t have known it if I
was just, say, still just only the director of Nursing Service which is a full time job. But
they would sit down—because this was education and training. “We have a billet at the
post-graduate school in California but we don’t have anybody to fill it.” I’d say, “I’ve
got a nurse.” “We’ve got a billet down in Texas and it’s not in nursing but it’s in
healthcare of some sort, you know. Management.” I would say, “Well, I’ve got a nurse
that will go.” And found them. So that gave us more power in this respect because when
they came from the post-graduate schools, they knew everybody. Most of the people that
went to post-graduate school ended up being someone’s aid or assistant. That’s what
happened in my case. Madeline Ancelard—I sent her to post-graduate school. She came
back and she knew everybody in Washington who was not the high mucky mucks but the
people who worked for them. So if we needed information, all she had to do was pick up
the phone and say, “Hey Joe,” because they were classmates. So we didn’t have that
before. Then we sent them to Texas. What is the school in Texas that does hospital
administration? They have a lot of military students. So we sent them there. What’s
wrong if a nurse knows about hospital administration? Usually when they came back, the
commanding officers would say—and they were assigned to a place, “I really need her
doing such-and-such. Or him doing such-and-such.” Fine. Because any time you could
get a nurse to bring her nursing point of view into the command, it was a plus.

LC: Right, you’ve won in some ways.

FB: You’ve won. But you could afford to be, to say, “Oh, that’s fine. I’ll be
happy to do it.” It wasn’t that you were being magnanimous; it was because you were
looking after your own group. You think I’m terrible to say these things, I know.

LC: No. Actually, no, I think you’re very clever.

FB: Well, I’m not brightest star in the sky but I’ve got street smarts and that
makes a difference sometimes. I’ll be honest with you.

LC: Well, let me ask you about visiting the academies. Why were you sent? I
think I probably can guess the answer, but why did you go to the Naval and Coast Guard
Academies during that—during this period?
FB: Well, I went to the Naval Academy because they wanted us to see how well
the women were doing.

LC: So they wanted someone with a pretty high rank, obviously.

FB: Yeah. And they felt that they might talk to a woman more than they would a
man—a woman who was in the military.

LC: Sure.

FB: Because they would not have felt comfortable bad-mouthing the military if it
was to a civilian.

LC: Or even just revealing what the dynamics were.

FB: Right. And what some of the problems were that they had.

LC: Do you remember some of the things you heard?

FB: They picked on them. But they picked on them—you know I did not hear
anything about rape or anything like that. I think that has happened later because I don’t
think they had them co-mingled. I think the women were in one area. But they were,
they were kind of, “What are you doing here?” kind of thing. This is when it first
started, you know. “Why are you here? What are you taking up a man’s billet for?”

LC: “This isn’t your turf.” That kind of thing?

FB: That’s right. But consequently, things have changed tremendously. And the
same was true in the Coast Guard Academy. But I was tremendously impressed with the
Coast Guard Academy. It’s much smaller but it’s a tough school. The women that were
there—now, you know, I think that the commandant of the Coast Guard is a woman.

LC: Right now?

FB: Right now.

LC: Oh, I didn’t know that.

FB: Yeah, her name is—oh, I can’t think of it. I saw it the other day and I can’t
think of it. She’s a three star and she’s a woman. I think they had a hard time initially
and they maybe—but I don’t know that they have any more of a hard time than the men
have now. But they did have a hard time. Now this business of rape, I don’t know. I
think that you have to be very, very careful about that because it may be true or it may
not be true. It may be consensual and she gets mad at him and she doesn’t report it for
three months that she was raped, well, they’ve got to do it right away. Boy, if it were me,
I’d be down in the commandant’s office right afterwards, banging on the door. I wouldn’t care what they did to me if anybody—I mean, I wouldn’t care if they were putting me out of the academy if anything like that ever happened. So I’m not saying it doesn’t happen. But I’m saying that I would want a complete investigation before we knew.

LC: Did you ever have to review an investigation like that? Did anything like that bubble up to your level as director of the corps?

FB: Um—

LC: Maybe not right, but—

FB: By the time it would get up to me, it would have been resolved at the local command level.

LC: Were you kept apprised of cases like that?

FB: Anything that went wrong. Everything. Yeah, we were. We were kept apprised of anything. But the directors of nursing service would notify us immediately. But it was a different time and you know, it wasn’t as—what’s the word I’m looking for? For example, we never had any rape on the ship or anything like that. Remember, we were twenty-nine nurses and a couple hundred men. There was no place, as far as I could see, anywhere where you would be able to do that because the nurses’ quarters certainly—if a man came up to the nurses’ quarters to fix our tape recorder or anything like that, someone had to stand out and yell, “Man aboard!”

LC: Really?

FC: Yeah. So that if you were running around in your nightgown or something, you’d go into your room. And you had to keep your stateroom door open.

LC: If the guy was in there?

FB: If the guy was in there. They would come up and fix our tape recorders and things like that, you know. We all had tape recorders. I think that that was a good thing.

LC: So in some ways, it was less tense when you were on the Repose than it was later?

FB: Oh, yeah.

LC: Why do you think that was?
FB: Well, I think it’s because we suddenly had this sexual liberation, you know.
And of course I mean birth control, too. Let’s face it, you know. The equality and, “You
can do it.” I think that, I forget when it was that we, we went over to someplace in
Africa. It was after I was out of the military and it was a crisis. It wasn’t like Iraq. I
can’t remember which one it was now. On one ship, thirty-one women came back
pregnant. Come on. But we had—as far as that was concerned I don’t recall anything
like that happening on the ship. We would have known because it was so close.

LC: Yeah, you guys were really crammed in there.

FB: But I do think that the sexual liberation hasn’t helped a great deal because I
do think that the Air Force Academy just got a big blast about some rapes.

LC: Yes, and that’s not the first time.

FB: No.

LC: There’ve been several allegations.

FB: So why didn’t they report it immediately?

LC: Yeah, that’s a tough one, isn’t it?

FB: It is. Boy, I’ll tell you, I’d be down in that front office as soon as I could do
anything, you know? But it’s unfortunate that those things are happening. But I think the
sexual liberation of the past couple of generations has just made it so they don’t think
anything of it.

LC: Right. In some ways, lines are down and barriers are down.

FB: Yeah. That’s right.

LC: Yeah, it hasn’t always worked to women’s advantage, that’s certainly true.

FB: No, it hasn’t. But you know, what can I say?

LC: Well, let me ask you about Fran McKee since you mentioned her. Had your
path crossed hers any time before you both reached the higher—?

FB: No. I never knew her although she knew some Navy nurses because she had
been sent to Morocco and roomed with the Navy nurses because she was the only
woman. So she was kind of like an honorary one. She was the first woman flag officer
who was in the Navy, who was not a nurse.

LC: So first non-nurse corps person.
FB: Right. So the other two who preceded me were nurses and then she was the third one to be picked for flag and then the rest is history. They’ve had several now, you know, it’s not a big deal.

LC: What kind of leader was she? How did she strike you? How did you two get along?

FB: Oh, I thought she was very good. She was very strong and very good and very not afraid to say what she had to say. Of course, it’s jumping ahead to tell you this but—jumping ahead of the situation to tell you what when on—but I think I sent it to you in my papers anyway.

LC: Okay.

FB: We wore two stars but we were only paid for one.

LC: You were only paid for one?

FB: One star, although we wore two stars. At that point in time, before DOPMA, the Navy only had two stars. But you were really only a one star even though you wore two stars. It doesn’t make any sense but that’s the way it was. Then they decided to try—because she was from Alabama—and the names escape me now but I know they’re in my papers. The senator from Texas and the senator from Alabama and the senator from Georgia and one other southern state. Nunn was the one from Georgia.

LC: Um-hm. Sam Nunn.

FB: Sam Nunn. Who was the one from Texas that was—he was killed in a plane crash.

LC: Oh, um—Tower? John Tower?

FB: John Tower. Then there was one in Alabama. I can’t think of his name. Because, see, Fran McKee was from Alabama. And another one from the South, they went to the Congress and raised Cain because the women could not go up for second star, could not get their pay for second star, and got legislation passed so that we could. I mean, that, to me, was amazing.

LC: That is amazing. Was this while you were in office, while you were—?

FB: While I was in office. See, I would have retired as a one star, even though I wore a two and always would have a two star, but salary-wise.

LC: Where was the senator from Massachusetts?
FB: Sitting on his rear end someplace. Someplace near, you know. So it was these four southern—one from Texas, the one from Alabama, the one from Georgia, and I don’t know if it was four now, but it’s in my papers that I sent you.

LC: Okay, okay.

FB: The transcript from the congressional journal. Actually, I was due to retire. You had to wait until somebody retired until you got that second star. Now, I wanted that second star. Not for me because I was going to be getting out anyway, but for the nurse corps. Because then they couldn’t say, “We’ve never had a two-star.” I mean, for pay purposes. After DOPMA, they had the commodore coming in, you know? That was only—you probably don’t remember that, but the commodore only wore one star. See, the Army and the Air Force only had one star. They had one star. We did not.

LC: The women.

FB: The women.

LC: Right.

FB: The men, too, but we had—you started out with two stars but you’re only paid for one. Then after a time got to be a two star. But my time in office was going to be up. But I had had gotten a letter to ask me to extend and it turned out that—and this is terrible—but they really wanted one of the men to get a two star. A line to get the second star.

LC: Instead of you?

FB: Uh-huh. So they said—but I got this letter from the—not chief of naval operations—the chief of naval personnel, asking me if I would stay on beyond my retirement date because the big changes were coming in the Navy. I said, “Sure.” That meant I would stay. Instead of getting out in June, I would stay and get out in October. I should have had my second star by June. Financially it wouldn’t make a difference but I wanted them to know that a nurse got it, you know. So they tried some shenanigans about, “Well, you’re embarrassing the Navy by insisting that you stay.” “I’m not embarrassing the Navy. They sent me a letter asking me to stay.”

LC: Who made that allegation?

FB: One of the flag officers. A line flag officer. I said, “I’m not.” I said, “He signed the paper.” “Well, you know.” Anyhow, the upshot of it was, I wouldn’t go and
so I got the second star. Of course, it didn’t make any difference for pay purposes but
then they could never say that a Navy nurse never got a second star.

LC: That was really what was driving you?

FB: Sure.

LC: And you were, obviously for the good of the corps.

FB: For the corps. Because the next two directors did not get a second star. But
the next on after that did. It’s not automatic.

LC: Right. But you wanted to set the precedent.

FB: I wanted them to—if I had, you know, backed off and said, “Okay. I’ll go.”

No way, buddy.

LC: “Whatever you want, okay.”

FB: No. Because I’d been in it long enough then to know. They said—you
know, they tried to hang a guilt trip on me. It didn’t do any good.

LC: Yeah, that’s actually some pretty dirty pool to say that you were
embarrassing the Navy.

FB: Oh, yeah.

LC: Was that typical of the kind of junk that you might have to deal with?

FB: I don’t know. I’m being honest when I say that I don’t really know because,
you know, I had a terrific staff who protected me.

LC: You wouldn’t hear it all.

FB: No. I heard it all. I mean, anything that came off the wires, I knew, because I
had somebody in my office who had contact with all these other aids to admirals and all.

I knew whatever was going on and that’s because I had a fantastic staff. A lot of those
people I didn’t know before they came in to be on the staff. There was—I won’t say
there was a lot of that but there was some of that, where they tried to—some of the
doctors were really not very nice and pulled some deals that weren’t—not all of them,
though. Don’t misunderstand.

LC: Sure, sure. But a few.

FB: But only one or two I remember and some of the things that they did that
were infuriating. But you know, you just had to beat them at their own game. I’ll tell
you one other story. I had this one—we had, every morning we had a meeting with all
the flag officers and the surgeon general who was a really good guy. There was one flag
officer there who—we had a couple who were really rotten and some of them got booted
out of the Navy, as a matter of fact.

LC: For what?
FB: For behavior that was questionable.
LC: Okay.
FB: I’ll give you some examples. But anyhow, this one guy used to come in
every day. Not all the time, but he’d come in and he’d say, “Oh, by the way, Admiral
Shea, when I came in at four o’clock this morning to get the message traffic.” Okay,
right and then and there, that told you. “There was a male nurse charged with pedophilia
over in Guam. What’s the story on that?” Now this is a public embarrassment, you
know, and he didn’t get me aside quietly and I said, “I don’t really know anything about
that.” Because, of course, I wasn’t in at four o’clock to get the message traffic. I didn’t
do that anyway, my staff did that. So he said—but I said, “But I’ll find out about it.” So
when I saw him later on, I said, “You know, that was a mistake. That was not a nurse,
that was so-and-so and a nurse wasn’t involved at all.” “Oh, okay, I’m sorry.” So the
next time, he pulled the same thing about some other issue and I said, “I’ll get back to
you.” I waited. I did not get back to him. I waited until we were publicly in the same
forum and I said to him, “By the way, doctor, you were in error about what happened in
such-and-such a thing. This is what happened.” “Well, thank you.” So I only had to do
that one more time after that to call him publicly. Because he was publicly trying to
humiliate me to make himself look good. “When I came in at four o’clock in the
morning.” He was a bastard. So anyhow, afterwards, he came up to me and he said,
“Oh, Fran, don’t get mad at me. Now Fran, please don’t get mad at me. I didn’t mean
any harm by doing that. Don’t get mad at me.” I told him, I said, “I don’t get mad but I
get even.”

LC: But you still yet had to do this essentially one more time before he got the—
FB: You got it.
LC: —the message.
FB: And then he left me alone.
LC: Are there other examples that you remember?
FB: Well, there were a couple that were—yeah, there was one that was—he made flag. He was a commodore and he was another bastard. He had a different division than I had. He kept—you know, people would come in to my office and say—remember, I had two jobs. Oh, that was another thing. I had another job after that. Instead of being—because we were short of flags. I had (indecipherable) until I retired and I had—or just before I retired—and I had director of the nurse corps. Then I became responsible for all of the Medical Corps in a particular area, particularly of education and training. This was completely—the surgeon general, who was a good guy, put me in it. He said, “We need you.” I’ve got those things written down, of what the positions were.

LC: Okay. Those are in your records.

FB: They’re in my records. So I said, “You know, okay, I’ll do it.” I only had that for about six months but I had three jobs at one time. That was okay because I had tremendous staff. But this guy started infringing. He came over and would tell the people on my staff they had to get this paper ready by such-and-such a day; this paper ready by such-and-such a day; this paper ready by such-and-such a day and not come to me. Ignore me because I was a nurse after all.

LC: Sure. Right.

FB: So I said, “You take your orders from me. You don’t take your orders from him. Don’t do that.” We would talk about it. “You have a job here.” “But he says we have to do it.” I said, “I don’t care what he says. You don’t work for him.” So I called up—now I was senior to him and I asked the chief petty officer if I could talk to him. He said, “He’s too busy.”

LC: What did you say?

FB: So I sent him a memorandum that I expected him in my office at two o’clock on such-and-such a day. And he was there. I was very pleasant but very firm. As a junior, as a junior flag officer, he could not interfere in someone else’s command and what was our responsibility. He never bothered me again but you know, he got booted out of the Navy.

LC: For what?
FB: Well, there were a lot of things that they were doing. There were two of them that got booted out. I want to say manipulation of funds for one thing. You know, you can’t pay—that’s something else. Do you have time to listen to this?

LC: Yeah.

FB: You can’t pay last year’s bills with this year’s money in the Navy.

LC: Yes. You have to spend this year’s money.

FB: You have to spend this year’s money and you can’t pay the bills. I didn’t know anything about that, remember. I hadn’t gone to any of these programs. I was put in the job. All of the sudden, one time, at HSC, the investigating team, naval investigating team, came out to go over my books. You know, in fact, I was happy. I said, “Sure. Go right ahead.” You know, I had nothing to hide. Now, if something happens five years ago and they pick it up and you didn’t, you’re liable. It doesn’t sound right, but that’s the way it works.

LC: Okay, so you’re bearing whatever they might find.

FB: Exactly. So they came in and they said, “We haven’t found anything wrong. Everything is fine.” They were there for like two or three weeks. I said, “Well, I’m glad,” you know. I had a man who just did the accounting. He was a naval officer who just was responsible for paying all the bills and all this stuff. So anyhow, the next day I get a call from the bureau. Oh, I got a call from the investigating—the Navy investigating. They wanted to know if they could come back in and check another year. They checked a particular year. I can’t remember what year it was. But let’s say they checked ’79 and they wanted to—or they checked ’80 or something and they wanted to check ’79 and I said, “No.” They said, “What do you mean?” I said, “Listen, you were out here for three weeks, you tied up all my people, they can’t get their work done, we are a command and we have to do it.” I had more nerve than I had common sense because I didn’t know what was going on. Oh, then I get another call and it was from the man at the Bureau of Medicine and Surgery who was also in charge of the financial matters. He said, “Admiral, I understand you won’t let the investigating team come out.” I said, “Listen. You told us how you wanted things done and we’ve done them exactly the way that you’ve told us. They came out here and they investigated all of our books. They didn’t find anything wrong and they want to come out here again and spend time
and my people are busy?” I said, “We’re doing what you told us to do.” So the next call I got back was, “Nobody’s coming.” But standing outside the door was the XO and the financial officer, white as sheets. After, when they found out—they were trying to figure out why they’d come out and spent so much time. They went back and they found a place. The year before, when I was not commanding officer, when they were paying last year’s bills with this year’s money. But because my command found it, we wouldn’t have been held responsible. But if they had found it, it’d have been my neck. Do you know what I’m saying?

LC: Yes, because you would have—you were supposed to be on top of everything.

FB: Even though it didn’t happen on my watch, I was supposed to be on top of it.

LC: Yes, yes. Yikes.

FB: One of the admirals who was so distressed that they had put a nurse in that job knew this had happened because it happened on his watch. He’s the one that alerted the financial investigating team to come out.

LC: So this was an ambush.

FB: It was an ambush. But the Lord was looking out for me, I’ll tell you, because he protects the dumb. I had no idea. But my people found it and so we went down to the surgeon general and told him this was what had happened and this was when it happened and the whole story. The surgeon general said, “Okay, Fran. That’s fine.” I said, “It won’t happen on our watch.” We were all right. But it was a deliberate thing. See, when he found out that they hadn’t found anything, they called him and told him.

LC: He knew there was something to find.

FB: He knew it. He said, “You got the wrong year.”

LC: So it was a ticking time bomb.

FB: It was.

LC: And he had placed that there so that he would what, have power over whoever was in that office?

FB: He probably said—he did that to be mean. He could not understand the fact that a woman and a nurse could possibly be in command. I’m telling you the truth.

LC: I believe you.
FB: I’m telling you the truth. He was married to a nurse. Anyhow, you know, that’s all ancient history but you don’t forget it. I mean, because you don’t think anybody—I mean, why would they do that to you? You’re not a bad person, you know? But you just had to be on your toes all the time.

LC: Well, just walking around in the rank that you held, you were a threat on some level.

FB: Well, this is the way I used to put it. Now, this is not true of all of them.

LC: Sure, right. You’ve mentioned some of the guys who have helped you along the way.

FB: Really. So I mean, we’re talking about the minority and it’s not fair when you’re talking about the minority to push everybody else in with them. But I used to say that they would look at me and say, “She’s a woman, my wife’s a woman, my wife washes my socks. She’s no better than my wife.” That was sort of a mentality. I don’t think that they have that now because we have a lot more women in the military and they’ve really done a great job. But I do think that—but I wasn’t the only one. They did it to others. When the first director of the nurse corps, Admiral Duerk—they wouldn’t even call her admiral. It took them about six months to get them on to calling her admiral.

LC: Did she tell you that?

FB: Oh, yeah.

LC: How much—

FB: She would be the one to talk to, I’ll tell you. I can—

LC: I think she lives in Florida.

FB: She does. She’s really a solid person and I think she’d do it.

LC: Well, I think we should pursue that.

FB: Yeah, do you have her address?

LC: Yeah, we can talk about that off—when we’re not recording. Did she telephone you and did you talk to her? Did you meet? I mean, at one point, you reported to her, certainly when she was director.
FB: Oh, yeah. She was a lieutenant when I was an ensign so I knew her. Then, of course, I knew who she was and when she made flag, we were—she was the first woman flag officer and we were all thrilled.

LC: Oh, yeah. I mean, that must have been huge.

FB: Oh, it was tremendous.

LC: Where were you when that happened?

FB: Where were we stationed? I might have been stationed at—I came back from Vietnam. It was after Vietnam, so I might have stationed in Boston.

LC: But for the corps—now this had to have been—

FB: Oh, it was a biggie.

LC: It had to be.

FB: Oh, it was a biggie. I mean, we were so thrilled that, you know, it was just a biggie and we were really happy.

LC: Did you look up to her?

FB: Oh, yes. She was very down to earth. Then after I became the director, they changed the policy but when we would have a selection board, I always asked either her or the one that followed her to sit in on them because they had such a—and then they changed the policy, that you couldn’t be retired to sit on them.

LC: That you could not be already retired.

FB: Right, you had to—yeah. But you needed to have an admiral to head it so—and I couldn’t sit in on them every year. That would be, that was against the rules so I would have them come. Maxine Conder lives in Utah and then I would talk to them and they would tell me some of the things that happened to them. It was a learning experience, you know? Because some of the things that happened—the corps never knows this. They never understand what kind of fighting you’re going through but it was interesting, you know. She put up with an awful lot.

LC: Admiral Duerk?

FB: Oh, yeah. She did.

LC: Oh, I can’t even imagine.

FB: She’s a tall woman. She was then, anyway. Great personality, but kind of imposing looking, I mean, she’s—Maxine Conder is Mormon.
LC: Yes.

FB: Her fighting skills were not as good as Alene Duerk’s.

LC: You mean, her bureaucratic nowse or bureaucratic—

FB: Well, she was good. Don’t misunderstand me but taking them on was hard for her. But she did it. She did it. Taking them on was not easy for her. Taking them on, for me, was not so difficult. I was the only girl in a family of boys, you know. That makes a difference because I wasn’t treated any differently than my brothers. So I think that made a difference in how you look at things. I don’t know if that’s true or not, but it’s just an assumption. Because you have to fight. They’re not just going to sit back and let you do what you want to do. And to be fair, they’re not the only ones. I mean, the medical department, the men have to fight, too. Fighting probably is not the nicest way to put it, but you have to be with the program all the time to get your message across. The men had it, too, it wasn’t just the women.

LC: But there’s an additional element for women and probably for minorities, as well.

FB: Exactly.

LC: As time went on. Let me ask—you mentioned that you went on a tour. Did you do a lot of traveling?

FB: Oh, I traveled all the time.

LC: What was that? Was that showing the flag? Was that trying to buck up morale? Inspections?

FB: Part of it was. Part of it was investigational. What is really going on? Part of it was to, as you say, buck things up. But also to have actual face-to-face contact with people.

LC: Which is something you’ve mentioned before as being real useful.

FB: And it’s important. It’s important that they know, first of all, that you care about them. Secondly, that you’ll listen to them. You may not agree with them but you’ll listen to them. Then we had to do things—one of the flag officers had to go on—we used to go to Belgium, to NATO (North Atlantic Treaty Organization). That was an experience because other women in the military, other services, you know, like Belgium had maybe three women in the military or something like that. But it was an educational
type of thing. It was good. So you went every place. Egypt, all over. I didn’t tell you
about the Egypt experience, did I?
LC: Unh-uh. No
FB: Well, we have had—the Navy has had a hospital in Egypt for years and years
and years and years. Even when we didn’t have diplomatic relations with Egypt, we still
had that hospital.
LC: Where is it?
FB: It’s in Cairo and it’s really a research facility and they do research on the
exotic drugs or the exotic diseases that people have like schistosomiasis and liver fluke
and all those things. I had to go to—I went to England and to Italy and to Sicily, to
wherever we had medical people, you know, and then I went on down to Egypt. They
met me there and I stayed—I can’t remember where I stayed. It doesn’t matter. But
anyhow Egypt is not the glamorous place that you would think it would be, you know.
So there was this one Navy nurse there. But it was an opportunity, too, because I had
other jobs to talk to the doctors there if they wanted to be transferred to someplace else or
extend, I could take their message back to the medical department. I couldn’t influence it
that much but I could tell them what was going on.
LC: Um-hm, and maybe get wheels turning.
FB: Yeah. Exactly. That’s what happened. But anyhow, this nurse was a really
sharp person. She had been a nun for about ten years before she became a Navy nurse so
she was really on the ball. So she took me around. The first place she took me to was the
Maadi Hospital and that’s where Anwar Sadat died. I have to tell you, if he hadn’t died
of the bullet wounds, he would have died from the conditions in the place. They had—
now I can’t tell you that this is true now, but it was then, all the nurses were very highly
educated but they had virgin hands. Never touched patients because they were not
allowed to touch male patients.
LC: Because of cultural reasons?
FB: Culture. They would have these poor people, Bedouins coming in there and
their families were trying to take care of them. They had money for very sophisticated
pieces of equipment to see why women couldn’t get pregnant and yet not have the basics
like a ventilator or anything like that. You’d have family members trying to take
people—take care of people who were on oxygen and really very critical. The place was not clean. The nurse said to me, “What’s the first thing you would do if you were a charge nurse here?” I said, “All you would see is elbows and heels. I’d clean it.” And this is the Maadi Hospital, one of the better hospitals in Cairo.

LC: Do you know how to spell it?
FB: I think it’s M-a-a-d-I, if I’m not mistaken.
LC: Okay.
FB: Right down the street, and I don’t remember the name of it, but down the road a little bit was an English hospital and the staff was English or British. If you were to get sick, that’s where you would want to go.
LC: Right.
FB: So then they took me, then she took me—so I thought this was just appalling—well then she took me to this little hospital that was right next to the base and there was an air of Vietnam almost. You know two patients to a bed, cook stoves so that they could cook their patients their food because the families really had to take care of them. The Navy had given them screens but they took the screens and sold them and so you had bugs all over the place. It was appalling. So then she took me into the Navy facility which was sparkling clean, the beds lined up, the patients all in pajamas, all clean and neat and corpsmen taking care of them and it was just amazing. I told her, I said, “You are really smart. You took me to the worst place first so that I would be so impressed with what you’ve got here,” which was true. We still have them over there.
LC: That facility?
FB: That facility over there doing the studies. But that was an experience.
LC: Very much so. Sounds like you went from the, you know, nineteenth century, boom, to modern facility.
FB: They talk about Cairo and everything and, God. I mean, it was so dirty. But anyhow, I did go back there later on but not any place near that facility. Cairo has places for people who are not from the area, you know, hotels and things and tourists. But it was an interesting experience.
LC: Well, you went out to the Far East, too.
FB: Oh, yes. I went to Okinawa and to the Philippines and to Guam.
LC: What were things like out there?

FB: Well, the military hospitals are just outstanding. I mean, I’m not biased when I say it, I’m just telling you the truth.

LC: Sure.

FB: They’re so clean and they’re so neat and the patients are well cared for whether they’re Americans or locals. Later on, not when I was in the Navy, I went to China and I had the—a man on the trip got very, very ill and we had to take him to a hospital. Now, in China—I don’t know if they still do this—but they had three hospitals. Three kinds of hospitals. One for the locals, one for the overseas Chinese to come back to visit and one for the Europeans and Americans. No equipment, but they were very inventive. I mean, this man needed oxygen. They filled up a pillow, a rubber pillow with oxygen and put a tube in him and then put his hands on the pillow, so it was the force of his hands that was pushing the oxygen in.

LC: I mean, that’s—well, clever, but pretty primitive stuff.

FB: Yes, I know, but this was the best.

LC: Was this in Beijing, or where was this?

FB: No, it was outside of Beijing. I’m trying to think of where it was.

LC: Big city?

FB: It wasn’t like Beijing or some of the other ones, you know, what used to be Canton. What they call it, I forget now. But anyhow, yeah, the cities are big but I can’t remember the name of it. It’s someplace in my—

LC: Was it down south, then? Guangzhou?

FB: No, it wasn’t Guangzhou. It was something like Yalu or something but that’s not it. I’d have to look that up and see what it was. But I wasn’t in the Navy then. The military hospitals were terrific and they hired the locals, you know. Mostly when you talked to them you wanted to find out how they were doing, what they needed and if they could, you know. I also went to Sigonella which is in Sicily and I also went to—we had another place that’s not there anymore. Where was Napoleon sent?

LC: Saint Helena?

FB: Yeah, but it was someplace before that, though.

LC: Oh.
FB: It’s a cross between French and Italian. We had a base there. We had a submarine base there. We had a submarine base in Scotland and I went there, too. The Scots didn’t think that women should live alone so the women who were not married had some difficulty getting housing in town. But that was back in the ’80s and I’ll think of the name of that place but it was—oh, one of the Sheikhs had a boat there. It was really like—all the water around it was emerald. Corsica. I went there. They had to be very careful in Corsica. They couldn’t mark the hospital because in Corsica, the rule was that if they put up a sign, medical facility, that the townspeople could come, too. Anybody could come.

LC: For free.

FB: Free. But you know, we had no right to take care of them anyway, you know, I mean, they had their own doctors. It was an interesting experience traveling around, it really was.

LC: Yeah, and this was all part of your—I mean, part of what came with the package of being director.

FB: Yeah, because I had a dual hat. I didn’t just do it to see the nurses, I also had to go and see the physicians.

LC: Right. Because of—

FB: To find out what their needs were, what they wanted. They would tell me and we were able to help out in that respect. I would just take the notes and bring them back and give them to the staff. The staff would find out why this fellow wasn’t getting orders or why this one—what he should apply for or how things should be done. It made them feel good that there was somebody in the States that cared. But I went as both, you know, as nurse corps and as director of medical affairs. So it was an interesting experience.

LC: How long did you sit in both chairs, as it were? Well, at one time you had three jobs.

FB: Yeah. I had the nurse corps for four years. I had HSC for three and a half and I had the other one for about five or six months.

LC: Fran how did you decide, or was it decided for you, when you would actually retire?
FB: Well, you had mandatory retirement after four years.

LC: After four years as director of the corps?

FB: Yeah, that was it. That was mandatory. The physicians had the same thing unless they were picked up as surgeon general.

LC: Okay, so there’s only one person who’s gonna, basically, any cohort who’s going to go beyond that mandatory retirement.

FB: Right.

LC: Was that a good thing?

FB: Yes.

LC: Why?

FB: Well, it brought in fresh blood and it also gave other people an opportunity. I mean, you know, what’s the point of sticking them out for thirty years if you’re not going to go—if there’s no possibility that you’re ever going to make director or advance? You know, it’s an up-and-out kind of thing and that’s the way it is in the line, too, and all military services.

LC: But if you’re in the zone for promotion, you need to get the promotion or else you’ve got to kind of find somewhere else to be, essentially.

FB: Right.

LC: So what was the effective date of your retirement then? In 1983?

FB: In 1983 I retired. I think it was the last of September or the first of October. I would have retired in June had not this thing come up about extended to get that second star. I would have retired in June but I retired in the end of September.

LC: You mentioned that there was some financial differential involved. Is that something that affected your post-retirement pension as well, not just your pay?

FB: Of course. Oh, sure. You make more money as a two star than a one.

LC: Right. And that continues through—

FB: Right now.

LC: Okay. Through your retirement.

FB: Oh, sure. And it wasn’t just—it wasn’t the money.

LC: No, I get that. I get that.
FB: It was the fact that I wanted it for the nurse corps. It wasn’t going to affect me but I wanted it for the nurse corps.

LC: Do you remember or know why the subsequent two holders of the director’s office did not make that second star?

FB: It wasn’t available. See, they wore the two stars but they didn’t get the pay for two stars. That was true for the men and for everybody. We didn’t have—the Navy didn’t have a one star until DOPMA came in.

LC: The only way to get the second star is if that—if not all the places have been taken?

FB: No, there’s no way you could do it. There’s no way a nurse could do it. Now there is. She’s in competition with the other men.

LC: Right. Because there are only so many at each—

FB: So many slots. Like, say they had twelve slots for—and this is true for the line, too—but say they had twelve slots for one star. That would be cut down maybe to six at the end of two or three years or whatever, to six slots. Then finally one slot for surgeon general would be a three star. The line would have more, you know. They would have more people that could go into that. Say, maybe they have fifty one stars and twenty-five two stars and then ten three stars and two or three four stars but it’s a different—but only the line can go up to the four star.

LC: Essentially what you were doing was removing the argument that, “Well, we can’t make this particular officer, this particular female officer a two star because it has never been done before. Therefore, it can’t be done.”

FB: Right. And the two that came after me didn’t get second star.

LC: Fran, I want to ask you about one incident that you told me about that I don’t think we recorded and that has to do about—that has to do with an incident where you were asked to join a panel to speak about combat with other, I think, line officers. Do you remember that occasion?

FB: You know, I talked to so many about combat—

LC: Were you asked on a relatively regular basis to kind of call on your own experience or to describe your experiences?
FB: Particularly after I retired, I was. I did a lot after I retired. Yes, I did do that. I know what you’re talking about. It wasn’t with the line. It was with the medical department. The joint medical department, they call it AMSUS (Association of Military Surgeons of the United States). It was at an AMSUS meeting. A-M-S-U-S. Military Services of the United—Military Services of the United States, I guess. It’s an organization and they meet once or twice a year. Once a year, I think, they have a big meeting. AMSUS. Yes, I was asked to talk at that.

LC: Can you tell a little bit about that experience?

FB: Well, somebody that I knew who had been on the ship with me who was a psychiatrist asked me if I would do it. I was director at the time and I said, “Okay.” I really, really struggled with it. I told you I had a friend who was a speechwriter and he helped me with it. It was my words, you know, but he put it in a format so that it wouldn’t just be rambling. There were two psychiatrists and then an Israeli psychiatrist who talked about how they handled their post traumatic stress and how they do things, did things, in Israel. Since I knew this one fellow from the ship, I thought he was going to get up and talk about, you know, psychiatric problems but the psychiatrist got up and they just talked about the figures and the statistics and things of that sort. I thought, “I’ve been had,” you know. “Because I’m getting up there and pouring out my soul.” I got up and gave my speech and there was like dead silence for a minute and then they applauded and the Israeli said to me, “That took a lot of courage.” Then he got up and he spoke about how he handled it. I really felt I’d been deceived, you know.

LC: Because of how—go ahead.

FB: Because of how—they were all statistics and I had gotten up and told the truth, you know. I worked on that speech for a long time. But actually, it was a very good thing because people came up and said, “You know, I feel that way.” I had sense, giving similar speeches to that several times. They’re all in those speeches that you got. Because people were afraid to say how they felt. One of them said, “Well, I feel,” you know, she said, “I heard this speech and this woman admiral gave it and I feel the same way she does. She feels the same way we do.” It was a very therapeutic thing and so I was asked to do that speech other times and did. As a result of that, I taught down at—not Fort Sam—the Air Force base in Texas. I’d go down two or three times a year and
teach a class on caring for casualties. The emotional stress and stuff like that at their
combat casualty care course at, not Fort Sam. What’s the air base in San Antonio?

LC: I don’t know. It’s a big one, though?

FB: It’ll come to me. Well, there’s a school down there. They have bases down
there but this is a school. The School of Aerospace Medicine and Aerospace Nursing.
It’s in San Antonio and I’d go down three or four times a year to teach.

LC: You still do?

FB: No, I don’t anymore. I had to stop because about the time my husband was
losing his vision. I just couldn’t leave him.

LC: But it was something that you continued to have an interest in.

FB: Yes, I did. It was good because they asked good questions and sometimes
there were people in the class that were older who had been in Vietnam and then maybe
later became a nurse and would say, “Well, you know, I feel that way.” I did a lot of that
after I retired because I think it was important to give people permission to feel bad or not
to be in denial that everything was fine. Because it wasn’t.

LC: Right. Especially after all the things that they might have seen.

FB: All the things they thought and the way we were treated when we came back.

LC: “We” being Vietnam veterans?

FB: Yeah. It was terrible. I was older, so—but the twenty-one and twenty-two
and twenty-three year old kids, they weren’t ready for that and a lot of them had
problems, particularly in the Army.

LC: Yes. Why do you think particularly in the Army?

FB: I think the way they did things. First of all, what they did was they took these
kids right out of nursing programs. See, at least in the Navy—but look, I’m not
complaining about the Army because I don’t know their problems. But in the Navy, you
couldn’t go unless you were in a year, and preferably more than that, you know. They
just didn’t send you over there as a—right out of school. The Army did. But they had to,
they had no choice. They’d send these kids right out of school and they divided them.
Some went to, oh, maybe to outside one of the major cities where it was more like a
recuperation area, you know. In Saigon or some place like that. The rest went up to
places—well, not Phu Bai or Chu Lai—but places where there were heavy, heavy casualties.

LC: Like Cu Chi.

FB: Cu Chi. Places like that. Where a friend of mine, we’d become friends and she was at Cu Chi. They immediately got out of the Army when they got back. Now, first of all, they’d be up at Cu Chi for six months and then take them back to this place where it was almost like rest. Or they’d go to that place first where it was rest. You know, minor and recuperation and then they’d go, for the last six months, to Cu Chi. I mean, they didn’t even have a chance to form a team. I’m not criticizing the Army, I’m just telling you that’s the way it was.

LC: Right, the rotations were different.

FB: I think that, from what the Army kids said, their directors of nursing service were not as concerned about them. It’s a bigger outfit than the Navy. I mean, like Helen Brooks, she took care of her people in Da Nang. She took care of them. And not only that, she took care of everybody else. I mean, if we were to go over to Da Nang, she saw to it that we—she knew where our bed was. If we were going to go on R&R (rest and relaxation) and had to stay in Da Nang overnight, she knew where our bed was, she showed us where our flak jackets were in case they got hit during the night. She made sure somebody took us to eat. You know, she didn’t have to do that. That wasn’t her job. But she didn’t do it just for us, she did it for anybody. The Army kids used to love to come up there. That was like an R&R for them because she was so good to them. I don’t know if she’ll tell you that or not, but she was really good to them, to everybody. That’s kind of off the subject a little bit, but it isn’t. So we had a togetherness that the Army didn’t necessarily have. Again, they trained their chief nurses. My chief nurse was there for a year when I was there, or for most of the year, you know. Then they rotated out. But the other thing is, these kids came back to the States and immediately got out. A large number of them. They’d had it. They had no support system.

LC: Right. They were just kind of turned loose.

FB: That’s where their post traumatic stress came in and that’s where they had—I talked to a lot of the Army nurses. We didn’t have that. We were there for our kids. They stayed in. Some of them got out, but they had that togetherness and I think that
made a big difference as to why they had more problems than we had. We had some, you
know. I don’t want you to think that we didn’t. We have one that got out and cleans rugs
for a living. I mean, here she is, a nurse with a bachelor’s, but she can’t do it again,
anymore. So we didn’t always—but we were together and I guess that made the big
difference. I don’t know. Also, their time in—they got straight out of the service, from
the Army. They may go another year in the Navy and that was a good thing. Or they’d
go six months because they had a chance to decompress. That’s an opinion, but I’m not,
you know—

LC: Decompress but there was still a structure that they were a part of.
FB: That’s right. That’s right. Even though we didn’t necessarily talk about it,
we knew everybody who had been there and they knew us.
LC: There was an understanding.
FB: There was an understanding. Unspoken, but there was an understanding.
LC: Let’s take a break there, Fran.
Laura Calkins: This is Laura Calkins at the Vietnam Archive at Texas Tech University, continuing the oral history interview with R. Adm. Frances Shea Buckley. Today is the sixth of October, 2005. I am on the campus of Texas Tech in Lubbock, Texas, and the admiral is speaking to me by telephone from California. Good morning, Fran.

Frances Buckley: Hi, how are you?

LC: I’m doing pretty well. I want to thank you again for your time. Fran, last time, and in our discussions in between our most recent session, you’ve been sending materials here for deposit at the archive, for which we’re very grateful. Among those materials are invitations that you received to, at least one presidential inauguration, I believe President Reagan’s inauguration. Do you remember that and did you attend whatever—?

FB: Oh, yes, of course. I think—I don’t know how many flag and general officers were invited because it was quite a large function. It was outside, you know, and they invited us to come. In fact, Emanuel came with me and there was a physician in the White House. I can’t think of his name right now but he was an admiral. He was the physician for the White House. Most of them—most of the presidents just had one who would be a Navy or an Army or an Air Force flag officer. But Reagan also had his own private physician in addition to the physician that was for the White House. Also, we had a military physician for the Congress. So it was through them that we got the invitations. I think all flag officers, at least all the flag officers from the medical department got an invitation to go. I remember, we didn’t front seats, you know, we were way back, but it was very interesting to listen to the speakers and to see the participation. I had never been to one before. It was a beautiful day, a little bit cool, but it was beautiful. Of course, both presidents, that was leaving—President Carter leaving and President Reagan—were very gracious. There was nothing that you could feel that was negative. Later on—we were not invited to any of the balls or anything like that. Most of those
people that were invited to those affairs were people who had made big donations to the
presidential campaign, or friends. So they had several balls, but I don’t recall that we
were invited to any of those. But we were invited to the swearing-in ceremony, which
was most impressive. As I said, it was outside. It was a very nice day. A little bit cool
because I think it was the first of November. It was early November. It was some time
in November, I think. Anyhow, the papers will say. So that’s how we got the invitation
and it was just very impressive. Very impressive because the Marine Corps band was
there. Extremely well done.

LC: What about security? I mean, was it apparent to you—I mean, you obviously
were sitting with a group of other VIPs like yourself and Emanuel. Were you in any way
aware of security around you?
FB: Well, see that was the way of life in Washington, even before all this
business. You always had FBI agents around and you could always tell who they were
because they had earpieces in their ears to be—now, I don’t know if they still do that or if
they have some other way of communicating, but they all wore earpieces. So yes, there
was considerable security around. However, I don’t think it was in any place like the
kind of security we have today.

LC: I’m sure you’re right. I’m sure things have moved on considerably.
FB: But see, the FBI—whenever anybody like the president came to the hospital
or had his inaugural address or anything, there were FBI agents all over the place.
LC: All over the place. Those were just the ones you could see or identify?
FB: Yeah. They all wore suits. They all looked great.
LC: Pretty sharp, yeah.
FB: And they all had earpieces in their ear.
LC: Did you go to any parties? Did the Navy have some kind of reception or
anything like that?
FB: No, the Navy had nothing like that because it would have been partisan and
the military can’t afford to be partisan. So they can’t afford to look like they’re
supporting—any of the military, any of the services can’t afford to look like they’re
supporting any of the candidates or anything like that. Now once they retired, if they
want to do it, they can. But while they’re on active duty, it’s absolutely forbidden
because remember, you’re dependent on those people for money and everything else. So if you come out against something or let’s say you were for—against Reagan and for Carter, that would have been the kiss of death. So our forces can’t do that. They have to be strictly neutral because they work for the president.

LC: So how that plays out on an occasion like an inauguration is there’s no particular party put out by the services but you are invited to the actual ceremony.

FB: If individuals had it at their own quarters or something that might have been something different, but I knew of nothing like that. It was strictly—we were there on the invitation of the physician that was assigned to the Congress and to the White House.

LC: So there’s a physician who has responsibility for the Congress as well?

FB: Yeah, there’s one, unless they’ve changed it. If they’ve changed it, I don’t know. But yes, they did have a military physician but, of course, the physician all have their own—or the Congress—has their own particular physicians. I think I mentioned this to you before. At least when I was there, there were no records kept. At least they were not available. The Navy physician who was there or the Air Force physician would not necessarily have known if a congressman was a diabetic or a cardiac or anything else.

LC: Really?

FB: That’s right.

LC: So only their private physicians, obviously, would be aware of that. Wow. That seems a little risky.

FB: Well, that’s the way it is. I mean, they ask a lot of questions but they don’t always give a lot of answers. I know that because at one point in time, and this was after I was out of the Navy and I worked as a consultant for FEMA (Federal Emergency Management Agency) for six months. FEMA. (Laughs) But anyhow.

LC: Uh-oh.

FB: We tried to find out—this was—

LC: Later on?

FB: Eighty-four. We tried to find out what the problem—what diseases were prevalent among the congressmen. So that if they had to be evacuated for any reason that we would have an idea of what kind of diseases, primarily, that they had and what kind of medications would be needed. We were told, “There are no records.” So what we had to
do was go ahead and figure out what statistically, in this age group—from the Bureau of Statistics, mind you—who would be most likely to have cardiac? What age group? And then from there, plan on what kind of medications we would have to have on hand. They’re very, very—(laughs) you can find out very little about the Congress.

LC: That’s fascinating that there was no pre-existing data, nor any way to really build data. You kind of had to hunt and peck.

FB: That’s right.

LC: Well, what, statistically, was the most likely thing?

FB: Cardiac, diabetes.

LC: Heart disease, yeah.

FB: Lung problems, things of that sort, you know, that you would find. If they had something exotic, you never knew it.

LC: Wow.

FB: Or, if they were alcoholics, you didn’t know it. There are alcoholics in the Congress.

LC: Undoubtedly.

FB: At least there were. There were alcoholics in the Congress.

LC: The job here was to create a profile of an inventory of both medicines and materials that you might need if they had to be sequestered somewhere safe?

FB: Now, that was after I was out of the military.

LC: Yeah, well maybe I’ll ask you another question about that later on. But one thing that you wanted me to be sure to throw out there was an opportunity for you to talk about the kinds of things that you did as director of the Navy Nurse Corps that you felt good about, that you felt were accomplishments, and that were good things about that job. I’d like to just kind of throw it open for you to make your observations on those issues.

FB: Well, let me put it this way. I never said, “No.” If they said they needed a nurse in such-and-such a job, I never told them, “No.” I’d somehow—it’s because you stuck by a billet structure. You’re only allowed so many.

LC: Sure.
FB: Then I would say, “Yeah, sure, I’ll send you a nurse.” Maybe I didn’t tell
you this. For example, if the Marines said they needed a nurse even though they didn’t
have a billet, I’d send them a nurse. If they had openings in schools, whether it was the
military school—I’m trying to think of the name—in California, where they would get
their master’s degree and, well, computer science is one of them but there were others.
And computers were fairly new then.

LC: Like Monterrey?

FB: Monterrey. I would send them to Monterrey. People would have a billet, an
empty billet to be filled and then they would say—the doctors would say, “I don’t have
anybody I can send.” The MSCs (Medical Service Corps), the dentists, they didn’t have
anybody they could send because it wasn’t within their realm of expertise. But I would
send a nurse. And it’s not that I’m so smart, but I figured this way. If I send the nurse, it
gives nursing visibility. And it did that. What happens, then, is you have people asking
for—they want somebody to do a particular job in an area and the only one that has been
through that type of program is a nurse.

LC: Right, and she’s already prepped for—

FB: And she’s prepped. Sending them to Monterrey—my, well, she was my
deputy. No, she wasn’t my deputy but she was the individual, the nurse that was
responsible for everything that I did. You know, to go to trips, or whatever.

LC: Like your XO, essentially?

FB: Well, she wasn’t my XO. I had an XO, but I’m trying to think. Executive—
the name escapes me now, but she had gone to Monterrey. So she was a commander and
people were saying, “Maybe you should have a captain.” I said, “This girl went to
Monterrey. She knows every assistant to every flag in the city.”

LC: So the network would be kicked in.

FB: The network. She was really good, don’t misunderstand, she was great. She
was black and that was the first time they’d had a black nurse or woman in that area of
BUMED (Bureau of Medicine & Surgery). They had it in other—the line had them but
BUMED didn’t. I didn’t pick her because she was black. I picked her because she was
smart.
LC: What—did she tell you or can you relay any problems that she might have encountered, either on the basis of race or because she was a nurse appearing in some venue where nurses had not appeared before?


LC: Really?

FB: Absolutely never. Because she was so confident in what she did. The people that were assigned to these jobs were really under Emanuel. He was the assistant to the surgeon general.

LC: Now, just to be clear, this is Emanuel Buckley?

FB: Right.

LC: Whom you married at one stage. I don’t know what year you married.

FB: After I retired.

LC: And he—you had known him earlier in your career and you’ve mentioned that. Emanuel’s—what was his rank?

FB: He was a captain.

LC: And his position again?

FB: He was an assistant to the surgeon general. Not exactly an aid, but he wore these—gee, you know, I’ve sent—all that stuff is in the mail. What can I tell you?

LC: That’s okay, that’s okay. Well, someone listening to this interview will be able, of course, to access that material.

FB: Right. So he wasn’t the deputy surgeon general, he was an assistant to the surgeon general. He saw that everything—everything is done for you when you’re a flag. That is to say, your appointments are all made; you just have to show up. Everything’s taken care of. You don’t have to sit and make the appointment yourself or do anything of that sort because you have somebody who organizes your whole life.

LC: And you just kind of glide through it?

FB: Yes.

LC: I mean, hopefully.

FB: Well, that’s why I get so upset nowadays. I keep saying, “I don’t have a secretary and I don’t have an aid.”

LC: (Laughs) You’re on your own again.
FB: I’m on my own and so I have to make my own calendar. I joke about that because I’m still friendly with one of my secretaries because she lives in California. But Madeline was exceptional.

LC: Now, you’ve mentioned her before. This is Madeline Ancelard.

FB: Madeline Ancelard. I hope she’ll contact you, really.

LC: I hope she does, too.

FB: Talk to her about it.

LC: Good.

FB: Madeline was black. Very light skinned. Her family was originally from New Orleans. She was very bright and they didn’t send it to her—she didn’t get sent to Monterrey because she was black, she got sent to Monterrey because she was smart. She was my assistant because she was smart. It had nothing to do with equal opportunity. You say, “Well, maybe it should’ve.” No. I think you need the best and she was the best.

LC: How did you find out about her?

FB: Well, she was—I had one. I had one that I thought would be good, who could start a fight in an empty house and unfortunately—but she was very good at numbers. She was very good at sitting in a corner and doing all kinds of planning and things as long as she didn’t have to interact with people. But you can’t insult people when they call and ask for an appointment or something like that and you can’t do that. She kind of did. So we were very concerned about what was going to happen with her and I couldn’t just fire her. But Madeline was in—over in the Pentagon, and her job was being deleted. I said, “Fine. Send her over here.” I looked at her record. “Send her over here.” Then we found another job for Jody where all she had to do was play with the numbers. Help build hospitals, do things like that, you know?

LC: And off the kind of public outreach.

FB: She was out, yeah, and it was the best move I made. She used to go—Emanuel was in charge of the meetings of all of these assistants to admirals. You can’t do it all yourself, it’s impossible. He used to say, “She is really so smart. And she’s so clever by the way she does things.” I mean she would be very polite and say, “Now, did I understand what you said correctly?” Not in a mean way, but in a way to make someone
say, “Well, you know, I’m not quite right about it.” She would travel with me sometimes and she was really very, very, very good. She set up all these appointments and things.

LC: Now, she would go on your overseas travels, for example, that we talked about.

FB: She did, uh-huh.

LC: Wow.

FB: Some of them. Not all of them because it would have been too expensive, but some of them.

LC: What would be the difference? When would you take a larger group and when would you take a smaller group on an overseas visit?

FB: Well, a lot had to do with the money.

LC: Was it what was actually in the budget?

FB: What was in the budget. So many times, I went by myself, but if there was a way that we could squeeze in the budget for her to come, she did. But that was, you know, that wasn’t as often as—I know it’s different for the line. But you have to understand that you have to figure out where you’re going to put your money and you can allow yourself so much for travel, but if you want money for something else then you’ve got to be careful. As I said, when it came time to send them—and I’m proud of that. Proud of the fact that we sent people to Texas. We sent them to—it was an administration program at Baylor, I think. They would say, “Well, we have some billets and we can’t fill them” “I’ve got somebody who will go.” We’d send somebody because many times, then, when they came back, other—like the medical department or the doctors or some other would want them working on their staff. Was that bad for me?

No, because they were loyal to the nurse corps and nothing went on that we didn’t know about.

LC: What do you mean by that?

FB: I mean, if they were planning on doing something that might have, in some way, affected nursing, they were loyal to their boss, but they were also loyal to the nurses. Somehow the word got to us.

LC: So you would be—

FB: You might think I’m devious, but sometimes you have to be.
LC: Well, you also weren’t going to be ambushed by—
FB: Oh, no. That was the other thing. Between Madeline and some of the other people—but primarily Madeline—we were never ambushed. I’ve seen it happen. But we were not. Then, after a while, they don’t take you on. They stop. I know I make it sound like it was not a pleasant job, but it was. It was a hard job but you can win if you just have the right people to help you.
LC: Right. And it’s complicated. I mean one thing this kind of discussion makes clear is that things don’t just unravel in a predetermined way. There’s a lot of—kind of a lot of give in the organization and that can kind of—
FB: I don’t want you to think that some people are outright mean. Some were. I don’t mean that—that’s not all of them. Some are outright mean but sometimes it was survival of the fittest, you know? They were fighting for their programs, too. I guess I was proud of the fact that I got nurses—I didn’t do it, but I got them selected to be commanding officers. I mean, these things go on today that nobody even realizes. It never occurs to them that it would be any way different. That was the start of it.
LC: But yeah, at this time, the time we’re talking about, the late 1970s and early—
FB: Eighties.
LC: Eighties. I mean, this was kind of all new ground, in a way.
FB: It was. It was. We got them out of their nurse corps uniform. I got a lot of blasts about that. I told you about that.
LC: Well, you got blasts, though, from inside the nurse corps.
FB: Yes.
LC: What about outside the nurse corps?
FB: Oh, there was some. There was some. In fact, I remember one doctor came up and said—he was an admiral. He said, “I really don’t like the idea that they don’t wear those hats and all that. You know, their caps and their uniforms.” He said, “They looked so clean and neat.” I said, “If you have to worry about them wearing whites to determine whether they’re clean or neat, you’ve got more problems than you can imagine.”
LC: Did he laugh?
FB: He was—not really, because he was taking a dig, see?

LC: Right.

FB: This guy was a bastard and he was taking a dig. He said, “Well, I like the caps,” and I told him what I told you. I said, “They were cootie caps. That was they were using them for in Florence Nightingale’s time and we don’t have that problem these days.”

LC: (Laughs) I mean, what do you think people made of you? In all honesty, I mean, did they think that—what kind of reaction did he walk away with, do you think?

FB: “Don’t cross her.”

LC: Yeah.

FB: I mean, that’s not very nice to say about myself but I had to. As I said, it was survival of the fittest and if they crossed me, there was a price to pay. Now, that doesn’t mean I wouldn’t negotiate. I wasn’t hardnosed and I’ve told you some situations where they really tried to get me. But you can’t sit in a corner and cry. You’ve got to figure out, “How am I going to do so he never tries it again?” I told you before, Alice Riley was the best teacher. She was the best teacher.

LC: Well, she had a pretty good student, it sounds like.

FB: I learned my lessons well because she really taught me. And you know what? They don’t respect you if you sit back. You know, it’s like when we were doing this, the Army Nurse Corps thought it was terrible. See, the Army and the Air Force still would not change their uniforms, you know, and they thought it was terrible that we were doing it. The Army director said, “Oh, our doctors love to see us in whites. They love it.” That’s too bad! It’s not practical.

LC: Yeah, and it’s not about that.

FB: No. The chief nurse at the hospital down at San Diego told me the other day that now, skirts are optional. That means they have to wear slacks. That’s required uniform, which makes so much sense.

LC: Right, sure.

FB: If they want to wear skirts, they can, but they don’t have to.

LC: Does that feel like a big move forward for the women that are in the service to you?
FB: Sure. I think they—women want to be treated like everybody else. They
don’t—I mean, not that they don’t want to be treated respectfully. They do and they
don’t want to be treated like trash. But they’re just part of the team and that’s what they
want. They’re not looking for anything extra.

LC: You know, back on the Repose, I’ve seen photographs where all the nursing
personnel were in their whites.

FB: Right.

LC: With the cap and the whole nine yards. Were you aware at the time that this
outfit was a problem?

FB: Well, we were, but we didn’t have any choice.

LC: Sure, you didn’t have any choice. But did you wish you could just like, pull
on a pair of scrubs or whatever?

FB: Well, see, and then the scrubs, if you saw pictures of me, I had a scrub dress
on. I didn’t wear scrub pants. That was what we wore. Actually, from a contaminant
point of view, this isn’t, well—

LC: I think you mentioned something to this effect earlier.

FB: Yes. So the pants were much better. But that was the way it was. That was
what the uniform regulation was and we wore it.

LC: How did you—how did everybody keep them, keep the uniforms gorgeously
pristine white and starched?

FB: The laundry did them. We had a laundry on the ship. Now, the laundry
didn’t do our personal underwear or anything like that or our personal civilian dresses or
anything of that sort. We had laundries in our quarters. We had washing machines in our
quarters, and dryers. But what they did do is the ship’s laundry did them. You would
fold up your uniforms, put them outside your door, they’d collect them and then come
back and hang them up on the—now wasn’t that a waste of laundry time?

LC: No kidding. Did you have some kind of covering or barrier between your
uniform and the patients? Or would you, after being in the OR—?

FB: Oh, I wore OR scrubs, you know, a scrub dress, and discarded them when I
left and they just went into the regular laundry.

LC: Wow.
FB: I didn’t have anything that said my name on it.
LC: Oh, really?
FB: Oh, no. You just went over and took whatever dress was available. Same
way with the scrubs for the doctors. You know, the laundry would deliver them and they
just would take them.
LC: They’d just grab them. Wow. Well, you know, the issue of the uniform is—I
mean, it’s an external kind of emblem of where women are, I guess, in some ways in the
service. It’s interesting to hear that you—the changes that have come about since you
think are important for the status of women, not only their functionality.
FB: Well, I’ll tell you, and I think I may have mentioned this before, but when
you wear that—I’m not ashamed of the nurse’s uniform. I was happy with it. But the
thing is this. When they look at you, they didn’t even call you by your rank. You might
have been a commander and they maybe have been a JG and they would say, “Ms. Shea.”
I mean, what is this?
LC: Because you had no rank on?
FB: Yeah, I did on my cap, but it was the way it was, you know? Consequently,
when you are in the uniform of the day, they have to look at you—and they don’t have
these problems anymore—and say, “Okay, that’s Commander Jones.” Or, “That’s
Lieutenant JG So-and so.” You know?
LC: Not, “Miss So-and-so.”
FB: That’s right. This was not unusual and unfortunately, we did it ourselves.
Instead of talking about commander—unless she was the chief nurse, we’d call her
commander. But if she was lieutenant commander or something like that, “Well, Miss
So-and-so made rounds. Miss So-and-so made rounds.” We did it ourselves. That’s a
putdown in a lot of ways. Now, I don’t know that men would think that, but I do. I think
that unless—if you want to be equal, you’ve got to be treated equally, you’ve got to do
your work equally, but you have to be treated equally. I’ll tell you, getting nurses—
because nurses are smart because they understand people and they can do a job outside.
We have a lot of nurses that are commanding officers. They can do the job and do it well
and have a better understanding of the people because it’s a people-oriented job. Does
that make sense to you?
LC: Yeah. And so they sort of come keyed in to the dynamics between people, rather than coming at it with, oh, I don’t know, different—

FB: They’re not dumb. If they want to go and get a master’s in business, they can do that. What I’m saying, we opened it up. We opened them up to any place there was an empty billet. Any place that they needed people to send to school, we would send a nurse. Yes, we would lose them because somebody else would want them, some other—well, even Enoway has a nurse in his office, a military nurse. We would send them because it’s to our benefit in the long run. The more focus that you can give on nursing, that is a nurse who does a particular job, the higher the esteem. Do you know what I’m saying?

LC: This sounds sort of like what sometimes gets facetiously called the “vision thing,” where you’re actually thinking further than the next year. You’re thinking, okay—am I correct?

FB: That’s right.

LC: You’re thinking about the placement of nurses throughout the Navy and the ways in which they can make themselves useful in addition and serve the Navy in addition to their technical skills as nurses.

FB: It also give you power.

LC: How did it do that?

FB: Well, if you have people in different places—now, let me be very clear when I say this, the assumption that you have power gives you power. You may not have any. Really. But people assume you do because you have a nurse in this office, you have nurse in that office. They assume that that nurse is loyal to you. And she is or he is because they don’t know where their next assignment’s going to be. I don’t mean that that’s why they’re loyal, but they are loyal, and consequently, people understand that. They say, “Well, I’ve got this nurse.” So the feel that—they sense that this nurse—she may never talk to you but the sense that she will because if you’re smart you’re not going to ask her too many questions because she’ll give you the answers that you need anyway.

LC: Right. And probably tell you the truth rather than what it is that you might want to hear.
FB: Absolutely. Absolutely. Consequently, you don’t have to do that. Because if you’ve got somebody—I sound like a spy scenario, but truly—

LC: I think you probably could have made it as an intelligence operative.

(Laughs)

FB: I don’t know about that, but I know that—because I don’t have that kind of skill but I do have common sense and street smarts. Sometimes street smarts is a lot better than a high IQ. I don’t mean that in not a nice way, but if you can see that these people can make a difference in the organization—I mean, you’re not sending them deadheads. They’re making a good contribution. People are depending on them, it gives them status. It also gives you organization status because you get credit for putting out really good people.

LC: Of course, there’s the other side of the coin, too, right? In the military, there are notorious cases of this where people fail to delegate, fail to promote and put their good people in places of responsibility. Did you observe that, too, where you had people kind of trying to control everything themselves and keeping their underlings out and not letting officers of lesser rank actually perform? Did you observe that as well?

FB: I can’t say that I did because I didn’t pay too much attention to what they did. LC: Really? Okay.

FB: I mean, I had to do what I had to do and I couldn’t worry about what they were doing. Now, was that unfair? I don’t know. I know that I was able to stop some of it in the education branch of it because I controlled the money for who went to school and went I saw inequities, I could do something about it. But other than that—and I had an XO who was a physician who was of the same mindset. So we could change it. We could say, “Yes, I think there was that.” I know there was, that some doctors wouldn’t get this residency or that residency because someone on the board had a special—but that was not going on—that ended because my XO—you went by the book. If the guy was good, he was good, no matter who didn’t like him. Do you know what I’m—?

LC: Right. Yeah, yeah.

FB: So I can’t say I saw too much of that. I can say—this is not a nice way to put it but I’ve said it to you before. If they take you on and they don’t win, after a while they stop trying to take you on.
LC: Then they’ll go after a softer target?

FB: They go after—that’s the softer target’s problem. You can’t save the world, unfortunately. You can tell them and they won’t listen to you. But it even happens in everyday life. You have to make it so that taking you on isn’t worth it. It’s not that you’re mean or hateful. It’s just that you point out the discrepancies in their behavior. Does that make sense to you?

LC: Um-hm.

FB: In a nice way, you do it.

LC: Right. With some class, hopefully.

FB: Well, yeah. Right. “I know you mean well and I know you’re trying so hard and I appreciate that. However, you have to look at this situation here.” They may call you a bitch when you leave but nevertheless, they’ve been told off and they’ll keep their hands off.

LC: Fran, did you have it in mind that you were functioning as a mentor in the same way that you had been mentored?

FB: Absolutely. I still do it. I mean, people—I still do it all the time. And you say, “Well, why?” I don’t know.

LC: Well, actually, I was going to say, “In what circumstances do you do it?” I could absolutely see why you would do it.

FB: Okay, if I’m talking to some kids in the Navy and they’re saying, “Well, I don’t know if I should extend, I don’t know if I should get out.” “Don’t get out. These are the reasons why you shouldn’t get out.” “Well, I can’t stand my chief nurse.” “Okay. Put in for another duty station. She’s not going to be your chief nurse forever. And if you’re having problems, go down and talk to her.” “Well, she’s not very realistic.” “Well, give her a chance.” This is a problem sometimes, you know. They don’t get a long. Why do they tell me? I don’t know. People tell me everything. It must be I have a face that says, “Tell me.” Even in my building, they tell me. So you have to say to them, “You know, you need to do this. Don’t do this.” Not in a way that doesn’t give them choices because sometimes they don’t take your advice. But you say, “Now, this is what you really need to do. You need to go to put in for school. You need to do this. You need to do that.” They will listen to you. It’s amazing. I do it all the time. Don’t ask me
why. I don’t know. Maybe it’s because I know the system and that makes it—and
maybe it’s because Alice Riley did it. Put it to where the blame is. She was a
tremendous mentor. I mean, I could never be as good as she is. But she was a
tremendous mentor and she got things for her girls, her nurses. I think that she would
probably, if she were alive today, be right there in the corner. She was the women’s
liberty before we even knew we had them. She knew how to do it, though.

LC: Is some of what you do when you are asked because, of course, the options
are always there for you to say, “I’m retired. I’m out of this.”
FB: I never say that.
LC: Yeah.
FB: And I never say, “No.” Now, even now, I got a call yesterday for some
group. They want somebody to do a talk about caring for casualties. It’s a nurse
practitioner meeting of civilian nurses and I said, “Well, let me see if I can find
somebody for you.” Because, frankly, I think they need somebody younger now, to come
out and talk to them. But usually—well, I don’t charge anything, so I suppose that’s one
thing. You know, one thing that they look at.

LC: Why do you think they need someone younger than you?
FB: Because I think they need to hear about what went on in Iraq and what went
on in—

LC: Gulf War and so on?
FB: Yes, in the Gulf War. I think those people need to opportunity to tell it and
for me to go and tell it is not going to be—it’s all right. Don’t misunderstand. It’s okay.
I could do it, but I can’t really because I sent all my speeches to you.

LC: (Laughs) Well, I promise I’ll give you back a copy of any of them that you
want.
FB: No, no, no, no, no.

LC: But are you thinking that—I just wonder if you think that your combat area
experience is too old to be relevant.

FB: No, I don’t think it’s too old to be relevant, because I think the feelings are
the same.

LC: I agree.
FB: I got a call—I haven’t answered it yet, but I got a call last night from this physician’s assistant that was obviously having PTSD. Her roommate, who was a retired Navy nurse, said, “You need to talk to Toni.” So I talked to her and she was not at all receptive. “There’s nothing wrong with me.”

LC: Now this is somebody who has served—

FB: In Iraq.

LC: In Iraq?

FB: Um-hm. She just retired. Consequently, she went ahead and something—I don’t know if it was me or not—but something made her go for help which is a positive thing. Then she called me last night. She wants to take me to lunch. So I suspect she wants to talk about—you know, say, “I did go and it was a good thing and I’m glad I went to the VA,” and all this stuff. So I still do it. I can’t help it. I can’t keep my mouth shut.

LC: But how do people find you? Is it on the grapevine, that, “Boy, if you want somebody to kind of shake you up a little bit and see what is good for you, maybe you should call Admiral Buckley?”

FB: They do ask me to speak. They do. And I have done it.

LC: This involves what? Travel to a meeting?

FB: It’s locally.

LC: Usually local.

FB: I’ll do it in a local area. I used to travel a lot but I don’t do that. That was after Vietnam and everything. I don’t do that anymore. I told you I taught at the school at—

LC: Down here.

FB: Yeah.

LC: School of Aerospace Nursing.

FB: Yeah, I gave a speech, you know? I gave a talk every time they had a program and it was fun. It was kind of nice. But I think how they find you is—well, I don’t play the admiral game.

LC: You don’t play the what game?

FB: The admiral game.
LC: Uh-huh. What does that mean?
FB: I never go up and say, “I’m Admiral Buckley.” Unless I’m in a— it’s in a very formal situation or something. I don’t do that. I always go and say, “I’m Fran Buckley.” And, “Oh, how are you doing?” They feel comfortable. They’ll call you admiral. They know who you are. You don’t have to tell them who you are. They know. Then they start to talk about something—then I just—I’ll tell them, “You may not want to hear this, but, you know, you need to do this.” Nine times out of ten, they will. Sometimes they don’t. Sometimes they’ll come and say, “You gave me the best advice,” and I don’t remember.
LC: (Laughs) You don’t remember?
FB: I don’t remember what advice I gave them. I said, “What did you tell me and what did I—?” “You told me to do this and so.” I don’t have any idea that I did that.
LC: But it sounds right? (Laughs)
FB: But I was perfectly capable of doing it. Sometimes I think I get credit for things I never did. But if that’s what they want to think, it’s okay.
LC: (Laughs) Is it gratifying when people say that about you?
FB: Well, it is. It’s gratifying to see the kids, to see them do well, to see them have—they don’t have the same kind of esprit de corps that we have because their lives are different. They’re married; they have kids and all that stuff. We’ve got to do some work on that. You know, we have an organization—I told you that. We meet for luncheons four times a year.
LC: Now, which organization is this?
LC: Oh, sure, of course.
FB: Those are the ones I’ve been trying to encourage to contact you.
LC: Yes.
FB: I’ll beat on them for a while and they will decide to do it. There are a couple I know. Marge Houck said she would. I think I’ve given her address. If not, I’ll email you the whole members and all.
LC: Okay.
FB: But we’re very tight. You know, we’re going on a cruise in November.
LC: Really?

FB: Yeah, we do all that kind of stuff. Sometimes we’ll have three hundred. Sometimes we’ll have a hundred. But it doesn’t matter. We’re going to have—I told you we’re going to have our reunion [in] two years in San Antonio.

LC: Right. In May.

FB: In May.

LC: Of 2006.

FB: Yes.

LC: Fran, you were saying that the esprit de corps that you have with colleagues from the years that you were coming up is maybe not so prevalent now and that something should probably be done about that. What can be done for the people, for the nurses serving now who might be in their thirties?

FB: We try. We’re doing it. We invite them to our luncheons. We participate in anything they have. I’m going to—I don’t even know this kid, but I’m going to a retirement ceremony at 11:30 this morning because she invited me. Now I don’t know her, but if she invited me, I’ll go because obviously it means something to her to have someone who was a director of the corps present.

LC: Absolutely. I can well imagine.

FB: So you know, I haven’t a clue who she is and I’m sure I won’t recognize her when she gets on the podium. Does that make me a good person? No, it just makes me a person that wants to be sure that our legacy goes on, that they know—my own husband used to call us a closed corporation. He said, “Nobody else has this, this togetherness that you have. The Medical Service Corps, the doctors, the dentists, they don’t have it.” It’s because we try to breed it with our young. Not always successful, but we try. We try by telling them they’re very special and what they do is very special and that they belong to a group that really cares what happens to them. Do you get the newsletter? No, you don’t.

LC: No, I do not.

FB: Let me see if I can get them to send it to you.

LC: That’d be great because we could put those copies in the archive.

FB: I sent you the ones that I had.
LC: Yes, your collection. If, you know, there’s a way to—

FB: There are some interesting stories in there and some of it is just local stuff. I think that we also have this attitude that once you’re a Navy nurse, you’re always a Navy nurse. My best friend got out after three or four years, got married, had five kids. She comes to the things with me and I may have told you this. She says to me, “When I’m at home—” She’s got these five kids. One’s a orthodox priest, one’s a doctor, one’s an FBI agent, one’s in business, the daughter is in business, too. She says, “When I’m here, I feel like I’m a nobody, when I’m at home. But when I’m with this group, I feel like I’m a somebody, like I accomplished something.” I said, “You did.” So we have women like that, that you know, really, this is their identity. Does that make sense?

LC: Absolutely. That’s cultivated.

FB: Oh, it is.

LC: The fact that, for example, you’re going to this ceremony this morning for someone you don’t even know is continuing that kind of investment. I think that’s really cool. She’s a lucky gal, whoever she is, to have you care enough to actually show up. I mean, it’s an effort, you know?

FB: But we’re all like that. The majority of us are like that. I didn’t go to the luncheon yesterday. We have our quarterly luncheon. I got a phone call last night. “Why weren’t you there?” I said, “I wasn’t there because I had another meeting here and I had to go to it.” It was—we usually don’t have it on that particular date, but I saw that we have a women’s veteran’s luncheon next month. I will be there. You know, it’s just the idea that somebody cares.

LC: Yeah, they checked up on you.


LC: Yeah. (Laughs) Well, Fran, when you were outgoing as director of the corps, obviously you knew that that time was coming in, that you would have a replacement whose name I’ve forgotten.

FB: Mary Nielubowicz.

LC: Yes. What was the transition like? I mean, did you speak with her about some of these issues that you’re talking about now or was it all business or did you have no overlap?
FB: We didn’t have any overlap. It was—they usually don’t. I did talk to her, of course, but she had her own agenda and she had her own job. She had, like me, I had another job besides being director and she had another job besides being director.

LC: What was her other position? Do you know?

FB: She was—I forget. I had the education and training. She had—it was in management and funding and stuff and she had a hard time. They gave her a hard time.

LC: The guys did?

FB: Yes, they did. The guys did.

LC: The line guys?

FB: No, Navy medical.

LC: Oh. Because of a different background? Because of her background?

FB: Well, I think, if you want the truth, I think when you’re an OR nurse, you get to be very, very dominant. Domineering, maybe. I mean, you don’t take anything off anybody because you can’t. I mean, you’ve got a job to do and you know these doctors and you know what they need and what they want. In a way, I don’t want to say they have to get along with you because nobody has to get along with you, but your relationship with them is different because they’re dependent upon you to make everything work. If you don’t do your job—if you don’t do your job, they don’t do their job. You know what I’m saying? If you can’t run an OR where things go like, smooth, as far as getting equipment, as far as personnel is concerned, things of that sort, they’re dead in the water. I mean, they need that support so your relationship with them is different. I think that that makes a big difference. OR nurses I think, on the whole, are more assertive. You could even say aggressive. But they’re more assertive.

LC: But as you said, they don’t take anything off of other people.

FB: No. If they say, “I need a room right now.” Now, if it’s an emergency, that’s something else, but if they’re putting you on, you just say, “Well, hey, listen, I’m very sorry but we don’t have any.” You become very loyal to the chief of surgery who depends on you and you make sure the chief of surgery knows everything that goes on in the department so he doesn’t fall on his face. So you know, I think it’s a tougher—you’re with them day in and day out. It isn’t like they make rounds on the ward and then leave. You know?
LC: Right, there’s a continuing relationship.

FB: It’s every day.

LC: It’s actually interdependence rather than—

FB: That’s right. So I think that that has something to do with it. Alice Riley was an OR nurse.

LC: But your successor was not.

FB: No. Do I think that that had something to do with it? I think it might. I think she had a hard time. She’ll tell you herself.

LC: Okay. But your responsibilities to her as the incoming person that’s going to take your position were basically just to leave it in good order?

FB: That’s right.

LC: Then she would do whatever she could do from there.

FB: That’s right.

LC: Do you have a sense of whether the push that you had put behind getting nurses in various billets and so on continued?

FB: Oh, it did.

LC: It did.

FB: Oh, yeah. It did. The more—once they find out how good they are, they want them. Like Eneway.

LC: Yeah.

FB: I’m bragging about them, but the thing is, they are good because they’re detail oriented. You have to be if you’re a nurse.

LC: Yes.

FB: You have to know, you have to pay attention to the details. So they’re detail oriented. The profession demands it. At least it did, I don’t know about today, but it did.

So that they’re good, you know, whether they’re in the White House or whether they with the line. I’ll tell you something else. We have nurse practitioners and we have physician’s assistants. Now, I just heard this recently. Now, physician’s assistants are not nurses but nurse practitioners are. We have usually a physician’s assistant or a nurse practitioner assigned to the carriers now. We got them on there, women or not. The line
has come back and said, “Listen. Don’t send us any more physician’s assistants. Send us nurse practitioners.” That’s a kudos.

LC: And what is the thinking behind it?

FB: Because they’re—well, they’ve got better training I think, for one thing. To be a nurse practitioner, you have to have at least your master’s. They have a different attitude. A physician’s assistant is there to help the physician. The nurse practitioner is there to help the patient. That’s putting it very bluntly and I don’t know that people would approve—appreciate my saying that, but that’s basically it. It’s a different thing. The nurse practitioner’s not there to be—she’s not going to replace the physician, she’s not going to not help him, but she’s able to diagnose and treat on her own. Obviously on board ship, it’s helpful.

LC: That’s an asset for sure.

FB: I know I go to a nurse practitioner for OB/GYN and she’s terrific. You know, she’s—if I say something, she understands. She’ll say, “Well, that’s a bummer.” You know?

LC: Right, right.

FB: It’s just right down to earth, and is it different than a physician? Yeah, it is because I think you have more understanding or they have a better patient relationship, let me put it that way. But I’m blowing the nurse’s horn again.

LC: That’s all right. I think if you can’t, who can? But I mean, what you’re also pointing out, again, is a feature of the corps and it’s personnel which has to do with the human dynamic of being in the service rather than something that we hear more about, which is the military dynamic of being in the service.

FB: That’s right.

LC: So, in that way, I think it’s a very useful set of observations. Let me ask, if I can, Fran, and again, if you don’t mind, can you give us some details, kind of a chronological run-through of your husband’s service in BUMED and where did he begin?

FB: Well, he was born in Nicaragua. His father was American and his mother was Central American. Latin American. She was in Panama when she met Emanuel’s father, Dan Buckley. From what I can understand, because we were doing a little bit of
genealogy for a while, they just crossed borders like crazy. They were in Panama, they’d
go to Nicaragua, they’d go to Costa Rica. So when we got some of the birth certificates
and everything, you really had to wonder where they were. They traveled a lot, it looked
like.

LC: What did his father do?
FB: His father was an American sailor. American Navy.
LC: Okay. Career Navy?
FB: Yup. He met his mother in Central America, well, in Panama, and they got
married and Emanuel was born there. They used to—his father was a submariner. He
was enlisted at one time and later became an officer. But he—the submariners used to
stay there for years, I guess. I guess they could renew their ship or whatever and so
Emmanuel was about six before he came to the States. They came to San Diego because
that’s where his father was stationed.

LC: Sure.
FB: He had three brothers born in the United States and Emanuel was the oldest
of the three. Of course, this was the Depression time and all. His parents subsequently
divorced because, you know, it was cultural thing. She was not used to the American
way, so actually when Emanuel was about twelve or thirteen, he was the man of house
because the father was in the Navy and they were divorced and he had three little
brothers.

LC: He was the oldest, then?
FB: He was the oldest.
LC: Oh, boy. Uh-huh.
FB: So anyhow, when he was eighteen, he really did want to go to school but
times were very tough in those days. He wanted to go on to college but he went ahead
and joined the Navy. It was before Pearl Harbor. So in his papers, you find where he had
orders to—and you said you were going to send for the rest of the records. I just saved
some of the papers and they’re in his package. But if you want to send for them, go
ahead because it was big and thick—when he died, you know, I just took them and just
kept some of them. I also sent his awards. You know, like Legion of Merit and things
like that.
LC: I’m glad. I’m glad they’re here.
FB: I am, too.
LC: They will be very well taken care of and made accessible. I mean, we need to know about him, as well.
FB: Well, he was a wonderful person. Anyhow, he stayed in the Navy and he was in the South Pacific during all of World War II and he was a corpsman and he was on a ship. All that information would be in there.
LC: Was he on a ship continuously or did he ever go ashore anywhere?
FB: I think the ship might have put in a couple of times here, but not too many. I sent you pictures of him as a sailor, too.
LC: Oh, good. Okay. What ship was he on, do you know?
FB: No, you’ll have to look at the—
LC: Okay, it’s all here in the records?
FB: It’s all in the records.
LC: So he was a corpsman?
FB: He was a corpsman.
LC: Wow.
FB: But when he was twenty-three years old, he was a chief petty officer. Now that doesn’t mean much to some people, but it means an awful lot. Because usually, you’re in ten or twelve years before you’re—he just brushes it off. He said, “Well, I didn’t have anything better to do than study for the tests anyway.” So when he was twenty-three, he was a chief petty officer. So he came back to the States and he got married and had a family and subsequently—well, his marriage ended in a divorce but she also died. So we got married in ’83. So anyhow, one of the assignments that he had, he had been—he didn’t go to Korea, but he was in World War II. He didn’t go to Korea because he was involved in some sort of research program with the Marines.
LC: Do you know what it entailed?
FB: No.
LC: Did he ever tell you and you’ve forgotten?
FB: No, I don’t think we ever talked much about it. I mean, that sounds crazy,
LC: Well, you guys had other things, I’m sure, to discuss than Korea.

FB: Yeah, well, that’s right. So after—so around 1950 is when they started the, what was it? Isn’t that something? I’ve got a block. What was it called? Anyhow, he was commissioned an officer. The Medical Service Corps. They started the Medical Service Corps. The Medical Service Corps were for people who were like business oriented, to run different facilities. They also had pharmacists, they had dieticians, they had a number of people. Different groups. Anything that was medically oriented but not a dentist, doctor, or nurse went into the Medical Service Corps. It was a chance for many of the enlisted men who were hospital corpsmen to become officers, and that’s what he did. He was selected and became an officer, I think around ’51 or something like that. He advanced up the line. So he had not been to college, but he still made captain even though he had not been to college.

LC: I mean, that’s incredible.

FB: Yes it is. But when he was a captain and stationed in DC, I don’t know how he did it. He went and got a degree in healthcare sciences from University of Southern Illinois who made themselves available to the military in almost every major base in the country. Did you know that?

LC: No, I did not.

FB: The University of Southern Illinois, you can find their campuses or their programs on most military—at least Navy, I don’t know about the Army—facilities so that these kids can go on and get their degree. In fact, the new commanding officer down here who has a bachelor’s and a master’s, he got his from Southern Illinois, too. They went out to the people and to the military bases and offered the courses to them there so they could get their degrees while they’re still on active duty.

LC: So this was sort of early distance learning in a way?

FB: Right.

LC: They were actually—the university put together some package, no doubt with federal funding, to deliver courses at bases?

FB: That’s right. Oh, they still exist.

LC: Wow.
FB: They still exist big time. I can’t tell you how many schools, but they’re all over the place.

LC: So somehow Emanuel was doing this on top of his workload?

FB: Exactly. He was the assistant to the—no, what was he doing? He was in the Bureau of Medicine Surgery at the time. Personnel. He was in charge of that and he was promoted to captain and he went to school and he got his bachelor’s which he did very well. He said it was, for him, he said it wasn’t anything because he already had been doing all this stuff in healthcare prior to going in. He had some college credits. He had about two years of college credits. He had been going to school on and off whenever he could, so it wasn’t as if he went in there without anything. I think he did it in about a year, a year-and-a-half.

LC: Were you in contact when he was going through this?

FB: Yeah, I was stationed out here but he was stationed out there. He was stationed in Washington.

LC: And so he was—what would you say was driving him? I mean, he clearly had a very successful career without having to go through that hoop.

FB: Well, I think he felt badly that he didn’t have a degree.

LC: Okay.

FB: I do. I think he wouldn’t—I think he felt bad. Then he had time, you know, at night, to do this, and he would go. He also felt that it was kind of a positive thing for the younger people to see. And they—I mean, I met people later on in life, you know, later on, afterwards, when we were married, who would say, “You know, I was in your husband’s class. He was so great.” Because he was a captain and they were like first classes in there and he’s telling them how to do things. That was a good thing.

LC: Oh, yeah. I can only—I mean, put yourself in their position, of course you can only imagine how validating that would be for them in what they were trying to because look at him. He’s doing it. I mean, yeah, it’s quite a good example.

FB: Well then, I was out here and then the surgeon general called him and asked him if he would come out here and be the director of administrative services because he was director of patient affairs at BUMED. He said, “Okay.” So he came out and he was director of administrative services.
LC: What would that mean?
FB: That means anybody who’s not a nurse or doctor or dentist comes under his control.
LC: For the whole region? For the regional facility?
FB: For the whole hospital. Which is a big facility.
LC: The biggest.
FB: Yes. So this meant civil service employees, this meant hospital corpsmen, this meant this, this meant that. He was in charge of that and he offered me an MS—see, he was a smart man. He offered me—we were not—we were friends because we had been on the ship together. But he offered me a young man who was an ensign to be an assistant in my office in nursing service. Now, this never happened before. I said, “Sure.” Well, it turned out that this kid was from my hometown. The next town. Well, come on, we bonded, you know. So anyhow—and I still hear from him, Tom Burden. He’s gone on to greater and glorious things. He got his master’s and he’s working a civilian healthcare facility now—organization. Tom was a little bit—you know, he kind of got a ribbing from the others. He was an ensign. He had been enlisted because he was working in nursing service. I think at first he had a little bit of trouble with that—and this is about Emanuel—but Emanuel sent him in there and he later on said, he learned more in nursing service about how the military medical department works than he ever would have learned if he had worked for some Medical Service Corps officer. Because we were vital. So whenever we needed anything, he was very good about giving it to us. But that was his idea. He was trying to get—and to my knowledge, unless it’s changed, a Medical Service Corps officer has been assigned to the chief nurse, in a bigger facility anyway. That helps them understand what’s going on nursing service because it’s the biggest service and it also is helpful because they have the administrative skills. So then after he—I was selected for flag and came out to the East Coast. Then he—he was in the Navy forty-two years, by the way—he came in out to the West Coast. We got a new surgeon general and the surgeon general was from here. I mean, the physician—

LC: From San Diego, from the hospital.
FB: Bill Cox. Bill Cox was selected surgeon general. So he wanted Emanuel to come out there to be—not his aide, but I can’t think of the name of the title but it’s in
those papers. But he was like the buffer between, to make sure that everything went
right. Make sure the appointments were made and everything went right and he traveled
with them. He wore this gold on his shoulders. It was—the admiral’s aide always has
one—and no, I didn’t have an aide. But anyhow—the admirals have an aide, the surgeon
general did. Then he had a captain who was—and all the flag officers had these captains
that would get together, whether they were from the line or from healthcare—to keep
things going. So he did that and then he retired.

LC: When did he retire?
FB: He retired in July and I retired in October.
LC: Eighty-three?
FB: Uh-huh.
LC: This is after forty-two years of active duty service?
FB: Uh-huh. He was not a career but he was in World War II as a young kid.
You’ll see his picture as a sailor.
LC: That’s just incredible.
FB: Isn’t he cute?
LC: (Laughs)
FB: Then he went into—he was on the hospital ship as the administrative officer.
He was another one where you get things, how you get stuff. One of the things on the
ship—and I always respected him so much—I was not the chief nurse but I sat at his
table. That’s now we got to know one another. You have assigned seating on a ship. So
he was saying—I was saying that some of the young nurses wanted to go ashore but the
rule was they had to have a male go with them and they were reluctant to ask anybody,
the young ensigns. They didn’t know and they didn’t want to go and ask anybody. So he
said to me, “You tell me when they want to go to ashore and I will assign them someone
to take them.” And I thought, “Gee, this guy’s got to be pretty good.”
LC: Yeah, that’s pretty smart.
FB: To be that—
LC: Heads up.
FB: Some of the rest of them would just shrug their shoulders and say, “Hey,
life’s a bear.”
LC: Right.

FB: So I think that—well, there were other things that I really cared about him because I really respected him because he was very, very good to my department. My kids were always in trouble, as I mentioned to you. He would do what he could to get them out of trouble. But sometimes—

LC: To minimize it, anyway.

FB: To minimize it, yeah.

LC: He sounds like he was pretty cool.

FB: He was very cool. Then when he got out of the Navy he just did a lot of volunteer work until he lost his vision.

LC: From what cause?

FC: Macular degeneration.

LC: Do you have any thought that that was linked to exposures that he might have had in Vietnam?

FB: Well, that’s a matter of fact. I just recently found out that he died of pancreatic cancer and his pancreatic cancer was related to Agent Orange. I just found that out about three months ago.

LC: How did you find it out?

FB: Well, there was a guy from my church who kept after me. He’s a retired chief. He said, “Fran, you need to go to the DAV (Disabled American Veterans) and have them research Emanuel’s records.” I said, “Oh, I don’t know.” Well, he kept after me so I did. You know, I got this fellow working at the DAV. He’s a big old tough Marine, you know, and we were swapping Vietnam stories. But anyhow, that had nothing to do with it. When it came back about three months later, it was—his death from pancreatic cancer was Agent Orange-related. It broke my heart. But nevertheless—because my roommate also died of Agent Orange-related non-Hodgkins lymphoma.

LC: Your roommate?

FB: On the hospital ship. Kathy. It just made me feel bad. I didn’t get ashore very often and maybe that was a good thing. I didn’t get ashore hardly at all because of the hours and the working, you know? Sometimes it was a choice between going ashore or sleeping. When we went ashore, the ship was just pulled into Da Nang—you couldn’t
go into Da Nang proper. We were out in the stream, but we could take a boat in, you
know? So I went a few times but it wasn’t my favorite spot in the world. But I didn’t get
to go very often because I was either working or sleeping, you know? It was down to
that. However, Emanuel was really good with everybody on the ship. He just was really
kind and always trying to get my kids out of trouble. Also, one of the things, one way I
got to know him—I had been stationed in Spain and when I was still back in the States, I
was taking Spanish lessons but not doing very well. So we used to have Spanish lessons
one or two nights a week when I didn’t have a duty, for an hour in the library. We had a
little tiny room for a library and we’d go in there and have Spanish lessons. People
would come in and sit and watch to see what we were doing.

LC: Right. Because I think you mentioned this before that they were just like
fascinated that anything was going on and they wanted to know what it was. (Laughs)

FB: Yes. That’s right. It was something to do so they came in would sit and
listen.

LC: So how was your Spanish accent? Did he have to correct you because you
would have had—?

FB: Oh, Lord, yes. Then after we were married, I said to him, “You know, we
ought to speak Spanish.” He said, “It’s too much trouble.” (Laughs) He said, “It’s
easier to talk to you in English.” So went the Spanish.

LC: Well, that’s all right. It served its purpose and you had fun doing it.

FB: Oh, yeah.

LC: It sounds like.

FB: But yeah, people would come and sit and see what going on and then were
very bitterly disappointed that nothing was.

LC: Yes, absolutely. (Laughs) That’s quite a letdown, I’m sure. (Laughs)

FB: It was, you know. So, he just was a really good person. He worked, he did
volunteer work for the VA. He did volunteer work for anybody until he lost his vision
and then he went to the—and then he was active in the Blinded Veterans. I would go to
the meetings with him and sit and talk with the women. I didn’t really like to go.

LC: Why?
FB: Well, it was just very, very hard. Everybody was, even for somebody who’s
a nurse, even with my own husband, but everybody was blind and some of them were
badly disfigured from Vietnam. Of course, they didn’t know that or they didn’t have any
idea. I just felt so, “Oh, gee, doesn’t it ever end?”

LC: Was this all in San Diego?

FB: Um-hm. But I still went and I’m still in touch with at least one of the women.
Two of them, really. One’s husband is phenomenal. He’s done so much with his
blindness and he’s also had a kidney transplant. He sails and he takes these blind people
sailing on a ship to Hawaii. I mean, he does all these things that are unbelievable. He
was skiing for a long time as a blind skier. He’s just done some—

LC: That’s amazing.

FB: Just some—I don’t know if he would—see, he was in Vietnam. I forget what
he did. But anyhow, I don’t know if he was wounded or how it happened, that they
found him and it turned out that they thought he was dead.

LC: Was he down in the Delta or where was he, do you know?

FB: No, he was in the Army.

LC: Oh, he’s Army, okay.

FB: From what I remember of his story, he zipped the—they had him zipped up in
a body bag and then for some reason, identification, they found out he was alive and he
had diabetes and didn’t know it. He was in—he had gone into a diabetic coma, I guess, if
I remember the story correctly. I’m still in touch with them.

LC: Wow. Gosh, that’s amazing.

FB: Then the other one’s husband is a—gee, he’s a judge here in town. Judge
Shermanski. He was in the Blinded Veterans group, too. He was blinded in both of his
eyes.

LC: In Vietnam?

FB: Um-hm. I know you’d like to talk to them, right?

LC: Oh, absolutely. But you and I can talk about that later. I’m just wondering
what kind of impression the courage of these people made on you. Certainly it would—

FB: It broke my heart.

LC: Yeah, I can believe it. I can believe it.
FB: I have to tell you, it broke my heart. Even today, to see even my own
husband, how well he did. Of course, he went to the program that they have for the
veterans who are blind and I had to go up there for a week.
LC: To go through some part of the program?
FB: Yes, exactly.
LC: What was that like? What kinds of things did they do?
FB: Well, I had to accompany somebody who was learning to walk, you know, on
the street with a cane. Cane walk. How to detect whether the lights were red or whether
they weren’t red or whether there was a bird, how they could hear if a car was coming by
and all the things that they had to do. Then they put these— I still have these glasses—
these glasses on me that were covered that was just how much vision Emanuel had and
then they asked me to do something absolutely outrageous like thread a needle or do
something else, you know. I was so frustrated; of course I couldn’t do it. He had to cook
and cook me a meal while I was there and I had to go to the classes with him and also go
to some sort of a therapy class so I would understand what was going on. I mean, I
thought I was nurse, I’d know it all. Well, I didn’t—and how to live with somebody
who’s blind. It was wonderful. They were wonderful. But I have to tell you, it just
breaks your heart because you know you have to get on with it, you know you have to do
the things, but the problem is the frightening part of it. Then he had to make something
for me. Can you imagine, with a saw and all that stuff? Electric saw. He made me—he
had some vision but very, very little. He made me a little stool to stand on when I
couldn’t get things from the top shelf. I still have it.
LC: I’m sure. I’m sure you do.
FB: He just did so much. He did so much. He never let the blindness keep him—
you know, and he got a jeweler’s loop. He was smart. He got his jeweler’s loop—and of
course this is vision diminished. People would come up to him and say, “Would you
look at my ring?” Because he had this jeweler’s loop. He’d say, “You don’t want me to
look at your ring.” But other people whose family members were blind would come up
and say, “Where did you get that?” Or, “Is that?” One time it was somebody from South
America that asked him in broken English and he told them in Spanish. He went down to
the jeweler’s market downtown and got the jeweler’s loop himself. That was his idea. If
the jewelers can use it—and he could read with that if he held it up to one eye about three inches from it, he could read.

LC: Fran, over what period of time did he lose his vision? How quickly did this occur?

FB: Well, I think it worsened over a period of about four or five years.

LC: Was he aware of how quickly it was going to go?

FB: Yes.

LC: Did you both know that?

FB: He knew it. I knew it but I didn’t believe it.

LC: Yeah, I could see that. Was there—earlier, in an earlier discussion we had, you talked about the substance abuse program and how important that had been. For you, to be able to refer people to it and also to have officers going through that program so that they’d know what to look for in their own personnel. I wonder if this program that was already in place when he needed it and when you needed it rang any bells. I mean, did it seem to you like again, the Navy—or the services—it sounds as if it was multi-service.

FB: It was.

LC: It was through the VA then—had anticipated a problem and developed at least a partial system.

FB: Oh, they had a terrific program. In fact, in one of those news—the Navy Nurse Corps newsletters, I wrote an article about it. I can’t tell you what issue it was.

LC: Good. That will be here in the collection.

FB: It’s in the collection about—and as a result, a couple of Navy nurses who had lost their vision went to those programs.

LC: That they may not have even known about?

FB: They were reluctant and a couple of them went and were grateful. They lost their vision from macular degeneration. I felt good about that, that at least a couple had done it, that at least they knew there was a place they could go. I see people here, they’re losing their vision, in my building. You know, I don’t mind my own business unfortunately and they’re veterans and I’m always after them. “Go over to the VA. They’ve got help. There’s help over there. That’s what you need to do.” This one dentist in the place that’s quite blind and he had put in to go to their school up in northern
California. They have one in—now they have one in Arizona, as well. He didn’t go because—he hasn’t gone because his wife isn’t well. But every time I see him—there are some people in the building that are blind. We have a couple and whenever I see them, I say, “Hi, Jan. I’m Fran.” I always tell them who I am because I know they can’t see me or they can only see a blur. “Oh, yes. Fran, it’s so good to see you.” Because other people don’t understand. But I would never have done that had I not been through that program and if my own husband hadn’t been blind. I never would have known enough to. Even though you’re a nurse and everything, I wouldn’t have known enough to do that.

LC: But these basic skills, they were giving you.

FB: Um-hm. Then he had to cook a meal for me. He’d never cooked a meal for me at home but he had to cook a meal for me.

LC: How did that go?

FB: It went very well. He was so proud.

LC: I’ll bet. (Laughs) I bet he was.

FB: He put hot sauce on everything. What can I tell you? It didn’t make any difference. (Laughs) I mean, what I made, hot sauce went on it. But he did that for me and he made a stool. The only problem that we had at one time when he was supposed to be going on a flight, he got on the wrong plane because he couldn’t—but he thought he was in the right place. It was really the stewardess’s fault. But they got him off the plane. He was supposed to fly someplace to meet me. But anyhow, he was really good. He did a lot for people. He volunteered for the VA. Nothing was too beneath him. He just did a lot of volunteering for the church, for anybody. He volunteered. He did a lot with the illegal aliens. Remember, I don’t know if you had amnesty—we had amnesty in California. I don’t know how they way to our house for some reason, but they would come. I always knew when they were there and he would go and help them with their papers to get their—to get here legally. He really was a very good man. I mean, it’s not just prejudice on my part. He really was. And very caring. He did a lot for people. And you know, he had a hard upbringing. To be, to have a family, your father and mother divorce when you’re thirteen or so, twelve or thirteen, and you’re the head of the house,
and there’s no money because it was the Depression and everything else. To make it to
captain and still be so good to everybody—you know, he never—he was very humble.

LC: You said he had three—

FB: Brothers.

LC: Three younger brothers. Are you—are they still with us and how did you
kind of get accepted into that whole group?

FB: Well, Danny was in the Air Force. Danny died about a year and a half ago.
I’m still in touch with—I talk to his wife all the time and we’re in—the other brother was
a submariner. A real character. He’s up now—last I heard, Ronnie was up working with
the fishing fleet in Alaska.

LC: Cool, wow.

FB: Then Raymond I never knew. Raymond died of lung cancer when Emanuel
was still in Washington. So I have a good relationship. I do not have a good relationship
with his children from his first marriage because he—because after he died—everything
was fine until he died. This is typical though. I have a good relationship with the
grandkids. Very good relationship. But they came after me big time for everything.

LC: Meaning money?

FB: Money and everything else. Worldly possessions, which I was happy to give
them and gave them money. But in doing so, lost a great deal. We weren’t wealthy
wealthy by any means but—and it wasn’t just his money, it was my money. Anyhow,
they tried—the last time they tried to get into the trust—there was one boy that was really
good and wouldn’t you know, he died. He had a seizure and died. He was forty. But the
last time I heard from them about the finances and all was the day that I came home from
the hospital after having bilateral mastectomy. There was a call from my lawyer to call.
It was a Friday and I couldn’t call her until the following Monday. I thought, “Oh, God,
now what have they done?” So I don’t—I have very good relationships with the
grandkids. My grandson’s on a ship in Iraq.

LC: Is he really?


LC: You’re kidding me.
FB: No. I went down to Texas and commissioned him. The pictures may be in there some place.

LC: How fabulous.

FB: Yeah, it was great.

LC: What is his name?

FB: His name is James Studebaker.

LC: That’s a hell of a name.

FB: S-t-u-d-e-b-a-k-e-r.

LC: And you commissioned him?

FB: Yes, I did.

LC: (Laughs) That’s awesome.

FB: How many people have their grandmothers commission them?

LC: I don’t know, I think none. One.

FB: I wore a uniform.

LC: That’s incredible. Good for you.

FB: I think the pictures might be in all those pictures that I sent you. I sent you boxes and boxes of pictures.

LC: (Laughs) Well I’m going to go back and look.

FB: They’re all in files.

LC: I’m going to go back and look. That sounds very cool. Are you in touch with him on email then?

FB: Yes. Email. Sometimes email is blocked though because they have so much of it they can’t get it.

LC: What is he experiencing? What is he telling you?

FB: He’s not telling me very much and I’ll tell you why.

LC: Okay.

FB: He’s on a carrier, he’s a lieutenant JG, he’s a weapons officer and a boarding officer. The Navy is his salvation because he was, you know, he played his way through college. I mean, literally. Rugby, but other things, too, you know. Studying was not his—but the Navy has straightened that out, thank God. This sounds like a soap opera. But three weeks ago—he has had a girlfriend for a long time and she was a teacher but
she taught special ed and also coached girls running teams, things like that. Nice girl.

Three weeks ago—his ship was over in the Med, I guess, over in that area, and she was out with a friend of his and his girlfriend at Virginia Beach. The friend of his had gone to surface warfare school with him. They were crossing the street at Virginia Beach and a car hit and killed her and killed the kid in the Navy. His girlfriend was not hurt. The hit-and-run driver—they did get him—he was out on bail, awaiting sentencing for another crime. Are you there?

LC: Yes.

FB: So it was not a good—so the ship, much to my surprise, let James come home for the funeral. So he was devastated. They got the guy and he applied for bail again and they fortunately didn’t give it to him. But this made all the papers—and my granddaughter went back for the funeral but I didn’t. I just couldn’t. Physically and trying to get back there and everything was too much.

LC: Well, I’m very sorry.

FB: That was this week.

LC: I’m very sorry.

FB: I know. Terrible, terrible thing. So I haven’t heard from him. He’s back—he should be back on the ship. He was going to go back, I think, October 3rd. He had to go to Bahrain because the ship was going to be in Bahrain at that time and that’s where they were going to pick him up. So, I haven’t written to him but I will within the next day or so. I usually write every other week or so and give him an update. He doesn’t answer. He’s not very good about that. But that doesn’t matter. It doesn’t mean that—obviously before, I used to write to him.

LC: It sounds like he’s going to need to hear from everyone who cares about him.

FB: Yeah. They don’t understand that but—they don’t understand it. They really and truly do not.

LC: I’m very sorry to hear that. But you undoubtedly and very clearly are proud of him and his service.

FB: Oh, yeah.

LC: Good choice, the Navy. (laughs)
FB: Good choice. I'm proud of his sister. His sister lived with us, you know, while she went to UCSD and she works for a non-profit organization. Married the boss, what can I tell you?

LC: (Laughs) Good for her.

FB: He’s good. He’s a good guy. They’re both—they’re not very stylish or anything like that because they are concerned about the ocean and the contaminants and all this stuff, you know. That’s a good thing.

LC: That is a good thing.

FB: Environmental law. It’s a not-for-profit firm so, you know.

LC: Well, one thing that this, that your experience does make clear is how important environmental factors are and the whole issue of contaminating the environment and what impact that has. Not only at the time, but later on.

FB: It is. Well, you know, I had two friends from the ship die from Agent Orange-related problems.

LC: Now were both—did Kathy go on shore when she had a chance?

FB: Oh, yeah. Oh, Kathy, everybody loved Kathy. Kathy was—they were so happy to have Kathy with them because she was such an upbeat person. She went every time she could get a chance. Marie Chisholm did, too, I think, a lot. There were others. We’ve lost a few but that’s life, you know.

LC: Let’s take a break, Fran.
Laura Calkins: This is Laura Calkins of the Vietnam Archive at Texas Tech University, continuing the oral history interview with R. Adm. Frances Shea Buckley. Today is the nineteenth of October, 2005. I am in Lubbock on the campus of Texas Tech, in the Special Collections Building and the admiral is speaking to me by telephone from California. First of all, good morning, Fran, and thank you again.

Fran Buckley: Good morning.

LC: It’s always a great pleasure to speak with you and we’re so grateful for your time. Fran, I want to just clarify, first of all, that between 1979 and 1983, and this is according to the notes that you gave us, that you were at the head of the Health Science Education and Training Command at Bethesda.

FB: Right.

LC: Is that right? This is actually after you had left the directorship of the Navy Nurse Corps.

FB: Oh, no. I was doing both.

LC: Simultaneously.

FB: I was double-hatted.

LC: So you were doing both of those jobs?

FB: Yeah, and then there was a time when—a third time when I was in charge of all the medical programs. I think it’s written down there. That was only for a few months before I retired. So I had three jobs.

LC: Okay. I mean, how unusual is that?

FB: Well, it was very unusual. At that time it was very unusual. But it kept me off the streets nights. (Laughs)

LC: I’m sure. (Laughs) But you had good people supporting you as you have said.

FB: Absolutely. You have to have good people or you can’t do it.

LC: Yeah. You’d just be pulled all over the place.
LC: When it was coming time to retire, did you basically set the time when you
would leave or was it set by circumstances?

FB: Well, I wasn’t supposed to leave until—I was supposed to leave in June, I
think. But the deputy to the chief of naval operations, or the chief of naval personnel had
sent a letter. They were going to transfer from the way they were doing business and
promotion and all to what they called DOPMA. You may have heard of DOPMA. It was
done around 1983, where they changed the people, the promotion policies, and things of
that sort. So I got a letter from the chief of naval personnel asking me if I would stay on
active duty for another three of four months while this thing was in transition and I said,
“Yes.”

LC: How did the promotions policies change? Can you just kind of give the
general architecture of that?

FB: Well, first of all, they changed to a—they had—see, in the Navy, for
example, you were not really a two star but you wore two stars. We didn’t have a one
star like the Army had a brigadier general. I forget what they called it. They called it a
commodore, I guess, when they finally changed it. If you had a one star, you were a
commodore. But prior to this time, you were a rear admiral and you wore two stars only
you were only paid for one star. Then you would have to go up before a board again to
be selected. Now, I was—until that time, women had not been promoted to two stars.

Then the line officer, Fran McKee, who was the head of what used to be called the
WAVES, it doesn’t exist anymore. I think I sent those papers to you, I’m sure, where the
congressmen from Texas and Alabama and Georgia all fought in the House to get a
second star for the two of us; that it was unfair. So we were told we would get the second
star before we retired. It wasn’t going to impact too much in where we were going. It
would certainly impact on our retirement pay, but also it would be the first time a woman
was selected for two stars. After that, I think there were two more directors of the nurse
corps so it was maybe six years or so or seven years before another woman was selected
for two stars.
LC: I think you mentioned a little bit about these Southern congressmen who got together and tried and wanted to push this policy change through. Can you just go over again why you suspect or what you think about their reasoning behind this?

FB: Well, I think one of them was that Fran McKee was from Alabama. I think that the Alabama senator—he said as much and it’s in the notes there someplace. He said as much. He didn’t say, “She’s a good old girl from Alabama.” But he did make reference to the fact that she was indeed a resident of that state and more importantly, that she deserved the promotion, which she did. And that woman were being denied promotion that men got automatically. So that was something that—even though you wore the two stars, you were only paid for one. Then I told you, I stayed on longer because of that letter and that the Navy medical department really wanted—not the Navy medical department, one or two people in the Navy medical department wanted me to go early, before I got that promotion. And I wouldn’t.

LC: And the reason was? They didn’t want the precedent?

FB: I don’t know that it was that so much. They wanted to give it to a man or something, I don’t know. It didn’t matter what their reasoning was. I wouldn’t do it.

LC: You just refused to do it?

FB: I refused to go.

LC: Well, how would they lean on you? How would they let you know?

FB: They would come in and try to make you feel guilty and say, “Well, you know, you’re holding up somebody else’s promotion. You know, we should do this and we should do that.” I’d say, “I didn’t write the letter. The admiral who was in charge of personnel is the one who wrote and asked me to stay. I’m not going to, you know.” You couldn’t get promoted until somebody retired. See, that was it. That’s what they were waiting for. It would have been maybe a line officer’s billet that came up that I would be taking for a couple of months but let him wait rather than me, as far as I was concerned. Because then they could never say that they never had a nurse, a two star. Do you understand what I’m saying?

LC: Absolutely. I mean, you were, it sounds like, very aware—

FB: It didn’t make any difference, the pay of course—

LC: Retirement pay, right.
FB: I wasn’t going to be getting a different job. I was doing the same thing as a two star and I wore two stars. Pay me for it. That’s all I was saying. Not for me so much as set the precedent. There is a woman who has a two star.

LC: And you were very conscious of this, effectively, this trailblazing aspect of what you were doing?

FB: Oh, of course. Of course. See, the Army Nurse Corps and Air Force Nurse Corps only had one star. So whenever we were in a meeting, I was senior to them actually. Not really, but actually.

LC: In terms of rank.

FB: In terms of rank.

LC: Right. Which is what matters, right?

FB: Well, if you’re trying to push something for your own people it does. Now, we were in harmony. We were just pushing for one another, to get the line to give us what we needed.

LC: So there you were, kind of bolted to the chair for at least another couple of months. Did you have important work to be doing during that time?

FB: Oh, yes. We had—always education problems, education programs that you wanted to get done because I still had that command. Different things, assignments for nurses, to get nurses in places that they had not been before with the line. This made a big difference. I will be honest with you. I will not lie. I was very loyal to the men and did whatever I could. But if it was a high profile position where they would be maybe the only woman, I sent them. I admit that.

LC: But you’ve described before that your plan here was not self-aggrandizing, but it was to—

FB: No, because I was up there on top.

LC: Right, but it was largely on behalf of the corps.

FB: Oh, yeah. Everything was for the nurse corps.

LC: Did you ever—have you had a chance to or the opportunity to speak with some of the women who benefited from this policy that you had?

FB: Oh, yes. I have. You know, I get credit for a lot of things that I really didn’t do. I mean, I really do. They’ll say, “She’s the one that started.” Yeah, I did, but I
wasn’t the one that did it. I mean I may have started it but the person themselves really
did it and made the difference. We put nurses on carriers and today it’s a done deal.
They wouldn’t even think of getting underway without one. Putting them with the
Marines, that was a smart thing to do. Remind me to tell you a little bit what happened
when I went to the hospital the other day, about one of the women, the nurse that was
with the Marines. But yes—

LC: Why was it important to get the nurses with the Marines, in general?

FB: To make sure that one, the care they could get. They could get better care
and the nurses would be there to teach the corpsmen. Not that the corpsmen weren’t
good. They were excellent. But medicine advances and they needed somebody there to
teach them. That’s primarily what they went in there for, to go out there and help those
kids learn what they had to learn and to be there for them. I think it was a very important
thing and certainly has worked because they don’t—they wouldn’t even think of
deploying without nurses now.

LC: It’s just in the woodwork now.

FB: Done deal.

LC: But it was—how much of a fight was it back in the day when you had to kind
of make it happen for the first time?

FB: Well, it wasn’t bad. The Marines said, “Okay, if you send us a female
nurse.” See, if we sent them male nurses to begin with, let me put it this way. It would
be established in policy. That, we couldn’t have happen because not only would it be
established in policy, it would really affect women’s promotion. Because if the Marines
write them up if they walk on water when they go before the promotion board, then
they’re going to get promoted. One of the things. That would be one of the things. But
it certainly would impact it. If they wrote up a woman, she’s going to get promoted.
Why should she be deprived of something that the men are able to do and that would
limit her ability to be promoted? That’s one of the things that really bothered me, that we
would limit her ability. Beside the fact, just because she’s a woman doesn’t mean she’s
not talented and she can’t do the things very, very well. And she did. They did. There’s
never been anyone. We sent them to Diego Garcia, we sent them all over the place and
they did very, very well. With the Marines, the Marines anticipate that you will send
them your best. It’s never a thought with them. If they’re with them, if they go to the
Marines, that’s it. The Marines are absolutely certain that you’re sending them your very
best.

LC: That’s interesting. And that has to do with the ethos of the Marine Corps.

FB: It does. But it also has to do with their ego because this woman I’m going to
tell you about later on continually refused—the only woman embedded with Marines in
Iraq. The only woman. In her conversation, she spoke only of my Marines. They start
that with them and so they think of them—they’ll tell you, their Marines. Meaning that
they belong to them. They’re responsible for them. That’s a very positive way to do
things. Imagine what would happen if every teacher in the United States said—well, they
stay my students. But what if every student referred to everything that happened to them
with, “My teacher did it.” It would be a wonderful thing.

LC: Obviously, you came across the contrary opinion in the course of your career
Fran, and particularly, I’m sure, when you were at the later stages of your career. A
number of men that I’ve interviewed for this project are absolutely adamant that women
should not be anywhere near men who are in combat or who are actually in the services
at all. Because of the issues of sexual attraction and how that complicates things and men
start fighting amongst each other because women are around and that sort of thing. How
did you deal with that kind of critique, which I’m sure you encountered?

FB: If I say this, it’s on tape and you’re going to quote me, but—

LC: Well, you say whatever you want to and think carefully. (Laughs)

FB: I’ll tell you, if bullshit were played to music, they’d have a brass band. It’s
that simple. It’s assuming that nobody has any control over themselves, that they’re just
sexual animals and that isn’t true. Does it happen? Sure. It happens in towns. It
happens any place. But does it happen routinely? I don’t know where. I don’t know
how. I mean, I’m sure there are people that can find ways to do things and maybe even
in our ship maybe there were places. I don’t know where, though, because there was no
privacy. Absolutely none. People used to say that couples would go up in the lifeboats.
There was no way to get up there. I mean, a ladder wouldn’t even reach up there. They
were hooked way up on top. So I’m not saying that they are incorrect, I’m saying that
they’re making judgments based on a couple of things. So if it happens once or twice or
three times and there’s fifty people there, so what? You know, there’s nothing you can
do about it. The plain truth is these men will not face this reality that the armed services
could not survive without the women. Once they did away with the draft that, more than
anything else, was one of the things that made it available for women because women
said, “We’ll go. We’ll volunteer.” Then when they changed it so they could stay on
active duty even if they had children, you don’t see them running to get out. Now they’re
commanding officers of ships, they’re going to be in the—not the Blue Angels, but the
Air Force group. One of the pilots is going to be a woman. So you know, I’m not—I
don’t know how to put this any other way except to say you look at the job and look who
can do it best. If it’s a woman, give it to her.

LC: I suspected that you might feel that way. But I think it’s interesting to get
this—get the position kind of nailed down because, of course, there is the suggestion
that’s been floated in the last eighteen months or so that the United States may have to
return to some form of national service, possibly including a draft because of our growing
commitments overseas. Do you have a view on that?

FB: I’d hate to see it happen.

LC: Why?

FB: I think that people should—if they want to serve their country, let them serve
their country. But I’d have to see the figures on the draft. Now, the draft during World
War II was something else, and even during Korea. But Vietnam, who was drafted? The
poorest, those who did not necessarily have—you could get a deferment if you were in
college, you could get a deferment if you were here, you could get a deferment if you
were there. Later on, these people who got deferred refer to the fact that they didn’t get to
go to Vietnam as missing a right of passage. I remember reading that in a report by one
of these newspaper people who did not go to Vietnam. So you’re putting the security of
the country not on people who want to be there but on people who are there because
they’ve been drafted. I’m not so sure—and I’m not talking about World War II or
Korea—but I’m not so certain that the economics of this thing was a good thing. I think
they lost more money by picking these people in who maybe were very basic and putting
them in the armed forces and then they couldn’t hack it and they had to let them out.

LC: That maybe were very basic. Do you mean functionally?
FB: Functionally.

LC: So that you would get people who basically couldn’t—

FB: Couldn’t hack it.

LC: Couldn’t cope.

FB: That’s right.

LC: While we’re talking about this and talking about the Vietnam era again, let me just ask what you thought about the one year, or in the case of the Marines, the thirteen month cycle-in, cycle-out program that was in place such that units were constantly changing their personnel. I mean, this affected you as well.

FB: Well, it didn’t affect us as much as it did anybody else because in a hospital situation, that’s not so unusual. You get people coming in and out. As far as the men were concerned, I think it was finding that they’re not making that mistake in Iraq. They’re sending in a group that worked together and I think it’s better. What I wonder about is this business of six months in and six months out. We had a year or whatever. So I think—I don’t know enough about the logistics of the whole thing but I do think putting them in individually with a unit that’s already been there and then they’re ready to leave is not good. However, there’s the other side of it and certainly this was true for us, for the nurses, that when you get in there, at least you had people who were not starting from scratch. They already knew they could pass on their information to you. So for that, I have no problems with that. For example, if you put a nurse in the ICU who—put five nurses in the ICU that were brand new and didn’t know what the routine was, you’re going to have havoc for a couple of days. Do you understand what I’m saying?

LC: Sure. Yeah, sure.

FB: I think they wouldn’t even know what flag quarters meant and I think that—so for the ship, it certainly was okay. But I think for the men, well, I don’t know. I think it’s hard.

LC: Yeah. Again, in other interviews that I’ve done, particularly with regard to Navy nurses, the suggestion has been that the Navy—or the suggestion’s been made that the Navy typically did not send it’s young ensigns over.

FB: Correct.
LC: That they waited until they had several years of service under their belts before they were assigned to the Vietnam theater. Whereas that, typically, wasn’t always the case for, say, Army nurses.

FB: Oh, no. That’s why they had so many problems. We sent them over. They had to have been assigned Stateside at least a year. Most of them were JGs. You made JG in eighteen months so most of them were JGs. We had one ensign and she made JG within three or four months and she did have some problems.

LC: Were they due to youth and inexperience?

FB: I think. I think they were—and we still see her. She had post traumatic stress. That’s been treated and is doing better, doing a lot better. But yes, we didn’t send them over unless they had—and we sent senior nurses over with them. I was a senior nurse. I was a commander.

LC: Sure, absolutely.

FB: I ran the OR. But we had other commanders there and these kids need that. They need somebody to go to and say, “I don’t understand,” or “How do I do this?” Someone to lay down the basics and that’s very important. I think the Army did that—didn’t do that. They sent these kids. They graduated from nursing school one day, they sent them down to Ft. Sam and then they went overseas. They had never seen anything. You know, like I was an OR nurse for a long time. I’d seen a lot of surgery, a lot of different kinds of cases, trauma cases. But you just can’t do that to people. We said that right along. But in fairness, they had no choice. They had no choice. They didn’t have the back-up—you know the numbers that they needed so they took what they could get and sent them over there. They had a lot of problems.

LC: Many of them are still experiencing difficulties.

FB: Yes they are. And the other thing is, I’m not sure they had—this is not knocking the Army Nurse Corps.

LC: Sure.
FB: But I’m not sure they’re having the same kind of leadership that you have in
the Navy and one of the reasons is like—Da Nang was a different situation but they had a
great leader there because that was Helen.

LC: Helen Brooks, right.

FB: Yes. But, you see, they had senior people there on the ship, for example, to
show them, to teach them. That was their job so that they could take over. But if you
don’t have somebody that’s there for you, some of those Army nurses used to—get Helen
to talk about that. They used to come to Helen because Helen was there for them.
They’d ask if they couldn’t come out to Da Nang, you know. They wanted to rotate there
and she said no, which was a smart thing to do. But they used to come there because she
was so good to them.

LC: She certainly mentioned the Air Force nurses who would take some of the
patients from the base where she was over to the air field at Da Nang and then fly them
out to Guam or Japan for further treatment. She’s very modest, as you know, and her
description generally tends toward how great the Air Force nurses were rather than how
great she was.

FB: Oh, yeah. She’ll do that. She’ll say things like she felt—that’s how I really—
I had met her before but she was good to us, too.

LC: Where did you meet her first, Fran?

FB: She was assistant chief nurse at Portsmouth, Virginia, when I was on
recruiting duty. So I used to have to go down there and take kids down to the hospital
and stuff and show them around. She was always very good but she was better to us on
board the hospital ship. When we went into Da Nang for any reason, she was better to us
than our own chief nurse.

LC: What kinds of things?

FB: Well, I’ll tell you one thing. If you were going to go on R&R or something
like that, that was five days so you’d have to go off of ship and at least stay one night in
Da Nang. She did not say—she did say, “Okay, this is where you can get a cup of coffee.
This is where your bed is. This is where your flak jacket is underneath your bed. I’ll
make sure that someone takes you to chow.” Because you didn’t know your way around
the base and she did that. Not just for us, she did that for everybody. Everybody went
over there. Now, she didn’t have to do that. She was a chief nurse. She could’ve said, “Listen, find your way around as best you can.”

LC: Right, and just left you hanging out in the breeze.

FB: Left you hanging out there. But she did not and I’ll never forget that because she was kinder to us than—and I didn’t get ashore very often because I was busy. But she was—and everybody would’ve told you the same thing, that she was so good to us.

LC: Where, if you can say so, where do you think that comes from? Did it come from her personal make-up? Did it come from her sense of what the nurses needed and her own seniority and having seen as much as she had seen by that time?

FB: Oh, I think so. I think absolutely. You know, she was a young nurse in Korea.

LC: Yes, she was. Two years on the *Consolation*, which she has described in some detail.

FB: She’s afraid to send all those slides to you because she said, “We had a lot of parties and I don’t want them to think we just partied the whole time.”

LC: (Laughs) But that’s when you take pictures, right?

FB: (Laughs) I’ll help you bag them up. You don’t need to worry about it.

LC: (Laughs) Okay. Well, yeah. I told her that if worst comes to worst, I’ll have to fly out there and just go through and look at them.

FB: She’s working on them I think.

LC: Okay, well, obviously, for listeners, I’m interviewing Capt. Helen Brooks simultaneously and she lives very near Admiral Buckley. So that’s the background to what we’re talking about. But certainly, did you see Helen and others who may have been in her same cohort as role models when you were coming up?

FB: Oh, I think so. I think so. I think that the fact that she was so open to us that when anybody—well, I’ll tell you, and I think I may have mentioned this to you before. It wasn’t just her, it was others that, as the kids came aboard—the kids, the troops came aboard—and they accompanied patients or something and, of course, they hadn’t had a shower or clean clothes in a long time. I think I told you about the nurse that used to make them change and while they were showering and everything, she had kept her own soap and water—soap and deodorant and whatever and would throw their uniforms in our
washing machine in the nursing unit. But I think that someone like her, but also Helen. So when the kids came down to the OR—the kids, I’m talking about the troops—came down to the OR, either to accompany somebody, I would always offer them—because of them. I didn’t think of this myself, “Would you like to take a shower? Would you like this or would you like that?” Of course, they always were thrilled to death. So I think it was the leadership, that kind of leadership kindness that you see that sometimes you don’t think of yourself. But you see others doing it and you do it yourself.

LC: And you think, “Gosh, that’s what I should be doing.”

FB: “That’s what I should be doing.”

LC: Yeah, well, she’s certainly a neat character.

FB: She is.

LC: And I know she’s from your neck of the woods, too, so that—(Laughs)

FB: She’s a character. But so was Georgia, but in different ways. I mean, these women are well into their eighties.

LC: Yes. Well, and how lucky are we that they’re willing to do interviews? I think that’s fabulous. Well, let me ask a little bit more about you since you’re pretty fabulous, too. When you came to the time after this extension of several months, when in fact you were going to retire, not be pushed out any earlier, with your second star, can you tell me about—how does an admiral retire? What happens?

FB: I got married.

LC: (Laughs) Well, yes.

FB: That’s the truth. You know, I mean, you just—well, you retire and then we had to get our home out here and do things like that. Oh, I did work. Not because I wanted to, particularly, but because people would ask. You know, I went to work for FEMA as a consultant for about six months. FEMA is taking a lot of hits these days but it’s not all their fault. What I was supposed to be doing for FEMA was to—when there’s a crisis in Washington, one of the things that you have to protect is the government. If Washington, like in 9/11, if there was a bombing or anything like that, they have to be protected because if the government’s killed, you know, the president and the Senate, you’ve just got—the government is at an end almost. So you have to protect the
government. So—and this is not a secret now because the good senator from Georgia blew it, but nevertheless—

LC: Would that be Sam Nunn?

FB: No, no, no. Sam Nunn was good.

LC: That’s what I thought.

FB: The other one. Maybe a senator or congressman. I can see his face.

LC: Zell Miller?

FB: No. The one that write books and is very contentious. He’s not in the Senate now.

LC: I’m drawing a blank.

FB: I am, too.

LC: Oh, well.

FB: I can see his face. But anyhow, prior to that time, they had a—and maybe I mentioned this but I don’t know—they had a system for evacuating different parts of the government. For example, the Supreme Court would go one place. They had a place and it was in Virginia and it was at—I guess on the West Virginia border, there’s a big hotel there and the bottom of the hotel—Greenbriar. I don’t know if you’ve ever heard of

LC: Mm, no.

FB: Well, it’s a very—it’s a luxurious place and people go there to—it’s on the border of West Virginia and Virginia and it’s very luxurious. But it’s in a small community. They dug out the bottom of this whole place, you know, and they made a very temporary, very basic facility if the Senate had to be evacuated.

LC: For the Senate specifically?

FB: The Senate and the—

LC: And the House?

FB: And the House.

LC: Okay.

FB: Very, very specifically. But it had been done in Eisenhower’s time and believe me when I tell you it was basic. The beds were bunk beds and they had a couple of big rooms where they could have meetings, but nothing that was of luxury. This was to
protect the government. So my job was to go there and to look over the medications and
things of that sort to see what they had, what was new, what needed to be added. Well,
the first thing we needed to do—and I had to go to the man who was the curator or the
director of the White House—of the Capitol. Now this man also was the same—
Architect of the Capitol.

LC: Architect of the Capitol, yes.

FB: Architect of the Capitol. He was also the Architect of the Capitol in
Australia. So sometimes he’d be in Australia, sometimes he’d be in the United States.

LC: Interesting.

FB: Isn’t that interesting? Because I’m sure that’s not true now. But anyhow, I
had to go to him for permission to do whatever I was going to do. The first thing I wanted
to do was to find out—you can’t order medications unless you know what diseases are
there. So I went to find out what diseases were prominent in the senators and in the
Congress. And there is nothing on paper. At least there was nothing on paper.

LC: I think you had said that there were no medical profiles.

FB: No medical profiles.

LC: Either by individual or collectively.

FB: That’s right. So I got it from the Bureau of Statistics. I’ve already told you
that, but—

LC: Well, I think you told me that kind of off camera.

FB: So we went to the Bureau of Vital Statistics and then based on that, ordered
the drugs that would be needed for those things.

LC: Likely. But again, just based on statistics, what would be likely.

FB: Based on statistics. And what kind of—any medical equipment that they had
was, oh, I’d say twenty years old.

LC: Like ancient.

FB: Ancient.

LC: Okay. Like, did they have defibrillators?

FB: They didn’t have defibrillators. They had suction machines and things like
that, but defibrillators weren’t really in vogue in Eisenhower’s time.

LC: Right. Was there an operating theater?
FB: I don’t recall that there was. There may have been like an emergency room where you would have had to do something like that but it was very limited. No matter—Gingrich. Newt Gingrich.

LC: Oh, Newt Gingrich.

FB: No matter what he says, believe me, it was not—the space wasn’t there, for one thing. So I worked at that job for about six months and my job was to just get enough equipment there, to order enough equipment there, to make sure that they had what they needed and that was it. I went up there a couple times a month with some other people from the office and evaluated what was being done. That was it. That was my job.

LC: Did you then produce orders for everything that needed to be purchased and—?

FB: Yes.

LC: Presumably, some of these—some drugs have a shelf life of only so long so they would have to be rotated?

FB: They would have to be rotated. But we had to get everything through this Army place up in Maryland that does research. I mean, it was—

LC: Would it be Fort Dietrich or somewhere else?

FB: It was Fort Dietrich. They were involved in it, too. But then you don’t see the end—once you do your job, that’s it. You’re out of there.

LC: You’re out of there, right.

FB: I had to go to a couple places where they had satellites and where they were monitoring all these things and they had nothing for first aid. Not even a first aid kit.

LC: You’re—I mean, we’re talking about existing facilities and you would walk in—?

FB: Very, very small facilities that would not—people in the town would not even realize what they were. But they’re monitoring satellites and things. They had nothing for first aid for the workers who were there. So we had to go out and get some first aid kits and things like that. It wasn’t rocket science. So that was my job and I did that for I think it was almost—no, about six or seven months, I think, it took to get that—and I think I told you about the fastest way to move them out.
LC: I don’t know.

FB: Well, the fastest way—we also had an Army person in the office who was sent there by the Army to find out the rapid way of transportation.

LC: No, I don’t think you told me about this.

FB: Oh, well, do you have any idea who moves the fastest in the United States?

LC: Amtrak?

FB: The circus.

LC: Are you serious?

FB: I’m absolutely serious. The circus finishes their show in Washington, DC, at twelve o’clock or ten o’clock. They’re broken down, everything is out and gone and they were in New York City the next morning at six. They have the fastest way of moving. At least, they did. If you went by train, per se, you wouldn’t have enough planes to take them. Cars would be pretty much a target—how many cars you’re going to need to take them. So what is the best way and who can do it the fastest and who can we learn from?

It was the circus.

LC: And so they did like a time-and-motion study on the circus?

FB: They did.

LC: They did?

FB: Absolutely. They followed them through up to New York to see how it would go. I didn’t go with them because I really didn’t want to go. I didn’t want to sit up and watch them break down the circus.

LC: All night.

FB: But imagine. By that morning they’re in New York from Washington, all broken down, in their train, animals and everything else and they’re up there the next morning. It was astounding.

LC: So the Army was tasked with this part?

FB: Finding out how they could do that, yeah.

LC: Do you know what they decided upon?

FB: No.

LC: I mean, cars are a target.
FB: No. We can assume—well, the assumption was they would go with the
recommendation but you don’t know.
LC: Sure.
FB: Because once Newt Gingrich blew that on us that they—during 9/11, where
did the Congress go?
LC: All I remember is they were that evening, standing out on the steps of the
Capitol singing. I remember that.
FB: Yes, but where would they go in the meantime?
LC: Um—
FB: I don’t know.
LC: I don’t know, but I mean, there certainly are underground places under the
Capitol.
FB: That’s right. So they may have done something after that. Remember, we’re
talking almost twenty years now. Then when Gingrich blew this thing, it was just—
LC: Well, that must have been pretty demoralizing.
FB: Well, it only happened a few years ago and he didn’t tell the truth. He didn’t
tell the truth. He’s standing up there saying, “Do you think we would leave our wives
and children in case of a nuclear attack?” Yes.
LC: (Laughs) Well, I’m sure he’s going to be running for president in three years
so we’ll be hearing more from him undoubtedly. (Laughs)
FB: Well, he’s another one.
LC: Yeah, I don’t know if it’s a good thing or not. (Laughs) But he’s certainly
positioning himself it looks like. Let me ask you about the ceremonies that accompanied
your retirement. What can you tell me about the medal, the medals that were going to be
issued to you? You were, and presumably did get your second star while you were still
on active duty.
FB: Oh, yes. Then I retired.
LC: And then you retired. But was there some issue around the Distinguished
Service Medal?
FB: Yes. They wrote me up. The Navy medical department wrote me up for the
Distinguished Service Medal and in the papers, you’ll find that article. So it had to go
through the chain of command up to the CNO (chief of naval operations). One of the
men along the line wrote a notation that if they gave it to me, it would be the first time a
woman had been given a Distinguished Service Medal so they recommended the
Meritorious Service Award.

LC: Which is what in relation to the Distinguished Service?

FB: A lower one. Listen, it didn’t make any difference to me. The only place you
would wear them is on the casket, you know? So that part didn’t make any difference to
me. What mattered to me was that the award they were giving me was not the award—
not because they thought I deserved it but because I was a woman. That’s why I just
wouldn’t let them present it to me. It was an embarrassment for them, but I don’t care.
They said, “This is embarrassing to the CNO that an admiral would retire without getting
a medal.” I mean, I got the medal. I have the medal.

LC: The Meritorious Service Medal.

FB: No, I have the—yeah, the Meritorious Service Medal.

LC: What did they do, mail it to you?

FB: No, I was there. I took it from my aid. My aid had it for the ceremony and I
just took it and said, “You’re not presenting it to me.” They said, “It’s going to be an
embarrassment for the CNO.” I said, “Tough.” I said, “It isn’t—” If they had just
decided that was the medal I should be getting. That was fine. I had no problems with
that. But that was the medal I was getting because I was a woman, never mind what I
had done. Do you understand what I’m saying? Maybe they think that I was being petty.
But yes, I was making a statement. If this is what you’re going to give me because I’m a
woman, not because of what I did, then forget it. I have it, you know. I mean, I actually
did get the award. They can’t pull the award. I just wouldn’t let them present it to me.

LC: Right. Which was—how did you come up with the idea of not letting them
present it to you?

FB: Well, see, I wouldn’t have known anything. I didn’t know what they wrote it
up for or anything. I had no idea.

LC: How did you find out?

FB: Because somebody in this admiral’s office, and I suspect it was a woman—I
never found out who it was—sent a copy, a Xerox copy of the comment.
LC: To you?

FB: Yes. She sent it—

LC: So it was sent anonymously to you?

FB: It was sent anonymously. She would have lost her job.

LC: Well, sure.

FB: I have to assume it was a woman. Maybe it was man. But I think it was more likely it was a woman who read that and said, “This is outrageous.” I have it, you know, and officially, I received it. I just would not let them present it to me at the ceremony.

LC: Was there some tension during the ceremony?

FB: No. Because nobody knew except my speaker and his aide and my aide.

LC: So even the CNO probably didn’t—wasn’t really clued in to it.

FB: No, except there were some phone calls. Why didn’t I get an award? Why wasn’t I presented with an award? They had to say that I didn’t want it presented. Now, whether they told them why I didn’t want it presented or not, I don’t know. But I think that’s a matter of history.

LC: I do, too.

FB: That’s why you have the paper. It’s a copy. It’s a Xerox copy of what he wrote to CNO.

LC: I do, too. I agree with you completely and I’m very glad that’s it’s here and safe.

FB: Was I angry? You bet. Not because—as I said, it didn’t matter. The award, what difference does that make? What does it look—?

LC: Right, you’re at the end of your career.

FB: Right. They put it in the casket with you, you know? That’s about it. You’re not going to wear it out. The thing of it is, the thing that really ticked me off was that it was something they would give to a woman. There were no other men in the Navy medical department that had three jobs at one time. No other men. None of them had two jobs at the same time, but I did. Was that because I was so smart? I don’t think so. I think it was because—being in nursing, you have people working with and for you. Doctors don’t necessarily have that. They have a couple people and that’s it. But when
you’re director of nursing service, you could have three or four hundred people working
for you. You learn how to work with people and how to assign them and how to let them
do their job. I know it’s been a long time and I shouldn’t sound aggravated about it. I
didn’t mind doing any of it because then I had the opportunity to make changes for nurses
and to give them the credit that they deserved, to put them in positions where they
could—I didn’t do anything to the men, believe me. But I did put nurses in positions
where they could use their talents. Administration and in any other way. I’ll be honest. It
wasn’t just women. It was men, too. Male nurses. I did not make a distinction. You’ll
find that in the nurse corps. They don’t want the men to feel out there alone so when
there’s an election for our association and a man runs, he’s going to get elected. Because
they don’t want them to feel that they’re not a part of the team.

LC: Yeah, very interesting how the women kind of, in a way, bend over
backwards to make sure that the men feel included.

FB: That’s right.

LC: And then the reverse is not necessarily always the case.

FB: You got it. They’re slow learners.

LC: (Laughs) That’s all right. They’re coming along, I think. You did make a
point, but it’s very consistent with the point you made about the second star, as well. So
this couldn’t have come as a great surprise that you might have an issue.

FB: Well, it did actually.

LC: Really?

FB: Oh, yeah. I thought that was outrageous. Outrageous!

LC: Well, I mean, it couldn’t have come as a surprise to the senior naval officers,
that you would not permit the presentation.

FB: Oh, they were shocked. Absolutely shocked.

LC: Really? They thought you’d just fall in line?

FB: Oh, absolutely.

LC: Hadn’t they been watching? Hadn’t they been—apparently not. Maybe not.

FB: They were stunned. Absolutely stunned.

LC: That’s amazing. They should have figured—they didn’t have you figured
out, I guess.
FB: Well, I don’t know whether it was the right thing or the wrong thing to do, but I did it. Only because, as I said, the award meant nothing, but to say, “This is the award we give a woman.”

LC: Right, because she’s a woman. On the basis solely that she’s a woman.

FB: They didn’t look at anything else. There was no other Navy medical department flag that was in three positions at one time.

LC: Well, that is astounding, and as you say, it is actually an important development in the history of senior women in the military and I’m glad that we’ve documented it.

FB: Yeah. You know, it’s all ancient history and don’t think for one minute that my heart was broken or anything like that. But you know, sometimes you have to fight.

LC: Right, and make your point. Fran, let’s take a break there.

FB: Okay.
Interview with Francis Buckley  
Session 8 of 8  
November 9, 2005

Laura Calkins: This is Dr. Laura Calkins of the Vietnam Archive at Texas Tech University, continuing the oral history interview with R. Adm. Frances Shea Buckley. Today’s the ninth of November 2005. I am on the campus of Texas Tech in the Special Collections Building, as usual. And, as usual, the admiral is speaking to me by telephone from California. Good morning, Fran. You and I have just been discussing a copy of the book called *Letters From Nam*. Could you tell me a little bit about that? Your reading of it and what you discovered?

Fran Buckley: Well, a friend of mine had this book because some friends of hers, her children, of course, have grown up now, we’re older, had written this book *Letters From Nam*: A Family Memoir. It incorporated all the letters that they had sent from Vietnam and also letters that the parents had sent them. Two boys—John Knox was enlisted. He went in right out of high school and his brother Tom was an officer. Once he got out of college, he went in the Marine Corps. Both were in the Marines. John Knox, his letters are very brief, actually, but he had been—he was wounded in Vietnam. I guess I was reading the book and saw the telegrams that said that he had been wounded and then the telegram that said that he had been transferred to the USS *Repose*. So I went ahead and I looked through my log to see if I was on duty that night or whatever. On the twentieth of September, 1968, and in my log I write that I had the duty and it was slow all day long until the evening when the choppers started coming in with casualties. Said, of course, we had two heads—that’s craniotomy—and then we were busy doing them until five AM. One of them had two big holes in his head. He was a Seabee who was in the bunker when a hand grenade hit. Now, the other one was this John Knox. It was just unbelievably coincidental that after all these years you would find out. I rarely wrote in names of patients. On rare occasions. But you can pretty much determine that you had the duty last night and that’s when he came in, that you were the one that took care of him in the OR.
LC: Let me just ask about the log. It’s something that you have. It’s not in your collection here at this time. What made you decide to keep a log of your general activities while you were on the Repose?

FB: Well, you know, I kept one when I was a student nurse and actually said very, very little, mostly about I was tired or I had exams or things like that. But I decided—and I’ve always been interested in genealogy and things that happened before. So I got this little book—a calendar book, you know, but it’s a fairly good sized one—and just wrote notes. Reading back on it—sometimes it’s pretty painful, but reading back on it, I see how I changed as time went on. I went over there with these wonderful ideas of how I was going to be the perfect nurse but as time went on, you found that you were not. And by that, I mean, I planned on seeing all of my patients post-operatively.

LC: Up on the wards.

FB: On the wards, after I had operated on them, if they were up there. Well, frankly, I had very little free time to do it. If you have the duty every third night, you could count on one of the days, you were sleeping. So I didn’t do it. I did it the first couple of days that I was on board the ship but after that I didn’t. So I felt badly when I reread the book but I know that that’s what I had to do to survive. Because you had to get your sleep.

LC: Well, and this particular notation for the twentieth of September, 1968 notes that the surgeries on the two head wound cases began roughly when?

FB: Well, it had been late in the afternoon and we finished at five in the morning. But see, we also had other cases then. I just didn’t name what they were but the two cranies. Because we had so many cranies and I just mentioned the two cranies and how the one Seabee had gotten hit. I didn’t have the details on the other one because, of course, he had been hit a couple of days earlier. Most of my logs just has to talk about—well, some of the things that may have happened on the ship but I usually say what kind of casualties we got and where they were. You know, like the Cua Viet and places like that. So that’s all it says. There’s no—I don’t have any great thoughts, you know, or grand conclusions.

LC: Well, I think you’ve been offering those kind of as we’ve been going along and it would be pretty hard to come up with any great thoughts after many, many hours of
kind of high-wire surgery that you were trying to supervise on the *Repose*. But it sure is
an interesting story, that this book came to hand and it’s a new book, just being released
now in the fall of 2005 and that you figured out that one of those patients must have been
in your OR at some point. It’s a pretty cool story, actually.

   FB: Yeah.
   LC: I’m really glad to hear that he survived and has done well enough such that
he and his family are publishing a book. I think it’s really cool
   FB: He’s doing remarkably well. I’m not sure if he got his PhD or not. It says in
the book, but I don’t remember.
   LC: Well, we’ll let other people work on those details.
   FB: Figure that one out.
   LC: Right, exactly. Fran, we had talked at some length about your retirement and
the circumstances surrounding that and your life immediately following your retirement.
But one of the things that I hope that we might be able to include in the interview
concerns your involvement in the project to build in Washington a Vietnam women’s
memorial. I wonder if you can just kind of go over how you became involved in that
project, why you thought it was important, and sort of how it developed.

   FB: Well, I got involved in it because I had been giving some talks on Vietnam,
mostly, always to nurses and I did one at the AMSUS (Association of Military Surgeons
of the United States). It was sort of like an eye-opener.
   LC: You did one where? I’m sorry.
   FB: At the AMSUS. The American Medical Society of the United States. Armed
Services Medical Society of the United States. I can’t remember exactly what it is. In
fact, I think it was in Washington and I think I mentioned it to you that the other people
that were speaking at that time were very clinical and then I got up and told an emotional
story. People related to that because it was how they felt and yet no one had really given
them permission to feel that way. I felt badly. I felt that I had been just caught off guard
because I did it that way. I anticipated the others would, but they were very clinical in
their reports. So anyhow, I had then been asked if I would speak to other groups. Not
Navy, necessarily. There were some, of course, but Army and more the Air Force. I did
some program up in Minnesota and while I was up there, they were talking about the
women’s memorial and somebody asked me if I was willing to serve on the board to do
the selection of the memorial. Now you have to understand that this was not a done deal
from the get-go, that people really didn’t see the need of it. This was overwhelming
because they had the Wall up there. The Wall had been placed. You know what I’m
talking about, the Vietnam Memorial in DC?

   LC: Absolutely.
   FB: There were women’s names on it who had died and some of them, the males,
were very unhappy with the fact that—some of them called it the Black Wall or
something or other.

   LC: They didn’t like it.
   FB: The Black Wall of Shame or something. They didn’t think—of course, it’s
the most visited memorial in Washington today.

   LB: But when it was first erected, there was a lot of question about the design,
particularly from Vietnam-era veterans.

   FB: That’s right. So they had a memorial put off to the side of the three troopers.
If you remember, one of them is carrying a weapon and one has a—they’re all in camies.
But there was nothing to represent the women.

   LC: Where did the idea, do you remember, come from to develop a memorial that
specifically was dedicated to the women?

   FB: It came from some Army nurses. I wish I would remember right off the top
of my head, although I know it but right now this minute I can’t tell you the name of it
all. I should send it to you. She was the one that really started it and she was a young
woman, an Army nurse, and she—oh, I wish I could think of her name right now.

   LC: It’ll come to you, probably.

   FB: Yeah, it’s not Donna, but she lives up around Montana and I have her name
some place. But anyhow, it should be in some of the papers. She decided that they
would do this and there was great opposition to it because they didn’t see how the
women—at that time, the secretary—he wasn’t the secretary of the Navy but he was the
one who was in charge of all of the memorials. I might have it some place in the
information that I sent you but I’m not sure. He was charge of everything with the
memorials. We’re going back twenty years, you know.
LC: This is the memorials on the Mall?

FB: Yeah. All of the memorials in Washington, DC. He was charge of all of them and he made the comment that if we gave a memorial to the women, the next thing we would have to be giving them was giving memorials to the dogs who served. This was just enough to make everybody just sit up and say, “Wait a minute. This is a terrible thing that they’re saying.”

LC: Did it get to you? I mean, did that comment—

FB: Oh, it got to me but it got to higher ups, too. That’s when they said they can’t afford to do this because the women were in an uproar. I mean, this was the most inappropriate thing. The problem is that there’s so little land in Washington, DC, now and they thought maybe it would be nice to put it out on the highway someplace and the committee kept saying no. Jeanie Holmes, who was a retired Air Force general, I think she might have been the first one and she would be in her late eighties, I think.

LC: She’s written a book on women in the military. I think she’s quite well known, yes.

FB: Yeah, I sent it to you. She was one of the ones that was sitting on that—she didn’t sit on the selection committee but she sat and still is, as my name is still on that committee, for the women’s memorial.

LC: Now, how did you get approached to be a member of the committee, do you remember?

FB: Well, it’s because I had talked about this and they got to know my name.

LC: I see. Okay.

FB: So they figured that I was for it. And I was. You know, I thought it was time and they really, really lobbied. They were young women. They really lobbied and they got some powerful people to go along with it, that they wanted to have that memorial on the same place that the Vietnam Memorial was and almost—it’s a good walking distance from the memorial of the troopers.

LC: Yes.

FB: So anyhow, we had this—I had never been in anything like this but they had like a judging of a contest.

LC: For proposals?
FB: For proposals.
LC: Okay. Design proposals.
FB: Half of us were [military] women and the other half were artists. It was never
the twain shall meet. The artists’ idea of something to memorialize women would have
been a very nice park bench with some trees around it where you could sit and meditate.
We said, “No” and the military people said, “No.” This went on for about two days, I
guess, and finally we came to a decision. Now, most people don’t know this but one that
was settled on was a single woman standing there with a helmet in her hand or something
and it turned out that that’s the one we selected. She didn’t have a machet or anything
ready so we had to go back—or they went back—and came up with the one that Glenna
Goodacre had designed. Some of the ones that were sent in were unbelievable. I had
women with angel’s wings and things like that.
LC: How Victorian. That sounds really kind of off.
FB: But you know, it’s sort of like saintly. We said, “No, that’s not the way it
was. That’s not how we looked.” Now, the way they—it’s supposed to be every women.
If you notice on the women’s memorial, there are no corps devices and there are no rank
devices that you would normally have. So you don’t know whether that’s an Army,
Navy, Air Force person. You assume some of them, one of them is a nurse because of
the way she’s holding the patient and the patient’s eyes are covered because he’s
everyman and the helmet that’s dropped is because someone who didn’t make it. One of
the women is looking up and that’s a black woman and she’s looking up. You can be
whatever you want it to be but most people think she’s looking for the helicopters to
come in. But it doesn’t say, even though the majority of women were nurses, it doesn’t
depict just nurses. The other one is sitting, is kneeling down with her head kind of low
and she looks really tired. Some people think she’s praying, some people think that she’s
crying. It’s whatever you want. Getting it past the various committees in Washington
was not easy. I went back for this one. I may have told you this but probably not on
tape.
LC: I don’t know.
FB: We were sitting there and they were describing Glenna Goodacre who is from
New Mexico and is a very well renowned sculptress.
LC: She’s actually originally from Lubbock, Texas, did you know that?
FB: She is. Yes, she is from Texas. Oh, gosh, she’s funny.
LC: She’s from here in Lubbock.
FB: She’s as funny as a crutch, I’ll tell you.
LC: So did she come and make a presentation?
FB: No, she came and listened.
LC: Okay.
FB: The congressman that was supposed to be doing this sent their representative and I think the representative pretty much were told—I mean, this really happened. They were pretty much told, “We don’t need another memorial.” So they did a presentation and there were a lot of people there. Of course, we were sitting there and I was right behind Glenna Goodacre. We were not allowed to talk or anything but they questioned various things. They didn’t think that they looked very neat and the response was, “It wasn’t a very neat place.” And, “What did the helmet mean?” And finally—
LC: Glenna Goodacre was not involved in answering these questions?
FB: No.
LC: She was just observing the discussion?
FB: That’s right. Anyhow, this one woman said, “Is that casualty,” she was a young woman. She was an aide to one of the congressmen or something. “Is that casualty a male or a female?” They said, “It can be whatever you want. If you want it to be a male, it’s male.” It was obviously a male, but, “If you want it to be a male, it’s a male. If you want to it be a female, it’s a female.” It was blindfolded, as I said, because it was not identifiable. He was everyman. Glenna Goodacre is in front and she’s sitting with somebody who accompanied her and she turned to me and she says, “I thought I made the crotch long enough they wouldn’t have to ask that question.” (Laughs)
LC: (Laughs) Good for her.
FB: (Laughs) Yes. Then they went on that the figures looked so tired. Finally one man got up and he was—I don’t know what his job was. He wasn’t—I don’t know whether he worked for the Congress or not. He said, “I understand that look. I understand that look of sorrow and being tired because that’s the way I look. I lost my
wife to cancer so many weeks ago and I look like that.” That was the last thing that was
said and it was passed.

LC: That’s interesting. Wow.

FB: It was overwhelming. Then at the dedication, we had a parade. I’ve sent you
pictures of that. Emanuel went down to Mexico and got a big banner that said, Navy
Nurse Corps of the Vietnam Veterans, or something like that. Some of us marched in
uniform and some of us did not. But we marched down I think it was Constitution
Avenue to the area where it was going to be dedicated and we sang “Anchors Aweigh"
and the Marine Corps Hymn. Now, we were not great singers but we sang as we were
going down. It was absolutely overwhelming. People would come running up to us and
they would say, “Are you our nurse? Were you my nurse?” You’d say, “Maybe. If you
want me to be your nurse, I was.” It was that way. It was that kind of thing. It was just
so emotional and a lot of corpsmen came and they came in their camies and all. These
are older, they had been on active duty and I remember saying to one of them, “Thank
you for coming.” He just said, “We belong.” So it was a very emotional experience, I’ll
tell you. I’m trying to think of the name of the speaker, the principle speaker, you know.
He just left the White House. It’s awful not to remember names. You know, he was—
was he secretary of state?

LC: Colin Powell?

FB: Colin Powell was one of the speakers and it was—I’m sorry I couldn’t
remember his name right off the top of my head. But it was really a very emotional
experience. I’ve gone back the memorial at times, you know, when I’ve had to go back
to Washington for things and I haven’t had to go for a long time. But I would go to the—
I did go to the tenth anniversary.

LC: Yeah, I want to ask you about that, too.

FB: But in the meantime, when you go back and stand by and watch what people
do. Now, people who are from other countries will come and it’s ground level so they
can stand embrace the [statues]. They don’t have any idea what they’re embracing, but
they’re embracing them, you know?

LC: Really? They’ll put their arms around them and so on?
FB: Yes. They do. People will make all kinds of comments and I think—you know, not understand what the whole meaning of it is, they’ll say, “Well, they could have picked up that helmet. They didn’t have to leave it one the ground.” I was standing there listening to this and this one man came up and he just said, I was just off to the side, and he just looked and he said, “I think it’s magnificent.” I thought, “Well, then, it’s worth it.” That some people understand and some never will. Then ten years later, of course, I had just finished chemo and everything but I wanted to go back.

LC: This was in ninety—sorry, in what? Two thousand and three?

FB: In 2003.

LC: Uh-huh, was the tenth anniversary.

FB: Again, it was very moving. They had a number of people. It was on Veteran’s Day, I think. It had to be around Veteran’s Day but it was very moving. We all sat and kind of talked. There weren’t—about what had happened in our lives in the years since Vietnam. But the Native Americans had a group there and several groups just marched before the memorial and they just covered it with flowers and it was just an overwhelming thing. I think it will—one of these days they will consider it to be one of the more important memorials. In fact, I think it is one of the ones that—since the most visited is the Wall, so it makes sense for them to go around to the others.

LC: The ones that are right there, yeah.

FB: Yeah. So that’s how that happened.

LC: Is it—it sounds like something you’re proud of having been associated with from the beginning.

FB: Oh, I am. I am because I think that at that time, that period of time, even though it’s twenty years ago, the recognition of women in the military was nil. Or very limited, let me put it that way. You don’t have it nowadays. It’s entirely different. You don’t see it the same way but the recognition was not great. But you know, one of the things, and I think I mentioned this, one of the things that made a big difference in why we take military women and they do very, very well in all areas is because of the demise of the draft. Once they stopped the draft then they had no way of keeping the armed forces unless they took women.

LC: And took them into all different areas.
FB: Into all areas. And they’ve done very well. I mean, they’ve had, like in the Navy, not on submarines, but that’s understandable. But you’ll find them as COs (commanding officers) of ships, you’ll find them everywhere. No one thinks anything of it. It’s like it was the way it was supposed to be. But this was a battle. This was a battle.

LC: Do you think that the dedication of the memorial had something to do with changing perceptions? You noted that now the view of women in the military service has changed so much from twenty-five or twenty-two years ago or so.

FB: Oh, yeah.

LC: Do you think that the memorial being there has had a little to do with that?

FB: Well, I think maybe. It’s hard to say because you don’t know how art is going to affect people. But they certainly have to look at that and recognize that they’re—and other people, other women who have been in, not in Vietnam, who are in the military will consider that their memorial, too. Because let’s face, there are not going to be many more memorials put up there. Not many places to put them up in DC. It may have. It may have affected them but the fact that they allow women to have children and be on active duty—and in all fairness, I’m not trying to sound cynical. I don’t think—I do think that it was not just because they were equal opportunity, I think it was because there was a need.

LC: Because of the conclusion of the draft period?

FB: Yes. Absolutely. Those crazy birds in there are making noise.

LC: It’s kind of nice, actually. (Laughs)

FB: (Laughs) Yeah.

LC: Well, since we’re talking about them, what are their names again?

FB: Jeb and Scobhan.

LC: Okay, and they’re how old?

FB: One is thirty and one’s twenty.

LC: They’re mere nippers. They’re just youngsters. (Laughs)

FB: I know. They’re characters but I love them. (Laughs)

LC: I am glad that we had a chance to talk about both the beginnings of the project and then your visit back in 2003 at the reunion. How did that reunion go? Was it centered all at one hotel and then everyone kind of migrated?
FB: Yeah, it was centered. Most of us stayed at the same hotel. We didn’t have
the numbers that we had when we did the dedication. But we had a fair number of people
and it was very informal as far as like, we’d sit and have coffee or something like that but
I don’t recall that they had any big dinners or anything of that sort. Then we talked about
what we had been doing and everybody was very friendly because we had the lapel
buttons on from the Vietnam War, you know. So we all recognized one another. If we
didn’t know one another, we sat down and we talked.

LC: But this was all service? There was all branches?

FB: There were a couple of Red Cross people there, though.

LC: Really.

FB: Because that’s—the memorial doesn’t preclude the Red Cross or any of the
other women that served. It wasn’t meant to do that. That’s why there are no insignias or
anything. It was meant to include all women who served over there, regardless of
whether they were in the military or not. I think that—at least, that’s the way I remember
it and that’s an important thing.

LC: Was there ever a particular view taken, do you think, by the Navy nurses or
Army nurses of the Red Cross volunteers who sometimes like to and sometimes don’t
like to be called Donut Dollies? Was there a view that they were contributing, that
you’re all kind of on the same side or not? Do you remember?

FB: I can’t talk about the Army but I can tell you we had Red Cross workers on
the ship and they were part of the crew. There was no difference between us and them.
They were over there and they were doing their job and so I don’t—and they did a good
job. So I don’t recall that we had any feeling that we were military and they weren’t and
therefore, I think—listen, in a situation like that, any help is welcome.

LC: I’ll bet. I can absolutely believe that. I think on a ship that must have been
particularly true because you only have what you have. You only have the resources you
have.

FB: That’s what you have and you know, at least I didn’t and I don’t think many
of the others had much time to pick apart anything. I don’t remember hearing a lot of
gripping or anything like that. I mean, some people were not—you know, you get a little
bit—when you’ve been out to sea too long, you get a little bit crazy. But I don’t
remember that there was a lot of complaints or nagging or negativism. We didn’t call
them Donut Dollies on the ship.

LC: Did they have—did you just call them by their regular names?
FB: Yeah, just their regular names. We had two of them and they were really
nice. They were really great and they were good to the patients.

LC: Yeah, I would have thought, again, any help would be welcome.
FB: Yeah, there was no animosity or anything like that.

LC: Yeah, yeah. Well, Fran let me ask you about another area that I understand
you had something to do with and this was the effort to lobby Congress for improved
health benefits for all veterans. I think, if I understand correctly, your activity in this was
through the Military Officers Association.

FB: Exactly.
LC: Is that right?
FB: Yes.
LC: Can you tell me about how that began, and again, how you were involved,
how you became involved in that?
FB: Well, I was elected to the board.
LC: Of?
FB: It was then TROA.
LC: Which stood for—?
FB: The Retired Officers Association.
LC: Okay.
FB: But then they changed it to, sometime later, to Military Officers Association
of America. It’s a terrific organization. It is a terrific organization. It’s very well
organized.
LC: Did you want—did you seek a position on the board or was it kind of—?
FB: No, I got a call from a Navy admiral that I knew on active duty. I didn’t
know him well but I knew him. He was, at that time, the president of MOAA (Military
Officers Association of America). He said, “We want to put your name in for election to
the board.” I said, “Well, I don’t know,” because I hadn’t been out in California long.
But I said, “Well, okay.” I figured I’d never get it and I did. Because I wasn’t really
active in it locally in it or anything.

LC: You weren’t actively campaigning for—
FB: No.
LC: Why do you think you got elected? Do you know?
FB: Oh, I think I was in the Navy and a woman. I think Navy women voted for
me.
LC: Okay.
FB: Well, the way it works is they nominate you and if someone doesn’t want—
these are the people you can vote for. So maybe the Navy people voted for me. I don’t
know.
LC: I just wondered if you thought that you had name recognition or whether it
was probably driven by service loyalty or probably both. Some something in between.
FB: Oh, probably service loyalty. I don’t know. My ego is not that big to think it
was name recognition.
LC: See, I know your so—you’re very modest. Okay, anyway. (Laughs)
FB: Anyhow. So I went back and they were opening up a health affairs
committee. So they said—that I should—I think they offered it to other people and they
said, “No,” if you want the truth. So I didn’t really have a choice. They said, “You’re
going to chair this committee.” I said, “Okay.” So the fellow that was the representative
from MOAA to this committee was Frank Robaugh, and I gave you his name and
address.
LC: Yes, absolutely.
FB: He had been the MSC—director of Medical Service Corps in the Air Force.
So we had—actually, most of the doctors had other jobs and were really too busy to do
this thing but we worked on it. When I say we worked on it, the staff—it’s a great
organization, but the staff from MOAA does all the work. You just go and present it to
the Congress. Every year, MOAA has what they call “Storming the Hill” and they bring
representatives, members from TROA, usually the local president and things like that of
chapters out and they, along with some MOAA people—the agenda’s already there—go
and personally visit your representative.
LC: Now this is called drumming the hill?
FB: It’s called storming.
LC: Storming the Hill. Oh, even better.
FB: Storming the Hill. So if you have a couple hundred people going up to the
Congress and sitting down and telling them, “This is the legislation that we want passed,”
your chances of getting it are better. If you know what I mean.
LC: I could see that, yeah.
FB: So actually, all I had to do really was talk about what was being done. But as
far as getting the work done myself, I really didn’t have to do that because MOAA did
that. I mean, that’s the way a good organization runs. Where the people that are there
twenty-four hours a day set it up and then the people that are coming in to present the
information because they’re part of a big organization go out and tell what’s what.
LC: They just kind of—they’re briefed or whatever and then scoot forward and
make the public presentations.
FB: That’s right, that’s right. Then answer any questions. That means that you
have to go around and talk to various chapters and things and that’s okay.
LC: Did you do that?
FB: Oh, sure. They sent me to—I’m trying to think. Utah, I think, was one place
I went. Washington state. I even got sent up to Alaska.
LC: Great. Wow.
FB: It’s cold up there. (Laughs)
LC: Yeah, it depends on what time of year you go, I suppose.
FB: Right. But it was a wonderful experience. It was a wonderful experience. If
they set their minds to getting things done for people, they get it done. Because then they
join forces with other, smaller military organizations that then go in together as a group.
They all have the same thing and then go after the Congress.
LC: So on the health affairs issue, what was the platform that you were putting
forward and roughly when was this?
FB: I wish you hadn’t asked me that.
LC: (Laughs) I’m sorry.
FB: We were putting forward TRICARE for Life.
LC: What was the status quo before this?

FB: There was really no insurance policy for military retirees. See, when we retired, the idea was that we were going to be able to be taken care of in military hospitals for the rest of our lives. Well, the Congress said no or they cut the budget or however they did it, it was so that you couldn’t go. But this is an unrealistic pattern and if I don’t mention it, remind me to tell you why it’s unrealistic.

LC: Okay.

FB: But the problem with this was then they were let go with only Medicare and no other source of income, which was terribly unfair. They had been promised—we had been promised that we would get healthcare for the rest of our lives if we retired from the military. But then the Congress decided no. So you had all these people and Medicare is not enough to take care of all your benefits, you know? I mean, it’s not enough to take care of your healthcare on the outside. You have to have some supplemental insurance today. I’m sure you know that.

LC: Yes, including—it doesn’t cover prescription drugs, for example, and office visits and some other bits and pieces that are less than major medical, I guess.

FB: So they lobbied for a couple of years to get—and actually, it was John Warner that finally got it in. You know, John Warner from Virginia?

LC: From Virginia, yes. He’s on the Senate Armed Services Committee, I suppose.

FB: Yes, and he said, “This is totally unfair,” or words to that effect and they got it. TRICARE for Life is a wonderful—if you have to go to the outside instead of—when I said the outside, I mean civilian hospitals, which the majority of retirees now have to do. Then you go and you have your Medicare but you also have TRICARE for Life. Let me give you an example. I have—as you know, I’ve had cancer, and I’ve had bilateral mastectomies and those prosthesis costs $350 each. Now, Medicare will pay maybe half of it. I’m not sure even more than half. I’m not sure. TRICARE will pick up almost all the rest and I may end up by paying nine or ten dollars.

LC: Wow.

FB: Now, that’s a big deal. That’s a big deal. Now, I go to the military facility and I’m very happy to be able to go there. I was out on the economy, so to speak, for a
long time until Emanuel got sick and we couldn’t get him diagnosed and through
somebody at the hospital—her mom and I used to work together as nurses and she is an
oncology nurse practitioner and she said, “Bring him down.”

LC: Meaning, to the San Diego—

FB: Navy hospital. So that’s how I got back in there and I tell you, I’ve told
them, “You are not putting me out again.”

LC: “You’re going to be seeing me for the rest of the run.”

FB: The problem is that you have training programs. You have residencies. If
you’re going to have your hospitals accredited like in San Antonio or any of these other
places. You have to have these programs to be competitive with, say, George
Washington or Georgetown University, those hospitals that also have medical schools.
So the military, we have a medical school, but they have to have patients. Now, your
young people, unless they’re combat casualty cares, aren’t going to have that many
patients. They’re not going to have that much illness. Combat casualties are something
different. But if you want to treat malaria or hepatitis or gallbladder attacks or learn how
to do some of the orthopedic surgery, knee replacements, then you have to know that if
you’re going to go into combat, take care of combat casualties. Who are you going to do
that on if you don’t take them into the military treatment facilities? They need the
retirees to practice on. That sounds a terrible way to put it but, I mean, I’m delighted that
they do. Because the older people, retirees have diseases that young people don’t have.

LC: Exactly right. So they have to have a patient load of some kind, a continuing
patient load.

FB: Doctors want to take care of patients. If you don’t have patients for them,
they’re going to leave.

LC: Sure, yeah, absolutely. You mentioned that there was this, prior to
TRICARE for Life being approved, that there was an unrealistic ideal in perhaps the
collective mind of the Congress as to how military veterans would be treated, that they
would be treated at VA hospitals. Is that right?

FB: Well, no, I don’t think that they even thought about VA hospitals because you
just can’t go to a VA hospital just because you were in the military. You can, but there
are some things that—part of it has to do with whether or not you have a disability. So
you know, a lot of people had disabilities. I have a disability, a military disability.

Things that happen on active duty to you and then later on it becomes complicated and
you can go to the VA. But just because you were in the military doesn’t mean you can go
into the VA, that you can get treatments there.

LC: You have access to that only if you have a military service related disability.

FB: Usually. Not always. Not always. But it depends upon their budget because
remember, they too have training programs and they need the patients. But if the budget
is cut—I’ll give you an example. My brother goes to the VA in Charleston, no, in
Georgia, and it’s not too far from Hilton Head. He’s happy with that but he has no
military disabilities, but he gets seen once or twice a year. They’re happy to do that but
they’ve had to cut back on the number of times he can go because of money. So not all
veterans—if every veteran went into the VA system, the VA system would be bankrupt.

LC: The other side of this same equation is that a lot of the hospitals have been
closed or are being closed. I mean, isn’t that the case, that—?

FB: I think they are closing in these little, little, places. You know, like
someplace in South Dakota.

LC: Right, or somewhere in Texas in the middle of nowhere.

FB: Yeah.

LC: I mean, quite literally, nowhere. The smaller ones.

FB: Almost all of your big VA hospitals, and this, by the way, part of it was due
to the thinking of a Navy surgeon general who got out of the service, who retired and
went over to work for VA as head of their medical department. All of them, practically
all the big ones are associated with universities. So what means is that you have the best
of both worlds. You have your own physicians. But you also have the physicians from
the universities who take their students over to learn about the various diseases and to
take care of the patients there. So the VA has a good program and even in San Diego, we
have a program here at the VA—I live not too far from the VA—whereby, for
paraplegics. But it not only takes military paraplegics, it takes the civilians. It’s
unbelievable.

LC: Their bills would be met by whatever private coverage?

FB: Every provider they had, yes.
LC: Or possibly they have Medicaid or something, depending on the situation.
FB: Something like that, yeah, because if you can go to one central place, you
don’t need three places for paraplegics in the city. You need one, and the VA is it.
LC: Interesting.
FB: So I mean, VA has come a long way from what they used to think of it. And,
yes, they are closing the smaller facilities and that’s kind of hard.
LC: But I think, isn’t it also the case that they’re trying to compensate for that by
creating not hospital level, but more outpatient-clinic-level branches in remoter areas.
FB: They are, they’re doing that.
LC: So they don’t have to sustain a whole hospital but they do outpatient-clinic
projects and that kind of level of service. Then if there’s something more service, I guess
they pass it on to other hospitals.
FB: There are people—since we’re talking about the VA, because I’m an
advocate for them. There are people in this building, for example, that were in the
service in World War II. Now, they’re eighties, losing their vision, losing their hearing.
Helen is an example.
LC: Helen Brooks.
FB: Yes. They can go to the VA. If they go to the Navy hospital, the Navy
hospital really isn’t skilled or competent—or even your civilian hospitals. They don’t
have the capabilities the VA has to provide up-to-date hearing aides for them, the latest.
They do a lot of research on this stuff. Emanuel, I think I told you, was legally blind. He
had macular degeneration and he went for six weeks I think it was, four or six, up in Palo
Alto to learn how to function as a blind person.
LC: Right and you described that program as being excessively on top of it. I
mean, they were first rate.
FB: Absolutely. So I think that the VA has an awful lot to offer. Of course,
funding is a big problem but they’re changing the way things are done in medicine
anyway. Remember, years and years ago, you had an appendectomy, you went in and
you stayed a week at least.
LC: Mm, yes.
FB: Today, if you stay overnight, you’re lucky.
LC: You’re in, you’re out.
FB: Yeah.
LC: Is that a good thing, from your perspective?
FB: Well, I think it is a good thing because techniques are so improved. But the
other thing is, remember, hospitals are areas of contamination. You know, you’ve got
sick people there and sick people have diseases and if you can get out before you get a
disease from somebody else then you’re in good shape. That’s putting it very bluntly
but—
LC: That’s true. I mean, if you want to catch something, go to the hospital, right?
(Laughs)
FB: Exactly. If you want to get out—and getting out and going home is better
than just sitting there.
LC: Psychologically for the patient?
FB: Psychologically I think it is, sure.
LC: Okay. You mentioned the issue of VA funding. Is this something that you
continue to sort of observe and keep track of and care about?
FB: Well, of course, but like MOAA is an organization. MOAA is powerful.
They have memberships but besides that, they have smart people. I think I mentioned
before, the Air Force, these guys worked for the Congress for years, as military
representatives or something. They retire, take off their uniform, put on civilian clothes
and go to work for MOAA. They know all the players, you know? They’ve got
corporate knowledge. I give them credit for that. The Air Force is very good at that. I
don’t know that we are as good as. So then why they come to present arguments, they
already know who they’re talking to and they know what buttons to push.
LC: They know what will work.
FB: Yeah, and see, MOAA will also fight for VA. In fact, we had a VA
representative on our committee. I think it’s not just like—people in the Coast Guard are
also represented because they’re not considered actually military per se, but they are.
Public Health. That’s the other one that was there. Public Health and VA.
LC: Public Health Service, uh huh.
FB: Yeah. They have representatives from there because they have a lot to contribute.

LC: These two groups are represented within MOAA?

FB: Yeah.

LC: Okay. I didn’t know that.

FB: If they were military.

LC: I see.

FB: Oh, yes. Listen—

LC: Well, no wonder it’s powerful.

FB: MOAA is powerful. It’s powerful on it’s own but then it reaches out to all these other small—like the enlisted associations and all and gets the leadership of that to join. Almost like a consortium. They go in there and—

LC: Cooperatively try to get it done.

FB: That’s right. Then they have—and anything that’s coming up, you either get it in your newsletter or your monthly magazine or on the email and they will tell you exactly what you are to say to send to your representative.

LC: I’ll bet they do. (Laughs) They’ve got it covered.

FB: It works perfect. It’s a no-brainer. All you have to do is click on and send it to your representative or mail the card.

LC: Well, speaking of representatives, you mentioned Senator Warner and he’s well known. He’s made his public reputation as a senator, really, based on his advocacy of strong national defense and military preparedness. It doesn’t surprise me that he comes up in the discussion about TRICARE for Life. But you said that he kind of took the mantle and was a leader for this in the Congress.

FB: Yes.

LC: Did you ever have a chance to speak before him or attend a session where he was being approached by MOAA on these issues?

FB: No. I did have a chance to speak at one point in time. Not for MOAA, for the VA because I was on a VA council for women and I did have a chance to speak there but not to him. I don’t remember who the representative was.
LC: Was this an opportunity for you to speak directly with individual congressmen or were you testifying?

FB: It was testifying.

LC: Okay. You were on the VA council?

FB: VA women’s council.

LC: Okay. What is that board charged with? I bet I can guess, but would you describe it?

FB: Well, it’s essentially based on women’s rights and what you’re going to—[Jessie] Holmes was on the committee when I was first there. Then I took over as the chair. What it was about was to—see, women didn’t have any rights in the VA. Obviously, they’re not going to have maternity. They’re not going to have that, but they didn’t—it was very, very rare for a woman to get care in the VA facilities.

LC: And the reason for that?

FB: Because they weren’t set up for it. They didn’t have the space or whatever you want to call it. Of course, it’s not true today. For example, if it was post traumatic stress then it was all male. That was assuming women didn’t have post traumatic stress, which was not true. We worked on that and the VA worked on it. Let’s be honest. They worked on it but our job was to go out there and see that they were doing what they were doing for women.

LC: And therefore, you could also see obviously what might need to be done in addition.

FB: Right. You’re absolutely right. But I think in most of those situations, if they had the money to take care of the patients then they could do it. A lot has to do with how much money they have. I think that the VA gave them very good care and has tried very, very hard. But there was a time when the VA didn’t take any women.

LC: This would be because, for example, they might lack specialties to deal with, for example, OB/GYN issues?

FB: Oh, yeah. Well, they wouldn’t take and OB/GYN. They might take a hysterectomy or something like that.

LC: Right and they might do that as general surgery?
FB: Right. But they’re not doing OB per se. But they are doing—because that really is not an illness, you know? (Laughs)

LC: That’s true. (Laughs) But when you say they weren’t really taking women, did that mean that women weren’t—that women veterans or women who had service-related disabilities weren’t seeking care from them or—?

FB: Weren’t getting care from them.

LC: It wasn’t an offer?

FB: No.

LC: Okay. When did that start to change? Did you see that change as the chair of the committee?

FB: I think before that.

LC: It had already begun?

FB: It had begun. Our job was to go around and see what they were doing.

LC: By going around, do you mean to the different geographic regions of the VA?

FB: Yeah. Uh-huh.

LC: Did you see differences between the different regions?

FB: I don’t remember that we did. I think that by that time they were willing to go along with it. But like World War II woman and Korean veterans, they got very little care from the VA. They didn’t know they were entitled to it, for one thing.

LC: Yeah, was it partly a function, then, of information?

FB: Well, it was information and that they didn’t have the physicians to do it. I had worked in a VA hospital as an OR nurse while I was going to graduate school and I remember we had one woman patient, period. The whole time.

LC: The whole time that you were there?

FB: Yeah.

LC: In the entire facility?

FB: Right. One. As I remember, she was a laminectomy which is easy to remember because of having only one woman patient.

LC: Right. And a laminectomy is what?

FB: It’s an operation on your back, going in through to your spine.

LC: For a disc problem?
FB: A disc or it could be any other kind of problem.
LC: A fracture?
FB: Discs, primarily.
LC: Okay. What war or era was she a veteran of? Do you remember?
FB: I think Korea.
LC: But it stood out in your mind because she was the only one, the only gal there. Wow. Well, that’s certainly not true of the VA now.
FB: Oh, no. No, it’s changed. There’s absolutely no comparison.
LC: What do you source the change to? I mean, do you think that it was having a
council bring attention to these issues or do you think it was a realization that was
probably creeping into the VA system on its own or maybe some synergy between the
two?
FB: I think it’s some synergy between the two. I think that the women’s
committee helped bring it to the foreground, they helped make change. But I think the
VA probably was recognizing—but again, a lot of it was funding and getting doctors who
were involved with caring for women. Not that—you know, if you’re going to take out
the gallbladder, it doesn’t matter whether it’s a male or female, you know? Women did
not and do not go to the VA and claim their disabilities. I cannot tell you—sometimes I
feel like a preacher—how many times I tell women. They’ve been in the military, they
get out of the military, they retire, they’ve been over in Vietnam and they’ve become
diabetic. There’s a relationship to that. I try to say to them, “You need to go to the VA.”
It’s like preaching to the choir.
LC: Why do you think that is?
FB: Well, women say, “I don’t deserve it. I didn’t earn it. I wasn’t out in the
field with the guys.” You say, “It doesn’t matter.” But they don’t—I’m happy to say that
I’ve got a lot of people going. In fact, there was one woman in this building. She said,
“No, I’m not going because I didn’t know.” She had a hundred-percent disability once
she went there.
LC: Once she was worked up through the VA system.
FB: She said, “Thanks.” I said, “Well, it’s not a big deal.” But to try to get people—I think services are better about it now than they were. They never told us that we had any availability or were able to get into the VA.

LC: Or that you, as nurses for example, could be evaluated for the same range of post traumatic stress disorder disabilities or all of that range of things as men.

FB: That’s right. They do that now, though. I have to say that. The services do that now but initially they did not. Type II diabetes, if you were in Vietnam, is related to Agent Orange.

LC: Yes. That’s now just a—that’s an understood basic element. If you served in Vietnam, you do not anymore, I think, have to prove where you were or that Agent Orange was utilized there. There’s an assumption that if you develop Type II diabetes that it is linked to you’re having been in Vietnam.

FB: Exactly.

LC: Which, that’s a huge breakthrough. I mean, when was that decision made, do you remember, Fran?

FB: Not too many years ago. Maybe five or six? Seven years ago? I lose track of time. But I remember telling these nurses that were diabetics, “Go. You have to go.” They wouldn’t. “Well, I wasn’t facing any danger.” “You were there. What are you talking about; you’re not facing any danger?” “Well, I wasn’t out with the ground-pounders.” “Right. But Agent Orange flew out over the ocean.” If something happens, it’s worse. Like, Emanuel had Agent Orange-related Type II diabetes and then he ended up with pancreatic cancer, which was the result of the Agent Orange. My roommate on the ship had non-Hodgkins lymphoma which was a result of Agent Orange and she didn’t know. Her husband was in the Navy and she said, “Well, no, I don’t.” I said, “Go.”

LC: Did you get through to her?

FB: Yes, I did, before she died. There were other benefits. I think her kids got some kind of funding for college from the VA.

LC: Okay. So she was able to get in and at least obtain some of what was coming to her as a consequence.
FB: Right. I feel kind of like I’m a traveling minister telling them, “You’ve got to do this.” But people, and women particularly, they start out with the sentence, “I don’t deserve it.”

LC: Is that just women’s psychology or is it nurse’s guilt?

FB: I’m not talking about just nurses. I’m just talking about women in general.

LC: Right. So other services, they might have had completely MOSs and they just sort of start from, “I don’t deserve it.”

FB: That’s right.

LC: Wow.

FB: “I didn’t do anything.”

LC: Why do you think you don’t feel that way?

FB: Oh, because I’ve been educated. I mean, serving on committees like the VA was an education. Serving with MOAA was an education. You don’t start out by being a flaming liberal or anything like that. You start out by listening to what’s being said. I’m fortunate because to serve on these committees was a real eye-opener and the ability to say, “Wait a minute. You do deserve it.”

LC: You’ve also had a series of personal experiences, some of which you’ve described in your experience with Emanuel and his health issues that obviously also was an education, I’m sure, in and of itself. Fran, let me ask you some big picture questions, if you wouldn’t mind. These have to do with war, really, and with whether and when the United States should invest in war. Obviously, the United States decided to try to preserve South Vietnam as an independent state and to beat back what started as a communist insurgency and later we saw was a communist invasion. I wonder whether you, thinking back on it, think that it was a good attempt, something the United States ought to have done or whether the United States ought perhaps not to have attempted it using less than it’s full resources.

FB: I think we won the war in Vietnam but lost it in the press. That’s what I think. Do I think it was necessary? We had to stop communism someplace and it had been a problem—I’m not equipped to say whether or not it was the right thing to do or not the right thing to do. I can’t believe that they went in there just to go to war. That doesn’t make any sense. I think that there were significant reasons to believe that we had
to get rid of communism and in many instances, we did. Did Vietnam have anything to
do with it? I don’t know the answer to that. I do know that the battles were fought in the
halls of the Congress, I think, more than any place else. I think that we were winning
when they decided to pull out. I think we were. Then we left it. We said, “Okay, we’re
out of here and now your government takes over.” Of course, the Communists took over.
You know, I know there’s a lot of feeling about, “Should we be in Iraq or shouldn’t we?”
We’ve got to stop it someplace. I mean, now, finally the French are getting the message.

LC: Yes, it’s very interesting, isn’t it, the developments in France? Obviously,
we are referring to the past several weeks’ worth of domestic unrest there.

FB: Yes, that’s right.

LC: Primarily, apparently primarily amongst low-income Islamic recent émigrés
to France.

FB: Right.

LC: Yes, and France obviously has not been supportive of US policy in Iraq or in
Afghanistan. From 2001 forward, I think, they’ve opposed what we’ve done.

FB: There’s a funny email going on and it’s from—Jacques Chirac is calling the
White House and (President George W.) Bush is someplace else. He’s not there. Maybe
he’s in South America. So he puts on a gets (Vice President Richard) Cheney and he’s
trying to tell Cheney and I don’t want to say they put him on hold so he hangs up but he
doesn’t get any kind of response. “We can’t do this because of such and such a thing.”
It’s funny but it’s true. But I think—I don’t think anybody goes to war just because they
want to. You know, if you look at what has happened with the Muslims—and I’m not
anti-Muslim—but look at what’s happened and how many times they’ve attacked us,
including 9/11. Someplace, it’s got to stop.

LC: They attacked, of course, the USS Cole previous to that.

FB: Yes they did. That’s right.

LC: At that time, did you think, “Man, we need to step up our readiness?”

FB: No.

LC: Or did you think it was a one-off essentially?

FB: I thought it was a one-off. We all thought it was a one-off. But then it kept
going and going and going. Yes, they can pull out and it’s going to go someplace else and
it’s going to come here. I mean, finally, I think the Australians—they found—and the
Australians just recently, this week, had a big deal on that, that they’ve found this
business.

LC: That they’ve found terrorist cells.

FB: Yes. They avoided something. Yeah. I don’t think the Australians will put
up with anything.

LC: Well, it’s interesting who is being attacked. It’s certainly not just the United
States. The British, of course, saw bombings in London this summer and even Indonesia,
which we think of as primarily an Islamic state with a secular government, has had
bombings there. Now Australia, as you say, and the uprising in France. So it looks like a
world wide problem, not perhaps a lot unlike communism looked in the ’50s and ’60s
when we were making commitments to defend free states or what we believed would be
or could become free and democratic states. Fran, I wonder if you feel that your own
service and the very difficult things that you personally encountered as a nurse in the
operating room, operating rooms of the Repose was more than ought to have been
expected of you or was it what was expected of you as an officer?

FB: Oh, it was what was expected and it was what you signed on to do. You
know, our—remember, the people that were our mentors were women who were, in one
case particularly, actually in two, were POWs (prisoners of war) of the Japanese.

LC: During World War II?

FB: Yeah. I don’t know how to explain it, but they’re your leaders and they
engrave in you the need that you have to do what you must in order to help your troops.
It’s not something you sit around and say, “Well, I don’t really.” You know, maybe you
don’t like some decisions that have been made by individuals but the whole organization
is—you’re right there. You’re there for one another and you’re there for their troops.
When you hear—well, I’m talking about Navy nurses and I’m sure it’s true about the
other services, as well—but when you talk about these young Navy nurses today, they
talk about their Marines. My Marines. See, they so closely identify with them as their
patients. They don’t see them as somebody out there that they have no relationship to.
They’re theirs and that’s the way it has to be. I don’t know if I’m making any sense to
you or not.
LC: Well, the tightness translates into a sense of responsibility and duty.

FB: It’s a sense of responsibility. I never regretted one day that I ever spent in the military. And there were hard days but that doesn’t mean that it wasn’t worth it. You’re working with some of the best people in the world. The troops have such a loyalty to one another. It breaks—I think I mentioned this before—it absolutely breaks your heart when the Marines come in as patients and they say to you, “Take care of my buddy first.” It breaks your heart. There’s a kid who’s losing a leg and he’s telling you to take care of his buddy. This is going on today. It’s the same thing.

LC: Yes, I’m sure.

FB: It isn’t just the Marines. I think it’s other groups, too. You know, I love the Navy. I enjoyed every single minute I was in. There were hard times. I’m not going to say that they’re not. But I love the people and the camaraderie and we have a sisterhood that I don’t think anybody else has got. You know you could call up a Navy nurse today and tell her you needed some help and she’d be there for you and you’re not a Navy nurse. She’d be there for you. It’s just the way they are. It’s a wonderful society to have been brought up in. There’s somebody there for you all the time and you just don’t—I’m not saying everybody should go into it. It’s not for everybody and you can’t think about the politics lots of times. I mean, you’re told to do things. You can’t worry about the politicians. It’s a lifelong experience. It never ends.

LC: You know, you mentioned that as you were being trained and coming up through the ranks that you had important mentors, at least two of whom we’ve talked about in some detail, who had these harrowing experiences lasting for years during World War II. That was a particular time and place and those people, those women, had great influence with you and no doubt with other people they interacted with. But I wonder, Fran, whether you see yourself, now or when you were on active duty and when you were a captain and then when you were promoted to admiral, did you see yourself as a mentor?

FB: I didn’t see myself as a mentor but I saw myself—actually, as I’ve told you I’m not the brightest star in the sky but I have street smarts.

LC: (laughs) Right.

FB: I felt obligated to pass that information on. I do that today, unfortunately, still.
LC: You can’t get out of anything, you know?

FB: It’s like one person said to me one time, “You’re a nice lady but you think you have to save everybody and some of us don’t want to be saved.” And that’s, you know, when you’re crossing—“We can help you. We can do this for you. You can do that.” Some of them don’t want it. But for those that do, it’s a step up. I don’t have, as I said, I do have street smarts and can say, “Okay, now if you do this, you can get this done.” There’s nothing wrong with that, but as far as being the brightest star in the sky, I’m not. But I do have street smarts.

LC: But do you think that other people saw you, even if you didn’t see yourself in this role, do you think—now, honestly, do you think that younger Navy nurses looked at Fran Shea and thought, “Wow. There’s who I need to be like. There’s who I need to follow. I need to figure out what she’s figured out?”

FB: Well, some did and some didn’t. Some hated my guts but that’s the reality. You know, if you didn’t perform and you were given chances to perform and you didn’t perform, then we had to get rid of you. We couldn’t afford to keep you around. You were a liability.

LC: Right. That’s the system.

FB: Did that happen very often? No. Most of them were really, really teachable. But I don’t think I ever thought about any of that stuff, really.

LC: Did you not?

FB: No. Because you were there to do a job. I know I’m very good at offering advice when it’s not necessarily wanted. I still do it. I do it here in this building. “Now, you have to do this if you want to get that.” Maybe they want to say to me, “You know, cool it.” But I can’t help it.

LC: I suspect it’s been more of a benefit than a bother. That would be my guess.

FB: Well, I don’t know. It’s hard to say. You have to be realistic about your own talents, if you have any. It’s like the other day—people tell me their problems all the time. I mean, people I don’t even know tell me their problems. I was saying, “I don’t know why that is,” to this woman. She said, “It’s your eyes.” I said, “What’s the matter with my eyes?” (Laughs) She said, “Your eyes, they just say, ‘Tell me your problems.’” (Laughs) I’ll have to wear dark glasses.
LC: That’s right. You’ll have to wear shades.

FB: It’s really—but the thing was, the other day when I was talking to this young kid and he’s a sailor and he goes to my church. He’s not a sailor, he’s an academy graduate and he’s having problems his wife just doesn’t understand about the fact that he has to go to sea. I just happened to meet him and it was just off the cuff and we were talking about this. He said—he told me what the problem was and he didn’t have time for me to give him any kind of a response. I just listened. He said, “Yeah, Father told me to come and talk to you.” I thought, “Things are pretty bad when the priest tells him to come and talk to me when he has a problem.” (laughs)

LC: Yeah, the priest is trying to shift part of the load, maybe to—

FB: No, he just doesn’t understand about the military.

LC: Yeah, and he probably has sense that you do.

FB: He’s young. He’s thirty-seven.

LC: I see. And he’s figured out that you and that you have a gift for people. I’m going to go out on a limb, having talked to you now, lo these many hours, and say that you have a gift with people. I think that’s what I would guess people identify with you on and they like to be around someone who has that kind of gift. Fran, to close, is there anything that I’ve failed to ask you? I know I’ve taken you over the rack here for several sessions but I wonder if there’s anything that I failed to ask you about your experience, your career, your service.

FB: I can’t think of anything. I really can’t. I’ll tell you what I’ve said right along that I’ve really loved it. I was fortunate. I would do it again. I’d go back tomorrow if they’d take me but they wouldn’t, you know. (laughs) Because I loved every minute of it. There were bad times. I’m not going to tell you that every day was wonderful. Even in Vietnam, there were bad times but we had good people and that’s one thing that I think people don’t understand. One of the problems this young man was having—he’s recently married and he was deploying the day after I saw him and his wife had gone on a cruise with her mother and grandmother. You don’t do that.

LC: Right before his deployment?

FB: Right before his deployment. You don’t do that. Later on, I was talking to the Father about it. I said, “Father, you don’t do that.” He didn’t understand that but I
didn’t expect him to understand it. Because lots of times people fight before they go on
deployments because—
LC: The pressure.
FB: Then coming back is not easy, either, and it’s just hard. I don’t know, I just
guess that maybe—I guess what I’m trying to say is that you try to pass on what help you
can. And that’s it, you just listen.
LC: Well, I think you’ve done a great job, both of listening and, more
importantly, of trying to relate your experiences during this oral history interview which
has now run to eight sessions, if you can believe it. I want to express my thanks to you,
both as a scholar and as someone who can learn from you.
FB: I hope you’re going to say, friend.
LC: And as a buddy, yeah, as a friend, for all the time you’ve invested in the Oral
History Project here. It’s been a terrific treat for me and a great honor. But mostly, it’s
been fun.
FB: Well, I think we had fun. We understand one another.