KV: Okay. Well, this is in San Antonio, Texas, at the Army Nurse Corps Association Convention. It’s May 29, 2004, and I’m Kara Vuic. I’m here with Betty Antilla. Is that how you say that? Antilla?

BA: Yes.

KV: We’re going to talk right now about your recruiting experience and how you recruited for the war. So you were in the Army Nurse Corps first, right? When did you join the Army Nurse Corps?

BA: Oh, yes. That was one of the assignments. That was one of my assignments.

KV: When did you join the Army Nurse Corps?

BA: I took my oath in August 1961.

KV: Were you in the Student Nurse Corps program?

BA: No. I got in as direct commission

KV: You were already done.

BA: I came in as a first lieutenant because I had graduated from a diploma school of nursing. I usually tell people that I could have been a Korean veteran if I had only had some nurse counselor recruiter come to our school, because I was intrigued with it because I had gotten the brochures from the Army, Navy, and Air Force at our little post office. But I was so broke, I didn’t realize, I didn’t know at that time that the military would pay my way out of Duluth. So then I usually say that ten years later, I joined the Nurse Corps after I had done a variety of nursing. I’d gone to Europe as a tourist. I end
up getting a job with the 97th General Hospital there as a civil service. So I ended up staying there for three years.

KV: Where was that?

BA: In Frank—97th General Hospital in Frankfurt, Germany.

KV: Okay.

BA: Because you know of course, you can. That was quite an active hospital at that time. So then I said, “Okay.” They hired nurses, civilian nurses over there. You had to be over there. Then you have a contract, civil servant contract. So I end up staying with them for almost three years, but I came home in summer of ’61, because I had to get on active duty and take my oath before my thirty-second birthday.

KV: Okay.

BA: So that’s. So I came here as a first lieutenant and they gave me credit for ten years of nursing experience from a diploma school. Now if I had had my degree, I could have come in as a captain. But that’s how some of that phased into nursing recruiting and that.

KV: That ten years went towards retirement?

BA: No. No. That’s civil service.

KV: Oh, towards your rank.

BA: No. Well, the ranking was a first lieutenant. I came in as a first lieutenant. Otherwise I probably would have, if I had less experience I would have come in as second lieutenant. But because I had the ten-year experience, I came in as first lieutenant.

KV: Okay. So you joined the corps in ’61? What was your first assignment?

BA: Well, it was in a small hospital down in south California near San—Los Angeles. So I came in with a medical-surgical MOS (military occupational specialty), military operative. That’s how I was identified. So I stayed there. Then I went to, I was on a volunteer indefinite position.

KV: What does that mean?

BA: So that meant that I wasn’t really regular Army in that I was kind of like in the Reserve status. But then when I agreed to—when I agreed to go to Korea, then what happens is you are more definite. Because of my age and so forth, I still remained in the
Reserves, active Reserve. I’ll just jump ahead a little bit. Then what happened when I was a colonel, there was window openings because I did sort of qualify. So I took my regular Army oath as a colonel. I was a full colonel. So that kind of explains.

KV: Then you were regular Army?

BA: Yes. But anyways, from that assignment to Korea, from to Korea I came here to Fort Sam Houston. I realized I’m going to make it a career. So I went and we had different RN (registered nurse) programs. We had a psychiatric nurse six months program to prepare Army nurses to work in psychiatry and kind of specialize. So that ended up being my specialty and it still is. Kind of I was a psychiatrics nurse. Then that was then like I said, I went to a career course. That’s one of the requirements as you advance. You had to go through an administration course. It kind of prepares you to be a head nurse. But then following that, I get-go with the psych program, which was six months long. So that’s how I got the MOS, yeah. So then from there I did the—I went through the school and then I was there as head nurse of a psychiatric unit, but then it was my turn. I needed to go and get my degree. So we had at that time, it was around for about ten years, University of Omaha, of Nebraska. They gave—they had six to eight month courses or fill in courses. Usually what people did, they tried to get a lot of the humanities, extra humanities to prepare to get a degree. You did that part-time like I went to school with California, the University of California down there. Then when I was in Denver, I was picking up English, you know things like. So then I’d prepared for this so I was able to and then we were given sixty credits for the diploma. So that took care of like that. So that’s how I got my baccalaureate degree from this University of Omaha. That’s at that time, this was what’s happening. In the Army Nurse Corps as taking a position to become an Army nurse and to prepare for it, you needed to have your baccalaureate degree. So that’s why many of us end up going through this, they call it bootstrap education because you did get your military pay, but then you had to, you bought your own books and things like that and paid your own rent and that sort. So I did get my baccalaureate. Then from there I went into recruiting then. My assignment was from school to recruiting command. The United States Recruiting Command is kind of divided like in five areas. So I was in the Chicago recruiting district area, but then I was assigned to Minneapolis. It’s called the recruiting main station. That’s where the nurse,
and I covered what I did then, I covered North Dakota, Minnesota, and western Wisconsin. That’s my home area. I was born in Bismarck and I grew up in northern Minnesota. So they tried to also with nurse counselor, sign into their, with their familiar area and so forth. So I spent two years. So at that time this was Vietnam. So I was recruiting for direct commissions and I can talk about that a little separately. That meant nurses are registered nurses and they could be in the diploma school at this point yet.

KV: What year is this that you started?

BA: This was in ’67 to ’69 that I was as a nurse counselor in Minneapolis.

KV: Okay.

BA: The programs that we had to get nurses for the military Army nurse corps. We had the direct commission and like I said, they could be a diploma graduate, BS (Bachelor of Science) or Masters. I was able to get—and I can talk about that in just a minute. Then the other big thing was we had the Army student nurse program that allowed—we recruited out of schools of nursing. A student got one to two years of assistance like with the baccalaureate, we helped pay for the junior and senior year. They were committed for three years to come in. So then we had the Army Institute of Nursing, and this was a program developed with the University of Maryland so that was a four-year—yeah, that was a four-year program where the student is permitted to stay the first two years in the college of their choice or university, but they had to matriculate with University of Maryland. So many of these schools you know, they were good Catholic schools and so forth. So the students who actually end up graduating from the WRAIN (Walter Reed Army Institute of Nursing), we called them WRAIN drops, you know that was the abbreviation. So that, as I was exposed, and then with the Minnesota State Nurses’ Association I had to work very closely, I was on one of their recruiting nurses, that sort of thing. They allowed me to wear my uniform to go to high schools and speak to the senior classes and so forth and emphasize this. So then also for the registered nurse, that could be who’s got a diploma, we offered them two year’s assistance to go to baccalaureate program or else to a master’s. So all those programs, you know going, so we had a busy time. So then what we dealt with you know, you were asking about what happened, I’m from the Midwest, and you heard the Chris twins talking because they had the hottest booth. We had a number of diploma schools, but we had a number of
colleges. So we kind of emphasized state colleges and so forth. Then of course like with these WRAIN programs, the four-year—when I had to deal, we’d deal with parents. We had father you know. There were fathers who really emphasized me because that’s a four-year scholarship. The student got the wages of a private first class and the tuition was paid for and their books were paid for and they got that salary. So those WRAIN students were rather wealthy students. So that wasn’t too bad. But most—sometimes with the other program the Army student nurse program their junior and senior year, and even the direct commissions, we had to deal with kind of the fathers from World War II who had convinced that they weren’t really exposed. Some of them weren’t exposed to military women, and what some of them would expose that non-nurse type of thing. Then of course with nurses they never really had met personally an Army nurse. They didn’t even know it. Although in the hospitals, but they just didn’t even want their daughters, this is the point I’m getting at. They were kind of resisting their daughters to join the military.

KV: Why didn’t they want them in the military? What did they think about?

BA: Well, the thing is, is you know even just now how you’re thinking even in these days, you know, “Come join the military,” is still—it’s an adventure to those who do it, but then there’s always kind of resist, “I don’t want to do what they’re doing.” You know, they think it’s very rigid and that sort of thing. I guess it’s the female approach. I think you probably read about that, you know, that they still, “Oh, not my daughter. I don’t want my daughter to go down there.” You know, that sort of thing.

KV: Did they think some—you know I’ve heard that you know, that the perception was that if you were a woman in the military, you were either a lesbian or you were kind of loose. Is that what the fathers thought would happened to them maybe?

BA: Yeah, some of them think so, some of them. I mean, not necessarily about lesbians, I think that came a little later. But mostly you know, that you’re camp followers, or something like that. But you know, then there were others who were really gung-ho, you know that you got to know. But that was kind of even some things in your general civilian populations, you know, and so forth.

KV: How would you convince a father that his daughter wasn’t going to—?
BA: Well, we’d just explain the program, you know. I said, “Well, you just haven’t met the right people.” I would expect that, what is his experience? Well, usually they hadn’t even been in a hospital. They weren’t injured or whatever, you know that sort of thing. But then of course, you know usually it’s up to the daughter to convince, you know, that. Generally they’d come around, there was some. Of course what end up dealing with recruiting at that time, there was a lot of competition between the Army, Air Force, and Navy. The Air Force was considered more glamorous. Navy tended to be less dangerous. The Army, we were down there with the troops, that sort of thing. Does that kind of explain what I meant about the attitude?

KV: Yeah. Yeah.

BA: Then of course the thing is when I—you know, remember the Vietnam era, I felt in the Midwest there was much more respect. I never felt threatened because it got so the recruiting command the people, the colleges, they weren’t allowing their counselors or recruiters to come into colleges, that sort of thing, because of this pro-Vietnam attitude and the Vietnam War. Where am I going with this?

KV: Some of the colleges said you couldn’t come?

BA: Yeah. Then recruiting said, “You don’t need to wear your uniform.” Well, I did. I felt like, you know, they just need to get accustomed. I think because I was a little older and because remember now, I’m like thirty-four or thirty-five and was a major. So maybe that makes it a little different or whatever. I felt very comfortable in this area because they knew I was born—I always made a point in saying that I was a Midwesterner. Like for instance in the Duluth area, now that’s where I got my diploma school. The three of us, that’s Army, Air Force—we did cooperate when we went to schools in nursing. I always got tickled when we went to Saint Luke’s because we were in this big room, a classroom, and the three of us were talking and I usually said my little spiel, I said, “That was my”—because my name started with A. “That was that same desk over there. That was my desk.” Of course, that kind of, well. So I did have schools—some of the students from my school of nurses joined. But it always was kind of a little bit adventure, but I never hesitated to wear my uniform and nobody insulted me, but when you were in California, there was a lot of that stuff going on, and other
parts, you know in different areas. Even in Detroit and so forth. But I think you know in those three states, I think people are much more positive in that sense.

KV: More sympathetic to the military in general?

BA: Yeah. Even with the war added to it, you know. That as a whole. Although it’s amazing how many people like my own relatives, you know all my military career, they always got confused. They didn’t really know what I was doing. They knew I was a nurse, you know that sort of thing. Unless they came to see me they didn’t realize how I lived. I was very independent you know, and so forth. In fact I had nephews and some cousins I’d just go round and round because they wouldn’t even think of going in the military during that Vietnam era. I used to really get very upset with them because I thought they’re just not being realistic. In fact, in relating I’m thinking one student who was from my school and I used her for recruiting. You know, she was on TV, local TV with me. She’d look sharp, very attractive gal and so forth. She was from near Grand Forks. She met her boyfriend and what happened when it’s ready for her commissioning, she declined to take her oath. So of course the thing is, “I can work in the VA (Veteran’s Affairs) hospitals, but nothing else.” Then the boyfriend would say, the fiancé would say, “Well, I’ve got a brother in Vietnam now. He was a salesman, a car salesman.” I said, “That’s besides the point. We need Army nurses. We need prepared Army nurses.” This is a direct commission, this girl I’m talking about, you know.

KV: So she would have been sent to Vietnam?

BA: Yeah. Yeah, uh-huh. She was interested in going, but then of course she ended up getting cold feet because of him and so forth. Then they thought there should be a way to get out of the contract. Well, at that time, there was no payback. The only thing is was just saying that she would—we didn’t have anything in concrete, but the thing is, is that it would be difficult for her. She said she’d go to the VA hospital, but they would—that’s part of the support for the military system. They’re going to want to know, why didn’t she—she went through this education program, why didn’t she come on active duty? So in a sense, it kind of stymied her. I don’t know what’s happened to her, but I was so disappointed that she was persuaded by her boyfriend not to come on. Does that kind of explain a little bit what you’re getting?
KV: Yeah. What kinds of things—somebody came into the recruiter’s office and said, “I’m kind of interested.” What kinds of things would you tell them or show them?

BA: Oh, yeah. Well, listen, we had very attractive brochures and so forth.

KV: Do you remember what they look like?

BA: Well, I—

KV: I have some here. I just want to you know—if maybe you have some of these that we could talk. Some of these start pretty early.

BA: Oh, yeah. Yeah. This is my era. This is one of the things. Yeah.

KV: The “Educational opportunities.”

BA: Oh, yeah.

KV: You had this girl on there, ‘65?

BA: Yeah. Uh-huh. Yeah, that’s it. Let’s me see. Yeah, some of these could have been—I think this is Army nurse.

KV: I think all of these are Army.

BA: I can’t remember that—I want to say its facts. This little brochure changed quite frequently. Yeah.

KV: “Facts About the US Army Nurse Corps.”

BA: Yeah. Okay, yeah.

KV: It’s kind of just basic information?

BA: Yeah. Those are the ones.

KV: This one’s kind of a recruiter’s guide. It’s got information about all the little programs.

BA: Oh, yes. Uh-huh. Yeah, this is for the local recruiter, for the enlisted.

KV: So that’s something you would have used?

BA: Yeah. Then of course, we needed to spell this out, but mostly it would be you know even for the nurses as well, as this really spelled out for the enlisted recruiters, the sergeants out there. We did have sergeant recruiters to help the nurse counselor in the recruiting. They would interview, but usually they’ll sit with the registered nurses. I usually wanted to do it myself. I didn’t want them to.

KV: Did you see this one? “A New Career”?

KV: With all the nurses’ hats on the front?

BA: Yeah. This was a popular one. You know they’re very colorful ones.

KV: Yeah. This one’s got, I remember reading this one, what a nurse wants, and she wants all these different things.

BA: Yeah. Oh yeah. Yes, that’s the sort of thing.

KV: A lot of times they talk a lot about the uniforms. You know, you can wear this pretty uniform.

BA: Oh, yeah.

KV: Was that something they were concerned about?

BA: You know maybe then, because it’s amazing once someone put that uniform on, they just felt a little extra special. They’re nice attractive uniforms, at the time they changed. Yeah. So the only thing, we really watch weight. Yeah, these are all familiar. These are the things that they used. And this one, yeah. How ever did you get these copies?

KV: I’ve gotten them through depository libraries, government kinds of things and through the Army Nurse Corps archives. Both.

BA: Oh, yeah. Yeah, both sides. Yeah.

KV: We’ve got one on financial aid.

BA: Yeah, that’s again, that’s in ’67. Yeah, this was one of the newer ones that came out.

KV: “What are you doing tomorrow?”

BA: Yeah. Uh-huh. Oh, yeah, both of these.

KV: It runs through some of the hospitals.

BA: Yeah.

KV: Did you know any—did the recruiting command at Fort, was it Fort Monroe? Did they send you this stuff?

BA: That’s—when I went into recruiting, the recruiting command was at Fort Sheridan in Chicago.

KV: Oh, okay.

BA: They moved from Fort Monroe and recruiting command took over. Before, it was still under Army Medical Services. So then, yeah, then it got—I’ve forgotten what
the process was, because that was a little before my time that it ended up changing, that
recruiting command took over the nurse recruiting.

KV: Okay. So the whole recruiting command for the entire United States was in
Fort Monroe?

BA: It was started there, but then it moved to Fort Sheridan.

KV: It moved to Fort Sheridan.

BA: It was there for years, and then about maybe ten years ago it moved to Fort
Kentucky—

KV: Fort Knox?

BA: Fort Knox.

KV: Okay. So all of—when you were in and recruiting, all of it came from Fort
Monroe.


KV: From Fort Sheridan. Fort Sheridan. Okay. They sent you these brochures
and said, “Here’s what you have to use.”

BA: Oh, yeah. We always had—then of course you see, because I was at the
main station, well, the public, the central place, our publications, you can see they’re
from different places. That’s where we would order them from New York or whoever
published these for us, you know. But we had, we had a little voice. Not when I was a
nurse counselor but when I was at headquarters, when I was chief of nurse recruiting. I
was able to kind of look at these brochures before they went out. You know, that sort of.
To give input.

KV: What years?

BA: That was ’75 to ’76.

KV: Okay. So when you were a recruiter, you just got these and you didn’t—
BA: Oh, yeah. Uh-huh. Yeah. Because you know, whoever was in chief nurse
recruiting would have some comment. You know, would have some input.

KV: Would have said, “Use these pictures”?

BA: Yeah. Although you know we used professional services that did PR (public
relations) stuff.
KV: So did you look at these things and say, “I like this one. This brochure is better than this other one,” or—

BA: Well, by then when I was at that counselor level, they were already published. You used whatever came out, you know. Then when they finally got at that level, then I was helping to change different things. But not too much, because you trusted the publicity people. They were all civilians. I mean, who did this stuff, printing and stuff like that.

KV: Yeah. I’ve got—let’s see—here’s another big one. “Your ward is the world. Army Nurse Corps.”

BA: Oh, yeah. Yeah.

KV: Do you remember this one?

BA: Yeah. This should be—yeah, this has all the hospitals. This was really good to use. It really helped. We used to give them rather, we had to be kind of conservative with this one a little bit because you know, it’s very colorful and so forth. But then you know that’s usually if we had extra we would give them to someone but usually in counseling I’d have them look at it and we talked about it. It does give you kind of an overview, because we had a lot of—we were located so many places. What’s happened is, it’s really been downsized. Like in Germany, how many I’ve forgotten, but I think we’re down to about four hospitals there now. Before there were thirteen, fourteen, that sort of thing when we were helping to build up Germany.

KV: Here’s another big one, “The Bright Adventure” of Army nursing.

BA: Yeah. I remember this is one that came in almost when I was about—

KV: In ’69.

BA: But these were models. Oh, no, these weren’t. But some of these were models.

KV: This girl on the front was a model?

BA: Yeah, some of them were models. But now when you see them like in the nursing journals and so forth, those are real people. Yeah. But mostly what I’m thinking about is like posing for those uniforms. Those are mostly models.

KV: Mostly models.

BA: Yeah.
KV: So did you find these things help—did you think that this was an accurate view of Army nursing?

BA: Oh, yeah.

KV: Or did it kind of make it a little more glamorous?

BA: No, a little glorified. Well, the thing is, I know people will say that we glorified this, but sometimes the fellows might. You know I’m talking about the recruiters and so forth. But well, we did. I mean, these are kind of realistic scenes to what they can expect. Then also we did—one of the recruiting interest was, we needed to tell them, which is true. You have all these assignments, different places that you will be assigned, or else you can request. We had with our procurement section out of the chief nurse’s office, we had a procurement. We’d give them three options. “Where would you like to be assigned?” Sometimes you got them and sometimes you didn’t. Or you got one of them. Or else you just lucked out you know, that sort of thing.

KV: Was it that—I’ve heard that if you were an RN or if you were in a four-year program, degree program, that you definitely got one of your top three choices, but if you were in the student nurse program from a diploma school it wasn’t guaranteed.

BA: Well, yeah, with the student programs, they still have an option, but when you come as a direct commission especially during that one period in Vietnam, we could call the office. So-and-so wants this assignment, because then they would get it. I usually had the individual standing sitting there with me and I said, “Let’s find out if it’s available.” Just let me interject just in case I forget it. I remember sitting in Bismarck, North Dakota, sitting in the recruiter’s office because I traveled, I’d drive you know from North Dakota. I’m sitting there answering phones. Here comes this gentleman. He comes in, good looking fella and he introduced himself. He was an instructor at Mary College there in Bismarck. You see what’s happening with the men, the draft was coming and getting closer and closer. So he came in and he had been teaching psych. He said, “What can the Army”—and he comes with this, in other words, I have my telephone and I look at him, “What can the Army do?” “You can come and sit down. I’ll tell you.” He was saying he was at Mary College. He knew that I was there for the students too, stuff like that. I said, “What is your clinical background?” He said, “Psych.” “Okay. I might—my background is psych nursing.” He said, “Okay.” He started to settle down,
because he had been to the Air Force and Navy, see. He was wondering—he had a wife and a couple kids. So I said, “What have you been thinking about?” Usually people are prepared when they come in, and they’ve heard some of this maybe from the regular recruiter and so forth. He said, “Well, I’m not really ready to go to Vietnam. Can I go to Japan?” Because Japan got a lot of casualties from Vietnam. I said, “Okay.” I called and yes, we needed a psych nurse there. So he heard me verbally say, and I’m looking at him, and said he can get a guaranteed assignment. That’s what happened. He got a guaranteed assignment.

KV: He kind of did that to avoid being sent to Vietnam?

BA: Well, no. The thing is, he’s willing to, but he wasn’t ready because he had a family, but we needed people. But I’ve had people, nurses that I’m talking about now, the RN nurse who’s come in for direct commission. They have asked to go to Vietnam.

KV: Did you have some say, “I definitely don’t want to go to Vietnam”?

BA: Yeah. Well, if they did, and so I said, “Well, it’s a possibility, but where would”—so usually that person got some stateside assignment. We also recruited like partners. Two nurses want to come together.

KV: The buddy system.

BA: Buddy system.

KV: Some of them talked about you joining up together and you got—so that was a definite thing, it wasn’t just a rumor?

BA: No, it happened. But then after that they might end up—they’d follow through to their first assignment and so forth. But then of course they’d realize then afterwards you have to be a little more flexible. They can’t all. I don’t know. Right now I don’t know. I’m sure there were some that were able to move from one assignment to another, but I think afterwards they’d get comfortable and they’d gotten used to the Army Nurse Corps and were at the military, Army hospitals and so forth. They kind of lost some of that whatever person attitude they had and stuff like that.

KV: Did you have a lot of student nurses or nurses in general come up and say, “I want to join because I want to go to Vietnam.”

BA: Yeah. That’s what I meant.

KV: So you’d have a lot of those?
BA: When they said there were—with a direct commission because that’s what
the emphasis was for from there. Then of course with the student program, many of them
kind of anticipate eventually, but some of them never was able to because the war ended
you know in ’75. You know and so forth. They didn’t do that, but some of the young
students after they’d been in one or two years, they did that similar. But that’s not—
during the Vietnam era, and usually what I used to talk about too was what was expected
in World War II and Korea. So sometimes I always felt real later at two years that these
young nurses who got to Vietnam, they didn’t even know the hazards and the problems,
you know of World War II. Because we had over—what was it—fifty-four thousand—
no, I’ve forgotten the numbers. It’s up there. Forty thousand Army nurses, because here
we had you know the war going on in Europe, then we had the south Pacific. So those
who were twenty-one, twenty-two, twenty-three year-old gals, they had to go. But I
don’t think what was going then, we didn’t have what we had to face with Vietnam
because of the general population you know said, “What are we doing there?” That anti-
Vietnam. That did influence some of the people.

KV: So did you have to answer that you have people come in and say—or did
you have to answer this antiwar sentiment? Was that a big problem for you
remembering?

BA: I didn’t really emphasize that. I just said that this is our need. I think one of
the things is, I’m kind of jumping ahead a little bit. I did speak out at the ANA, the
American Nurses Association Convention when I was a nurse counselor. That was a
convention. I think they meet every—yeah, it was in ’68. Yeah, ’68 was being held in
Dallas, Texas. The draft for nurses was up, one of the resolutions that was going to be
presented. Myself and there’s just three, four of us, were—we had our books, you know
our—we have our display. We have the mannequin with the uniforms and things like
that. So I attended a lot of delegates meetings and so forth. I tried to keep track because
it wasn’t just the Army there, it was Navy and Air Force. How many of those men that
we’re talking about, there usually at that time was five to six thousand nurses gathered at
the American Nurses’ Association Convention. They were held every two years. I
remember it was that particular session and you know it wasn’t just for delegates, it was
for who all came. They started to—they brought up the draft issue for nurses. I can’t
remember exactly what I said and so forth, but I asked people that were talking about it, and everyone was running to the microphone and talking. I’m in my uniform. Other microphones had sisters, you know from Catholic hospitals and other—and speaking, they said, “What are we going to do?” You know, “We need nurses too,” you know that sort of thing and so forth. What I approached when I was standing at the microphone then the president of ANA asked me to speak. He said, “We have a military nurse at the bar. We need to hear what she has to say.” So what I did essentially, I did tell them one thing that I was very concerned that this resolution was being presented. I said, “If you have not heard, you haven’t heard from the federal military services how things are with recruiting from headship, because that you know.” What I inspected that usually this is what’s done has been done, after that, oftentimes you had you military nurse corps chiefs or representative present the status of the military nurse corps. So here this convention, this is ’68. Nothing. So I kind of—I said I was very disappointed to find out. I said, “I wonder how many of you even went to the military nurse corps.” [Knocking] KV: Is that my door?

BA: Yeah. Okay. Now, Beverly [Greenlee-Davis], our president or former president Greenlee, has space at her table. So come to dinner tonight.

KV: Okay. So when we finish the interview later, we’re going to talk more about the ANA conventions and the resolution about drafting.

BA: Maybe even after the dinner we could finish.

KV: Okay. All right, so we’ll end this for now.
Interview with Betty Antilla
Session 2 of 2
Date: September 22, 2004

Kara Vuic: Okay. This is September 22, 2004, and we’re continuing an interview with Betty Antilla. This time I am in Columbus, Ohio, calling her in Gaithersburg, Maryland. So we’re finishing this up, and it’s going to be a little out of order just because we talked about recruitment earlier, but maybe if we could back up and start with your childhood. You were born in 1929 in Bismarck, North Dakota?

Betty Antilla: Yes. Uh-huh.

KV: How long did you live in North Dakota?

BA: Yeah, I always tell people I grew up in a Finnish colony because a lot of Finlanders were my parents, grandparents. My grandparents on both sides came from Finland. So we lived in this little colony, I keep calling it. So anyways, I was there, I lived in North Dakota until I was like, in the fifth grade, but then see my mother died. So then what happened, my father took the five of us and drove us and left us, so we lived with his mother, Grandma. But anyways, I think I can date back my interest in nursing, because I can remember going to the hospital to see my mother. At that time I didn’t realize she was dying, but I know that I was kind of impressed with the nurses there and so forth, you know. Then apparently then, I had it imprinted in my mind that I was going to be a nurse. So anyways. So then I had my adolescence and my high school there up in northern Minnesota, and I did work as nurses’ aide, but then I didn’t have the money to go to school right away. So I worked as the nurses’ aide down in Minnesota, down in Saint Mary’s Hospital in Rochester, which is involved with the Mayo clinic. So it happened I met this couple and I was taking care of the woman. So she wanted me to go down to Texas with her. So that’s my first exposure was to go to Texas. I lived on a ranch and took care of, helped her with her housework and things like that. I was going to go to school there, but she said, “Oh, no. You better go back up to Minnesota and go to school for nursing.” So that’s what I did. So I started my—when I got enrolled at Saint Luke’s School of Nursing in Duluth, Minnesota, and so that was in okay—’47 to ’48—yeah, that was in ’48. I graduated high school in ’47. I was down there, and then I came back up again. Yeah, it was in 1948. So in fact I was like a whole year older than
some of my classmates because they just graduated in '48, but anyways. So I did. I enjoyed school and in 1951 we were ready to graduate. I was at that time—that was the Korean War. I remember that we got those brochures from the Army, Navy, and Air Force, but I didn’t realize. I was intrigued, but I didn’t realize that the military would pay my way out, out of there. So that was my first interest in the military nursing. Then for the next ten years actually, I did different types of nursing. I did teach a little bit at Saint Luke’s, but I went down to Minneapolis and I worked at the hospital there. That was my intent was to get my degree in nursing. Then from there I ended up going to Chicago to work with a child welfare agency. They needed a clinic nurse. So that was my—I’d call that that was my missionary time. So then I was there for about three years and then I decided, I’ve got to go back and get my school, get my degree in nursing, but then I said, well, I have to have one last fling. So I got myself to Europe. A friend of mine had been teaching in the schools, at the military schools. The elementary schools there you know for their dependents. So I got a job at 97th General Hospital with civil service. So here I was exposed to the Army Nurse Corps. I said, “Oh, I’m going to join the Army Nurse Corps.” But I ended up staying there a couple years, that’s two years, because I found out that I would get my expenses paid back paid to come back to stateside, and then I stayed an extra year to get my little Volkswagen. So I finally got myself home to Washington, DC, to the big German office, office of the Army Nurse Corps and the Surgeon General’s office, finished processing my paper. Then you see I was thirty-one, and I knew I had to get picked at my oath before my thirty-second birthday, because that was the restriction then. You had to. So I end up processing my papers and so forth. I was commissioned. Then that fall I went in 1961, that fall I went to the basic orientation course there at Fort Sam Houston. I came on active duty then in August 1961. So that’s how I got involved with the Army Nurse Corps. I never regretted it. You know of course fortunately, I liked what it offered professionally and then of course these different assignments. Then I realized too, that I could get some educational help. So that’s what I did. I went into the psychiatric nursing, nursing specialty more or less then as the diploma, the Army Nurse Corps has a training program for psychiatric nurses. So that’s how my MOS, my military occupational specialty was the psychiatric nursing. So then, I had that because mostly I was concerned that with my aging, I don’t think I could
continue in medical-surgical nursing and all that sort of stuff. Anyways, so then I knew that I had to get my degree, because it’s a career. So I was selected to go to University of Omaha. It wasn’t nationally league accredited, but then this is like what they called bootstrap. So I was able to get bachelors of science degree then. Then I went into my next assignment. That’s how I got involved with recruiting. You know in ’67 to ’69, I was in Minneapolis. That’s where naturally in the Vietnam era that I was doing that, recruiting and we talked about that a little bit. So I enjoyed doing that. It was rather challenging and so forth. Then I was transferred from Minneapolis down to the West Coast to San Francisco for the district. I kind of monitored what was going there. Then I got sent to Vietnam. So that’s how I got to Vietnam. I was there from fall of ’71, ’70 to ’71. Then when I came back I had processed my Master’s program there. I applied to Texas Women’s University for my Master’s in psychiatric mental health nursing. So that’s where I—when I was in Vietnam, I did go there with my clinical psychiatric specialty, but then I—we weren’t that busy oftentimes, so I really wanted to help out on the main at 95th Evac with general nursing. I end up being the supervisor. I’m there as a major now. So I get the supervising job and then I was assistant chief nurse for the last several months. Then I came home. But—

KV: So all of this nursing kind of interest started really early when you were little and you said your mother was in the hospital?

BA: Oh, yeah.

KV: How old were you then, when your mom was sick?

BA: Well, let me see now. When my mother died, I was in the fifth grade, I always forget how old I was. I guess I was like, twelve, thirteen. But you know. Then so when I went to my high school, at high school I did take the science courses and so forth. I prepared for that. Of course I know with the counselors, they were talking about nursing school. I know I wasn’t the greatest student. I remember this one instructor. He thought I should go to the licensed practical school. I said, “Well, no.” He said, “Well, your grades aren’t that hot.” But anyways, I ended up being selected, so I was still kind of proud of that. I did tell him, when I graduated I did go to him. I said, “See, I did get my (inaudible) nurse.”
KV: What kinds of things did you do when you were a nurse’s aide, before you went to nursing school?

BA: Oh, yeah. It was between my junior and senior year. I went to a local hospital and we had training, how to make beds and all that sort of thing. Then I worked on the OB (obstetrics) ward. So it was just amazing to be there. I remember when I reported onto the ward with another girl, the head nurse, they were getting morning report like in the OB, in the delivery room the patient had delivered. They were just cleaning and they could see all that blood. I walked out because I thought I was going to faint. I could remember her saying, “Oh, I wish they wouldn’t send these young kids around to work like this.” But then of course, I heard her say that, and I was just going to—but apparently, I did real well because one time at night I was a nurse’s aide with the one nurse. She was sick. She didn’t turn it down. So anyway they had a supervisor. This was a Catholic hospital, this young—she said, “Well, if you need anybody, if any patients come in, you call me right away.” So here I am, I’m like seventeen, sixteen. No, sixteen years old. I’m on this OB ward. I remember there’s just two patients who were there. I think I would go and massage her uterus. I think I kept her awake all night because I wanted to be sure she wasn’t bleeding. I was so relieved that everything went okay and no patients came in that night. Then to this day I think about it, and I said, “My gosh.” I guess they expected a little bit more. So young kids do that, but anyway. So anyways, I just didn’t waiver because I knew that. So that’s how I didn’t mind going down to Texas, because I was able to save some money. Then I wanted to stay there, but they said, “No. You go back home.”

KV: What did you do in Texas with this woman?

BA: Well, I took—I went with this patient who had been at the hospital, Saint Mary’s. She wanted me to come down and help her. They paid my way and a friend of mine to go. So I stayed on the ranch. Because she was recuperating from her hysterectomy. Supposedly from what I remember, she was the first at Saint Mary’s Hospital there in Rochester, she was the first patient that they had the vaginal hysterectomy done. That was a new procedure. So anyways, what I did in the house, I was like a housekeep—you know, I’d help with her keep the house and help her do the dishes and things like that. They lived on this ranch, and anyways, I stayed—I lived in
the house with a cook for the ranch. She was a very nice, sweet lady who was a cook for
the cowboys on the ranch. So that was quite an experience. Here I am in this ranch,
living, and you know I was like seventeen, but anyways.

KV: Now was that really your first time away from home?

BA: Yeah. Because actually, yeah, to go that way yes. I know my aunt, she said,
she thought I was really crazy and she said, “You can’t do that.” So that’s why I told
Mrs. Wallace I couldn’t. My aunt stopped me because I hadn’t been away. She said,
“Well, would you like to take a girlfriend along?” So I had gotten acquainted with an
older gal who had come to nurse’s aide, Martha, so they paid her way, brought us down
to Texas. They found her a job at Sears bookkeeping. Then I went and lived on the
ranch. But I guess the thing is, I found adventure and I think that’s what people would
tell me, that I was really adventuresome. It seems like I had a lot of courage to do these
things. But anyways. I was real pleased that I graduated from Saint Luke’s School of
Nursing.

KV: That was a diploma program at the time?

BA: Yeah. In 1951. Then of course then, there was a movement that we needed
to get into a baccalaureate program, you know nurses and that. I know I was teaching a
little bit what they call nursing arts for the nursing students. That’s how I ended up going
from that hospital then down to Minneapolis because I was taking some classes at the
University of Minnesota. But I got kind of impatient and I felt like I needed to do
something a little different. That’s when I told you how I went to Chicago to work with
this Lutheran Child Welfare Association. I was their clinic nurse and I would do
different things and so forth. Then I got anxious. I said, “I got to get through my
degree.” But then I needed one last fling, that’s what I tell people. So I went to Europe
and ended up working at the Army hospital. I was processed and my application then at
97th General Hospital in Frankfurt for three years.

KV: So it seems like you liked to travel a lot.

BA: Oh, yes. Yeah.

KV: Was this little town that you lived in, or this town that you lived in, was it
like a small town? Was it—?

BA: Where? At home?
KV: Yeah, at home.

BA: Oh, yeah. Well, actually, we lived out in the country. Then it was up in northern Minnesota; they called it the Mesabi Range. During the war, they had all these mining, iron, ore and so forth. But anyways, we had night school systems. We had buses that brought us to school. I graduated from Greenway High School. That school had, it all had swimming pools. The junior highs had swimming pools because the mining people, you know the mining company provided for all these schools. We didn’t have to buy books or paper or anything. We were provided paper and books and pencils. I’ll never forget that. Now up there, people have to buy it themselves. So yeah. I thought we had a nice basic elementary school system and then high school.

KV: Did you just kind of—I mean, did you want to get out of that town? Was that kind of part of it?

BA: Well, yeah, because I wanted to be a nurse. So I didn’t—I knew I had to leave there. I wanted because you—they didn’t have any nursing schools up there. So that’s how. But I was able to—I realized that I didn’t have really the money, but then that’s why also with the diploma school offered if you only paid for the tuition, you got your uniforms, your food, your housing, and all that. I used to, during the school there, I used to kind of—we had a little library and I used to work in their library to get some spending money, fifty cents to work in our school library, the nursing school library. Then on weekends, on Sundays, I would go—I went to—there was a Unitarian church next to it. They had a nursery. So I used to go there and baby-sit with the babies. I got my other fifty cents. So when I was going to school, you can see I was really broke. When I graduated in ’51, I was intrigued with those brochures for the Army, Air Force, and Navy. I said, “Oh, that’s—I want to do that.” But then you know, we didn’t have all the nurse recruiters or nurse counselors around. Again I was broke. So I didn’t—but it’s amazing when life—I don’t regret those ten years that I wasn’t in the Army, but I think I was supposed to kind of do all that stuff that I told you about. In the meantime you know, picking up this. But I know how, I just—when I started working at 97th, I said I know, I was just there only about a month or two. I said, “I’m going to join the Nurse Corps.” I told everybody that I wanted to still tour a little bit, so that’s why the first year. I found out that first year if I stayed two years, I would have my passageway back home
given to me. So I said, “Well, that’s okay.” So that gave me a little bit more time to travel.

KV: Where did you go?

BA: Huh?

KV: Where did you go?

BA: Well, I traveled into—we went, my friend and I, we took a bus tour. We got into—I’ve been to Russia and Moscow. That’s when they were having that Powers trial. Trial of Powers, they were kind of concerned anyways. But also then of course, being in Frankfurt, you know in the continent, it wasn’t very far, really to go and spend a weekend like in Paris and go down to Italy and all that. Then I did go to England, England, but I didn’t go to Ireland. But then I did go and spend twenty-one days in Finland. That’s my, you know. I have some distant relatives there. I really enjoyed that and I was able to get by with my childhood Finn. You remember, I was telling you how I grew up in a Finnish colony. So I spoke Finn before I even went to grade school, you know. I mean, I didn’t even speak English until I started going to the country schools.

KV: Oh, wow.

BA: Yeah. But then I was able to use my childhood Finn when I was visiting in Finland. Although, Helsinki is a very cosmopolitan city and so forth. I always tell the people about going into this Stockholm, it was a big department store. I wanted to buy some souvenirs like some table cloths and things like that. I was talking Finn to the clerk. She said, “Look, I speak much better English than you talk Finn, so we’ll converse.” I thought she was kind of arrogant, but anyways.

KV: (Laughing) Did you like being away from home?

BA: Oh, yeah.

KV: All that time? Was it fun?

BA: Oh, yes. Well, the thing is my mother had died. Then of course Grandma was there. How you kind of, what happens, you just do. I just got quite independent. I do keep contact with the family then and I still do now. I do visit.

KV: So you were at Frankfurt for three years total?

BA: Yeah. I ended up being there almost three years.

KV: Did you ever come back to the States during that time?
BA: No, because we’re busy working and then busy going places, traveling.

KV: Wow. That sounds like a lot of fun.

BA: Then with—I met another nurse, Connie was a good friend of mine, Connie Jacobson. She was from southern Minnesota and she had went also to a diploma school. She had stayed working at that hospital. Then after her mother, she nursed her mother. Her mother had died. So her brother was assigned, was a West Point graduate, was assigned to Germany. So she stayed because all her siblings said, “Now you go and have a vacation in Germany.” Then the brother’s wife said, “They hire civilian nurses at 97th.” So she brought her. The department nursing, they almost hired her right away because she was OB. OB and GYN (gynecology), you know that’s what you’re always—and in no time she got the job. So then she and I got to be friends, real good friends. She’s the one that traveled with me to Russia and then we also went like up to Denmark and different things and so forth. So then I came home. I came home in ’61, and then she came home in ’62 and joined the Army Nurse Corps. She did the same, more or less same. So then she made it—she worked. She was on active duty for a while, and then she got married, but then she stayed in the Reserves. So she also ended up getting her thirty years in and a colonel. She retired a colonel too.

KV: Wow. You said in your questionnaire that you had three brothers who were in the military? Two in the Air Force and one in the Army?

BA: Yeah. Well, there were siblings there. I had three brothers and I had my one sister. Yeah, so my oldest brother, he was in the Navy and then he switched to the Air Force. My young brother Willard, he graduated from high school in 1951 that was the Korean War. So he joined the Air Force. So he was in during the Korean War. Then my younger brother had been in the Navy for a little bit, no, the Army for a little bit and then he had gotten out.

KV: So what did they think when you joined the Army?

BA: Oh, no. No. They didn’t really think anything about that too much, although I had uncles who were World War II veterans. One of them, named Oscar, Uncle Oscar, he was really proud. He used to tease me, you know. Then he was—as I was getting rank, he said, “Well, okay. Now you got to colonel, when are you going to be a general?” That sort of thing, you know. Yeah, there was no. In fact, all my families
what has happened is a lot of my cousins, younger cousins and so forth, they didn’t even

go into the military. I’m just only one in that group of family up there that went into the

military. Nurse Corps, you know.

KV: Did you ever think about before you joined the Army Nurse Corps or even

after, did you think you know, Maybe I want to do the stereotypical—you know, be June

Cleaver and—

BA: And what?

KV: Be June Cleaver and have a husband and 2.5 kids and a dog and bake

cookies?

BA: Oh, no. No. I had—you know now, you get plenty—I hadn’t really wanted
to get married, but either things didn’t work out or whatever you know. So pretty soon
time goes by and you’re busy doing your own thing and so forth. Now, it’s not—people
think it isn’t too late yet. I said, “Yeah, at seventy-five? What are you talking about?” I
have thought a lot of my friends’ husbands, they’re good friends of mine. They always
kind of—sometimes I think they’re kind of protective at the same time sometimes, but
they’re always kind of curious what I’m doing. Yeah. Some of them had been in the
military. I’m talking about friends’ husbands.

KV: So, let’s see, in the fall of ’61 then you went to Fort Sam Houston for your

basic training?

BA: Yeah, my basic.

KV: What was that like?

BA: Oh. Well, of course see, fortunately for me, being that I had worked as a
civil service nurse in Frankfurt in the Army hospital, I didn’t have the adjustment like
some of the others who were first coming in, you know from their—because they came in
from the educational programs. They hadn’t been exposed. I felt like an old—I didn’t
have any trouble, really, adjusting to it.

KV: You kind of already knew all the ranks and the salutes. What other kinds of
things did you do at basic training?

BA: Well, of course—well, there’s formal classes I think you realize that. Then
of course Bullis, Camp Bullis, that’s where we’d go for some field training and guns.
We’d just learn to shoot a gun. But you know, it just seemed like it’s—I never took—I
was kind of always interested in everything. So I didn’t have any resistance to anything. I guess I’m really kind of, I’ve been always sort of a recruiter at heart. I did four years with recruiting command.

KV: Was that—that was your first assignment?
BA: Pardon?

KV: That was your first assignment?
BA: No. My first assignment was at a small hospital, Fort MacArthur, south of Los Angeles. It was a small hospital. I was there for almost two years. Then I got assignment to Korea, just a twelve-month tour. So then when I came home from Korea, I end up going to the Army career course for head nurses. That was six months. Then from there, I was assigned to go—I went through a six-month psychiatric nursing course that the Army has to prepare nurses for psych. Then before you know it, then—[audio ends]. Seven, early ’67. I had picked up classes—I had picked up humanity courses and so forth. So I enrolled in the University of Omaha in Nebraska and I was able to get my Bachelor of Science degree. So that’s, that’s—

KV: Okay. So you had a lot of different assignments and different classes and things. What was Korea like when you got there?

BA: Well, then of course, see that was in—let’s see. I went—I was at (inaudible) ’63 to ’64. We lived in Quonset huts. Of course I was—I had my medical med-surg MOS. That’s what I was doing then. It was—we had a good time. Because remember that was, there was no war going on. So we were getting acquainted with the Korean group. I remember going to different things like to their ski area, which was hardly nothing. We stayed in kind of little huts with sleeping bags, but now I hear it, they have quite a ski area north of Seoul. Then a lot of things that—we used to have restrictions. We had to be, at twelve o’clock we couldn’t be on the streets or anything. That was some curfews that they had at that time, but that time went fast. It was, we were—we didn’t really work that hard, you know, but time escaped. I did go to Japan for vacation with a friend of mine, some friends. Then you see those were short tours then. But then of course then later on, of course I was in Vietnam then from ’70 to ’71 then. So that was rather traumatic. I don’t regret doing that.
KV: So you went from Korea to the career course and then got your BSN (Bachelor of Science in Nursing)? Then was it after that you said you got your psychiatric MOS?

BA: Well, yeah. From the career course, I was enrolled in a six month psychiatric course for the Army Nurse Corps. That was at Fitzsimmons Hospital in Denver, Colorado. So that was my clinical MOS, but then when I got through with my—then from Fitzsimmons I went and got my BS you know. Then I went to recruiting for three years, three years up in Minneapolis and then a year on the west coast.

KV: Did you request the recruiting assignment, or did they—

BA: Oh, yeah. No, but you know they were looking for recruiters. So yeah, they knew I’d tell them. I said, “Oh, yeah, I would like that.” So that’s how I ended up. That was. I enjoyed those years. We worked on—which was long hours, but it was very motivating and stuff.

KV: You’d talked before about that you said you had some problems with some, you’d have a nurse who was interested. Then her father would have problems with it, or—

BA: Yeah, Vietnam recruiting in Minneapolis. Yeah, it—see, we had different programs going on. We had also I was recruiting from high school for the Walter Reed Army Institute of Nursing, that was that four year program that became WRAIN. That’s where when different times, I would run into fathers. They didn’t want—you know, but still they wanted her to have—that was education. That was like a West Point for the Army Nurse Corps. You know, everything was—tuition paid for. Then they got private first class monthly pay, and that sort of thing. Yeah. Then of course you see also what happened with Vietnam too, people were afraid that like with recruiting and so forth, that the military was taking all the nurses. See I did that recruiting in Minneapolis. I covered North Dakota, Minnesota, and western Wisconsin. I remember going to the American Nurses Association Convention in Dallas. There was a resolution that they were going to be voting on at the general assembly. So I attended that. I was attending that, but then what concerned me was we had—all the three services, we had our recruiting booth. We had a display of uniforms and those brochures. We’re looking for students. So then when this—my concern was, when this resolution was being presented had to do with
being for nurses—I lost the word now. What do I want? You know, like when men
sometimes—what’s the word I want to use? Isn’t that funny how I just—when they also
get men, what do you say? Oh, gosh. But anyways, they were drafting. Okay.

KV: Okay. I was trying to think of what you were talking about, but I couldn’t
figure out what it was.

BA: So then this resolution to draft nurses they needed for the military.

Anyways, so during this delegate meeting, they had all these people getting up and saying
their rationale was, “Well, why do we have—we are short ourselves in the hospitals,” and
so forth. They were against the idea of recruiting nurses. Of course you see the thing is
is, my concern was, and then I end up speaking to the group, is that, “Why didn’t they
have military nurses or the federal nurses explain what the situation was for the
attendees.” Then I told them that no one has really come too much to ask if we are
having trouble recruiting nurses for Vietnam. I said, “That’s my job.” It concerns me
that as a profession, people aren’t concerned who’s going to be taking care of our soldiers
and so forth. That’s the thing. Then I said that I’m speaking for myself right now
because you see, I am in recruiting, and then when I have all these objections maybe
could be from family members, or else there is this attitude of Vietnam. Remember, that
was going on. That we shouldn’t be out there and people were being very rude to
military people. Anyways what happened, President Elliot was her name, she saw me
standing at the microphone and so forth. She’s the one that interrupted—then that’s how
I was telling her. I said, “I’ve been here, and I—nobody’s asked us at the desk at our
display if we’re having trouble.” I said, “Yes we are having trouble getting nurses,
prepared nurses. We had the education program for the students and so forth.” Then I
had, even registered nurses saying, “Well, why don’t you go? I can work at the VA
hospitals and so forth, and you can get someone else,” or else a boyfriend. I remember
this one boyfriend. They were seeing me with this gal, and he said, “Look, my brother’s
in Vietnam. Now, that’s enough in our family. I want to—this is my future wife. I want
her to stay here. Maybe she can work the VA.” I kind of looked at him because you
know, I said, “How come you’re not?” I said, “Haven’t you been in the Reserves?
Aren’t you in the Reserves?” and so forth. “Oh, no. No. I’ve got a brother. Remember?
My brother’s in Vietnam. We don’t need the two of us there.” That sort of kind of
attitude. I remember how I was just kind of upset with him. But anyways, I had no
problem like in many areas, people would be rude to military people that they advise that
like even with recruiters to wear civilian clothes when they went to college and so forth.
I just rebelled on that. I would go in my uniform and travelled with it. Nobody was
abusive to me. That sort of thing. But that was in the Midwest, but I know that in the
east coast and different places in California that nurses say that people spit on them, men,
people who were objecting to the Vietnam War. So that was kind different. I don’t know
who. If you talk to some other nurses, you heard them say that. Then coming back from
Vietnam, I didn’t have, again, I just—I guess I don’t, the people I associated with they
didn’t ask too many questions or they didn’t know what to ask, but people weren’t rude
to me. Maybe because I was a little bit also older too. I was in my middle thirties.

KV: What other kinds of problems did you have with recruiting?

BA: Well, we were allowed, nursing schools allowed nurses to come in because
both the Air Force and Army and Navy, we would go to nursing schools and then we
would present. They allowed that. So I didn’t run into that.

KV: What would you tell the students when you went to their school?

BA: Oh, yeah. Well, the thing is, what to kind of expect, we did always bring
little brochures and in some cases we had a film that we would show, but we all each
took a turn. Then we kind of did a—I remember I got with the three gals, the Navy and
Air Force. We had good times, the three of us when we went to places, and I think that
made a difference too, when we presented. Because when we presented at my school of
nursing, Saint Luke’s, and we were in this classroom. The classroom hadn’t changed
since I was there. I made a point of saying that and I said, “That’s my seat,” because
everyone was alphabetically and my name starts A. I said, “That’s my desk. That was
my desk.” I wanted to see if there was any marks on it, like people do that. But
anyways. All the things you want to expect and what we do. Then of course the Air
Force, they kind of pushed flying and stuff like that, but then that was always a small
minority, numbers that would go into, get into the airplanes and so forth, that they signed.
So they had to do. But then of course we did all like, we all had these education
programs to offer also to student nurses as well as then they were aware that on active
duty, you were able to as a career. So in a sense—then we all would kind of talk about
there is an advantage. You have different places you can go, different where you are located, you know. But then oftentimes I would say, “If things don’t seem to be working, like you don’t like something that you’re assigned with, always keep in mind that after two years you’ll be transferred anyway.” Try to keep a little humor in that.

KV: What would you have said if someone in the audience asked you why you should join the Army instead of the Air Force or the Navy?

BA: Sometimes that—I didn’t have too many of that. But I guess there was always all this, there was this kind of competition between the three of us. Of course I was older, and then the Air Force, and then yeah, the Navy gal was kind of in between. But somehow, we didn’t antagonize each other. We just kind of—you know we were very comrade, kind of cooperate with each other. But we just offered different little things. They each had to—of course you see, Navy always had the boats and things like that, but I think the thing is, is sometimes people used to think the Army Nurse Corps—we were the workhorses. Well, then I think they talked about the travel and stuff like that. They’d, “Is that true?” They think that then wasn’t always that possible and so forth.

KV: What other kinds of questions would they have, or what were the most common questions you would get?

BA: You know what, I’m trying to think. I think we talked about them. I think it had to do with assignments, how one gets assignments. Then we do have, we called it the dream sheet. Then we would laugh like, “Your dream sheet, if you put one, two, or three choices.” Sometimes, wherever the need was, you might not get that. That—but then of course also, the other answer is that you don’t start all over. In your assignment, you’ve been oriented to the Army way of doing things in the hospitals and so forth. Then you just don’t have to, when you go to another assignment, it isn’t anything new. You’ve done that. That sort of thing. So that. I always felt like that was always a comfort that you didn’t have to start new forms and get used to new forms and so forth like when young nurses used to move from one place, I know that you had to get used to what the policies and the nursing forms and all that stuff that. Yeah. Am I answering what you want?
KV: Yeah. You are. Yeah. I’m just trying to think of different things to ask, because I’m trying to ask kind of broad things.

BA: I always felt like I was the older one of those, the three of us. I lost—you always kind of keep in contact because they also would stay like two years in assignments with this recruiting.

KV: Where were you most successful in recruiting? Were there specific schools or different areas or parts of the country that you seemed to get more people signed up from than others?

BA: Yeah. I think—well, the thing is, is, because I covered those states, the Midwest I call it. Then there’s others who were a little further. But I think you know the thing is, is a big block of nurses actually came from up northeast. In Pennsylvania they had all these diploma schools and so forth and then down in North Carolina, where there’s military posts. So we were a little bit, you know in the Midwest. In Minot, North Dakota, they had the Air Force, and they were also in Grand Forks, North Dakota. Otherwise, the Navy or Army, we didn’t have anybody, any posts or anything in those states and so forth. But like with recruiting, you had objectives. You had quotas that you have to make with how many student nurses and RNs. Then of course with the WRAIN program, we had all these three programs to work with. Direct commissions, they were hard to get. But in—I know I always got a high objective for the students. It was fun working with them, but you know people needed money. Then of course the WRAIN program was the four-year program. So mothers especially realized you know looking that everything’s paid for, the tuition, so that always count. I didn’t have any—sometimes with the RNs, I remember I almost had a hundred percent. I’ll never forget this one gal. She had been a sister—oh, yeah. At that time we had another program that was offered, like a warrant officer. That would be like a two-year program. They were warrant officers. The Army Nurse Corps tried that for a little while, for a couple years. I always felt so badly. This one gal wanted to come in and she had been with a Catholic order, a sister. She had a two-year program. I processed. I remember I processed all that so well. She was so excited. Then I found, when I sent the application I found out they were discontinuing that warrant officer program and they weren’t going to take any more. I said, “Why couldn’t they take her?” Because she was like thirty-one, thirty-two, and
she had become an experienced nurse, you know for those two-year program. I felt so badly for her, and for myself. She wasn’t accepted and she was turned down, but otherwise I would have gotten a hundred percent, see. For the quotas we were given, we were expected to achieve and so forth.

KV: Was this during—was it the Operation Nightingale program, or was this?

BA: Yeah. Okay with that too, yeah.

KV: Was this the same—is this where you got your quotas? Were they for that program?

BA: No. No. That was—yeah, the Nightingale, that was a good way of advertising and so forth. But those—the Nightingale was mostly like in the color ad area and different places. Yeah, because we didn’t really get involved with that because there were different nurses who were assigned with that Florence Nightingale thing.

KV: Oh, okay.

BA: We were doing okay in my area, so they didn’t need to come.

KV: Okay.

BA: I was the Nightingale.

KV: Okay. Did you ever have to go on TV or the radio?

BA: Yeah.

KV: Do anything like that?

BA: Yeah. Oh, yeah. That was one of the big with PR, I got comfortable. I end up doing—having birthday kind of parties down in Duluth and then down in Minneapolis to advertise. Then I got so I was very comfortable speaking on TV. Then the other big thing is, one time we were in Bismarck, North Dakota, the three of us. We were on a parade. Then of course, then we were interviewed the three of us together on TV, Bismarck’s TV, that sort of thing. So then I know one of things that would—I had, you know the Minneapolis Twins? The baseball games, baseball, Killebrew and another person, I got them to—what happened, I worked with a sergeant. So they made tapes for us to give to the Army Nurse Corps is in need of nurses. We have a nurse counselor here in Minneapolis, her name is Betty Antilla. So it was just kind of fun with that.

KV: So you had the baseball players make the—
BA: Yeah. In fact one time, I was driving and I heard this one radio announcer who was doing the sports. He said, “Well, if Killebrew if he would be just (inaudible) recruiting for the Army, Army nurses. Then we’re paying attention to what he’s doing with his ball game.” That sort of thing. In fact, I’ve got some of those photographs.

KV: Oh, wow.

BA: All of them together. But anyways. Yeah, so that’s—you get kind of accustomed to that, but right now I wouldn’t go on TV. But those are things that you learn to do in this job.

KV: Did you ever have to recruit male nurses?

BA: Yeah. In fact, yeah, I had two. Yes, because they were male nurses, and at that time too you know the draft was on so people—I remember, again, this time I was in Bismarck. I was in the recruiting main station and the sergeant was there and I was on the phone. This, I’ll always remember this fellow. I can’t think of his name right now, but I can see him, coming down the stairs. He said, “I want to talk to somebody about Army Nurse Corps.” I’m on the phone. I said, I just motioned him to come in and pointed my finger at the chair, and said, “I’ll talk to you as soon as I get done with this phone call.” He said, “Okay.” He said, “I visited the Navy and the Air Force. What can the Army offer me?” I said, “Okay, let me just ask you, where are you from?” Here he was. He was teaching in the Mary College. He was teaching there at a nursing school there in Bismarck. I said, “Well, I can give you a (inaudible).” Then he said—well, he’s married and he has a child. I said, “All right.” I said, “Yeah.” I said, “We give guaranteed assignments,” and I said, “Where would you like to go?” “Well, right now, I don’t want to go to Vietnam,” he said. I said, “Well, do you want to go to Japan?” He said, “Yeah. I’d go to Japan.” So he sat there and I called the assignments branch and found out yes, he can go to Japan. Of course he ended up making it a career after that. His wife also was a nurse. But anyways, he went down to basic and he ended up fracturing his arm or something, but they lived in Japan. So then talking to him through the years, it was just amazing. He stayed in and made the Army Nurse Corps his career. Then the other one, I was teaching in Jamestown College. He was interested in the registered nurse master’s program. So we did most of the counseling over the phone. So he did almost everything and I had him go to the Fargo main station there and get his
physical and stuff like that. So that was Dennis Reakert was his name. He came in and of course it was amazing. He got his master’s at the University of Michigan and it was in family practice or medical-surg or something. So here he is—he ended up staying in twenty-five, twenty-six years. But I can remember him through different phases because he ended up coming when I was at recruiting command as chief of nurse recruiting later, here he was a nurse recruiter in California. Then he did different things and then of course we got to know each other here. Unfortunately, he ended up dying last year, a couple years ago with cancer. But he was so funny, I ended up being like a big sister for him. I would tell people, “I recruited Dennis!” People would say. So that was—we had good times.

KV: Was it difficult to recruit male nurses?

BA: No, unh-uh, because listen, are you aware that you know like the nationwide, there’s like eight to nine percent male nurses in our professional census? But you start then looking at the military. Thirty-four percent of the Army Nurse Corps are male nurses. Likewise it’s the same in Air Force and almost in Navy. So what’s happened, of course when the military offers this sort of career and then support for the family. Then of course many of them, a lot of male nurses would go into anesthesia and peds, but then we have community health nurses. So that’s—the thing is you didn’t really have to actively recruit male nurses. They came to you in a sense. Yeah, so that’s what’s interesting. When you look at now, you know that the chief, you probably—well, maybe you might have heard him, but we had the first male nurse to become the chief of a military Nurse Corps was Bill Bester. He was brigadier general. He just retired, but he was the first military, male military nurse to become chief of the corps. So right now, I think the Navy—I don’t think Air Force has, but there’s Navy I think has now assistant chief of the corps is a Navy nurse and so forth. So it’s really a nice, good career for men and they go into it.

KV: Were there any differences once you got transferred to San Francisco and were recruiting there? Was it harder or easier to recruit in San Francisco?

BA: Well, I was like the coordinator for the west coast.

KV: Okay. So you weren’t actively recruiting, you were—
BA: No, but then I gave support and so forth. But it seems like, well—because you see that fixed recruiting district took in the state of Washington and Idaho, New Mexico and so forth. So in the DC, in the San Francisco (inaudible), I think we all used to do pretty well getting the numbers. But then they had to deal mostly with that hostility of people.

KV: So there was more hostility in San Francisco, you think?

BA: Oh, yeah.

KV: What did you do in that position? You said you weren’t—

BA: Not myself. Of course I wasn’t involved with that type of contact either because I didn’t go to the colleges. My job was a little different. I had to see that things got done. So I used to do it by phone or travel just to make visits to them, to the recruiting main stations out there.

KV: Did you have to bring—take them the brochures?

BA: Pardon?

KV: Did you kind of distribute the brochures and the material, or what other kinds of things?

BA: No. No. That’s set. That’s a counselor’s job. Then sometimes I went to nurses’ meetings and spoke a little bit about nursing and so forth, just to make ourselves visible.

KV: Did you have to go to like a national meeting of all recruiters? Was there anything, you know any conferences or meetings among Army recruiters?

BA: Oh, yeah. Yeah, in fact when I was in—yeah. Well, the thing is, is usually we had districts. Then we had those, we’d be around. So we would have usually a presentation. We’d have kind of a workshop and presentation from the military men themselves. I mean, from the headship responsible for recruitment and so forth. They would kind of give the status or statistics of what was happening and so forth.

KV: Do you remember who that was when you were?

BA: Huh?

KV: Do you remember who that person was?

BA: No. Unh-uh.

KV: Okay. So you—
BA: Well, I’m just kind of generally speaking when we got to give it.

KV: Okay.

BA: Well, like for instance, when we talked about Dennis. When I was chief of nurse recruiting at, attention we were at Fort Sheridan, I brought in all the nurse counselors. Then so we kind of brainstormed on different things, what people were doing and what’s helpful and what isn’t and so forth.

KV: That was late, that was in the ‘70s after Vietnam? Okay.

BA: Yeah. Uh-huh. What was happening, that was already now in ’75 and the war in Vietnam had ended. Then because then working with the RN group rather than students. Because we had students out there that have to be filled spaces. We had to save those spaces. So we had to kind of be slow on the active, the registered nurse. So we had a lull there for a couple years and then all the students were in they’re graduated and they went on active duty. So then we had to do other recruiting.

KV: So in San Francisco, you were chief of nurse recruiting?

BA: Well, I was a regional. That’s right. Two years I was a counselor in Minneapolis, then a coordinator. That was sixth recruiting district in San Francisco and we had the western states and Alaska. Alaska and then Hawaii. I traveled myself to Alaska and Hawaii. So what was the point—that was mostly you had kind of help motivate and find out where are the problem areas and things like that, because people didn’t really know how to do it, that sort of thing.

KV: What worked?

BA: What were their weaknesses, what was going on, you know.

KV: What were some of the problems or the weaknesses?

BA: Well, sometimes, the thing is is, people’s personalities got involved. They just weren’t having good results. Mostly it had to do with their style, having dialogue and interviewing and so forth.

KV: So what would you tell them if they were having problems? Or how would you help them—how would you help them to be more effective?

BA: Well, I think it was just to have them just talking. Well, I said, “How do you do it?” They said, “Well, I haven’t been able to do this,” and so forth. But I think it’s just that usually these were in the beginning. But sometimes like with recruiting, it took
almost a year to know what you’re supposed to be doing, really and feel comfortable.
Then the second year you’d really be producing more, that sort of thing. Mostly it’s kind
of supportive, you know guidance and—well, soon as someone had to be removed,
usually those people aren’t willing to—they said, “I can’t do this.” So you can’t let them
get too demoralized. That wouldn’t do it. So they’d replace and just transferred back on
to something else.

KV: Would you organize your activities for them, or do anything like that?
BA: Well, usually we do when we get together we always had some sort of
dinner or banquet at some hotel that they were able of doing. But usually people just had
kind of chance to talk to each other because they’ve probably been alone up there in the
state of Washington and to get together socially.

KV: So you did that from ’67 to ’69?
BA: No. That was ’69 to ’70.
KV: Okay. So the Midwest from ’67 to ’69.
BA: ’67 to ’69, I was a counselor in Minneapolis. Then ’70—no, ’69. The end
of ’69 then I went to for a year I ended up being the coordinator. Then I went on to—
yeah, that’s right, ’69 to—because, see I only did that for a year because then in ’70
November I went to Vietnam, see.

KV: You volunteered for the assignment there?
BA: Well, the thing is, is yeah—well, the thing is that General Page said, “Is it
time for you to go into Vietnam?” I said, “Yeah, I’m—I’ve been”—so it was kind of fun.
I was looking forward to it, but it was so fun in Vietnam, a couple of the people, a couple
of the gals, my recruitments, “What are you doing here, Major?” I said, “Well, I’m—
remember, that’s—now it’s my turn to come over here.” That sort of thing.

KV: You were assigned to the 95th Evac in Da Nang? Right? Let’s see, you
started out in psychiatric ward? Is that right?
BA: Yes. Yes. Well, they had a psychiatric unit attachment—yes, attached to
95th. It was a group, psychiatric group, and there were psychiatrists and psychologists
and also psychiatric technicians and then a nurse. So they end up being attached to the
hospital. They have their own Quonset, but we had a Quonset hut for the psychiatric
patients. They weren’t that—we didn’t have that many, really.
KV: What kinds of—

BA: Mostly it had to do with men had depression. Because usually, they

wouldn’t—it was pretty rare to have any really psychotic ‘cause usually if you’re

schizophrenic, they could pick that up almost in basic, their basic training. So it would

be mostly they would end up having depression and then of course some missed drug use,

if they got into drugs. But sometimes we had occasional—we had an alcoholic. But then

usually, we couldn’t really keep too many of those because we had a smaller unit and so

forth. So sometimes somebody had to detox on a medical ward. They probably were put

in restraints, talking about a couple of the alcoholics, I remember.

KV: Was that fairly common, do you think?

BA: No.

KV: Not at all?

BA: Because really, it’s amazing. That’s why I asked to be transferred. I was

doing that for three months and I was just getting kind of—I was you know—started

doing whatever. We had group work and so forth, but all of these young fellows that

really were the psychics, they usually, many of them had their master’s in psychology.

They came in as enlisted. So they were well educated that we had there. So they kind of

did a lot of the therapy with the psychiatrist and so forth. Usually because we only had

like—I was my—we only had one nurse in the psych unit. So I took care of the

medications and all this all kinds of stuff like that. But I just felt like, “I’m here in

Vietnam. I should be taking care of patients.” So I asked for a transfer to get back to be

in the (inaudible). I felt like that they really could get by. Well, actually, we had kind of

like two. So when I got there it was more like a staff. I ended up being kind of like the

head nurse on that. Then I had another staff member. I just felt like I had the three to

eleven, eleven to seven shifts, we didn’t need anybody in there. I mean, we had the

fellows who could take care of them and then the supervisor for the hospital could kind of

check in. So what ever happened—I was able to transfer back into the main hospital at

95th.

KV: What ward did you work on?

BA: Well, I ended up—because I was over there as a major, I ended up being the

supervisor of the outpatient clinics. I’m not talking about the intensive care coming—this
was, we had different clinics too. We even had OB clinics for some of the Vietnamese
women. Of course we had the American women who had—so this
fellow who he had I remember, he got a lot of Vietnamese patients to keep him busy. But
anyways, ENT (ear, nose and throat) and then we had outlying clinics that I would go and
supervise. So then my last several months was as assistant chief nurse of the hospital.

KV: So you were head nurse and then—
BA: Then a supervisor. Then I ended up my last several months, I was assistant
chief nurse to the hospital, assistant chief.

KV: So then you were kind of in charge of everything on the hospital?
BA: Yeah, mostly. You do the kind of—find out what’s going on and helping
and staffing and things like that.

KV: Okay. Sometimes I hear people—
BA: We always had somebody do the night. One person, we took turns when I
was in an outpatient clinic. Then as assistant chief, I would kind of do the seven PM to
seven AM supervision because we had one person who came there, and she was a major.
Somebody wanted just to do the night shift, seven PM to seven AM. So that person, but
then when that person had to have a day off. So then some of us, we filled in, that sort of
thing.

KV: As chief nurse, or assistant chief nurse, did you have to deal with any
discipline problems or anything like that?
KV: What kinds of things did you have to deal with or what was common?
BA: Well, I guess is that sometimes—well, it mostly had to do with hours, that
and then workloads and so forth, but then personal sometimes with other personnel
problems.

KV: Like people not getting along, or is that—?
BA: Yeah. Sometimes their behavior, that had to do with it.
KV: What kind of behavior problems would there be?
BA: What kind of behavior problems? Well, you know the thing is, is sometimes
you realize that they were involved with somebody. I think, how did it reflect on other
Army nurses and so forth and so on. I know that when people are off duty, that’s their
business, but then—I don’t know how to say this. Women are women, but usually—and then they would become rather hostile about it. You’d say, “Okay. Now listen. This is not acceptable.”

KV: Was it a problem because it was officer and enlisted that were involved? Was that the problem or was it other things?

BA: No, usually it tended to be officer to officer. They’d get involved. I mean it was their business, but not to make it so obvious sometimes.

KV: So the problem was that it was—was it interfering with the work?

BA: No, not really. Well, no, I don’t think so because you know I felt like the time I was there, that everyone seemed to work very hard, but then there was a lot of flirtation going on. Let me put it that way and so forth. It kind of interfered with I guess our milieu.

KV: Was it mainly the younger nurses or was there—was it I guess—?

BA: Well, I think the thing is, when it was—when I think when the—I think there were people who were very discrete in what they were doing. You weren’t aware that anything was going on, you know and that sort of thing. But when it got to be obvious, then you’d just have to tell them that—well, I’m just kind of thinking of a couple cases. Maybe other people had more problems or else I just kind of avoided or ignored then what was going on.

KV: What did—let’s see. Was there—because you were, let’s see. This was in ’70. So you would have been what, forty, forty-one when you were in Vietnam. Is that right?

BA: I was—yeah.

KV: So a lot of these women were twenty-two, twenty-three?

BA: Yeah. Yeah, they were a pile of energy. I needed to be like dorm mother.

KV: Was that kind of what—?

BA: Usually the thing is, is of course what would happen is I think that’s why maybe I didn’t have as much problem as maybe somebody else. But I just felt like I was the social manager because units would call and say, “Would there be some nurses who’d like to come and we’re having a steak fry. Would they like to come?” Because then we’d have a little dance and so forth like that. Well, I had to be kind of careful.
Sometimes I went along just to be sure of what was going on, but it was—people would laugh, and I’d say oh. Well, oftentimes with the professional, sometimes some of the doctors and nurses got a little bit too involved with each other.

KV: Who would organize these parties that they would call and ask?

BA: Oh, you know because different places—units that didn’t have any women. Like an engineer group in certain area, and they were having—then of course they have access to helicopters. So we just for a couple hours in early evening and that sort of thing. So you had good steak and you chatted and you danced a little bit. It was a big deal, but there was curfew. So there was a lot of—there was a lot of social. We had a club right there. We, as a department of nursing, we one time had—we reciprocated for a group. Like there was a Swedish group that was in town and then the French Embassy and the Navy ship. We would exchange and have sort of social time, dancing, you know. Then like, we had the club, the officer’s club. Then we had a Vietnamese band and so forth. So we got special—to wear a dress rather than your fatigues, that sort of thing. So sometimes I had to organize that, that sort of thing. Then of course you see, you know we were talking about then we were also near headquarters. They would invite us. When you think about it, here we had war all around. Then still there were all these different social activities that were going on. Even at the beach, you know we had the R&R (rest and recuperation) beach. That was always kind of nice to think. There was a bus that would go by and then they had a changing room at the beach. China Beach? You heard about China Beach. You know that movie China Beach kind of depicts our hospital, 95th Evac Hospital. But what was wrong with that, the mortuary was not near, in the water. It was out there by the airport. The hospital was not that close to the beach because we were surrounded by a Vietnamese village. So but anyways, this R&R was about two miles away on—they had this whole stretch of nice sand. It was kept clean and like that, and they had just—Hello?

KV: Hi Betty. I’m sorry, my cat pulled the phone jack out of the wall.

BA: Yeah. I was wondering.

KV: Yeah. We have a kitten and she thinks that it’s a toy or something. I’m trying to keep her away, but apparently I’m not quick enough. (Laughing) Okay, so the 95th.
BA: Yeah. I was talking about you know how we would have these social things, and I talked to you about the beach, remember? Then, like you said, I’m thinking about particularly when it was Easter. It was Easter. Yeah. I was there from ’70 to 71. So Easter ’71. I’m out there, a group of us went and I’m lying out there on the beach. I’m looking off, and you could see two Medevacs, you know Red Cross going to the hospital. I said, “Isn’t this crazy? Here I am, lying on the beach and the war is going on all around me.” But anyways, then of course things were starting to change a little bit then even.

KV: What kinds of things were changing?

BA: Well, no. Well, the thing is, is when we left in ’71, it wasn’t too much longer. Then it was kind of coming to the end. With the northern—when I think about Da Nang, we used to go to the French Embassy for some meals sometimes, then the headquarters for that area, military headquarters. They would have different things. But anyway, is that you know see when I came home in ’71, but ’72 and ’73 things were starting to be worse. I mean, we were thinking, how are we going to get out of Vietnam? The northern Vietnamese, then I think it was ’75 then if I remember correctly, they overpowered Da Nang. When I can think about it, I guess I heard at the embassy, French Embassy, they’d go running out of one door, and here comes the Vietnamese, Northern Vietnamese, kind of overpowering the city. A sad time. But you realize. So I guess that ’70 to ’71, there was things going on, but of course we didn’t know always the count like every, like nowadays with Iraq. I just hate that, with the saying, “Okay, now two more soldiers were killed,” but when you think of the numbers that were killed in Vietnam.

But then of course, see things were from ’67, ’68, ’69, that’s when there was a lot of—I don’t think the hospitals were like the 95th. But we were pretty well stable there, which was amazing. We had these Quonset huts and the laundry service, all that. You wouldn’t think that. We had equipment. We had all these plastics. Before when we were setting up, people would end up running supplies short, and they took a little while to get there. But we didn’t have that. We even had air conditioning in some of those units for the patients and so forth. So we were kind of entrenched in Vietnam, people. But then pretty soon things started falling apart.

KV: Did you live in hooches or what were your hooches like?
BA: Yeah, it was called—we all call them hooches. But yeah, we lived in this—what we had—it was apparently Mrs. Johnson was kind of responsible. I don’t know if she had gone over there or what, that we end up having this two levels individual hooch building. So we had in the center were our wash, toilets, and then our showers, that sort of thing. Then on each side—see that was downstairs and then also upstairs. So I was downstairs. I had a corner room. Then to go to the bathroom, you put your robe on and then you go on the outside. So some of the hooches were made differently where you had the corridor inside. You didn’t have to go outside. But you had this own little space and then it had a little closet. Then you kind of make it livable and so forth. But then like I said, earlier you didn’t have that. People when you tell somebody that was there earlier.

KV: Right.

BA: So you know like, now at 95th we had these things. The dining room—well, we always had to get the powdered milk and stuff like that, but people were able to—it seemed like we had better food. I don’t know where they got us some of the steaks.

KV: Did you live with some of the other kind of higher-ranking people in the hospital, or what?

BA: That’s what I was saying. Well, we did have a trailer. There was a trailer house where the chief nurse lived in. They got that, but the rest of us, you know like we had these one-bed, one little square room, which held the bed. Then fortunately they had the PX (Post Exchange) quite active, I got even got myself a little refrigerator, a little refrigerator and then just a little chair, a little kind of a stand that I had. But otherwise, you know we ate most of the meals in the dining hall. Then of course sometimes we were able to get like a little electric skillet or these little containers that have charcoal. We would do our own, broil our own steak and eat in our room. You know have a party or something like that.

KV: So you, I guess your hooch mates were a lot of these girls fresh out of nursing school?

BA: Yeah. There were some young ones. Yeah. Because fortunately like I said, we all had our own room. Nobody had a double. It was always kind of amazing, what people would try to do with their room. You know, that would get them busy. Because I
came in—when I got there, there was nothing but this bed in my room, and all this sand
coming in and stuff. So finally, but I remember Sears. Everybody said Sears was always
good because you needed a bedspread and things, so you could get from them. Of course
the PX was open. That’s why I ended up getting my little refrigerator. In fact I kind of
negotiated with a marine fellow who was leaving. He knows what we each were getting.
He said, “You know, I’ve got a couple air conditioners. Two, three air conditioners.” I
said, “Okay. Do you want them or how much?” So I said, “Okay, yeah.” I said, I knew
right away that—no, I had three. So I got a friend of mine one, and then I got one for a
sergeant who knew how to put air conditioners together, and then myself. So he got that
one. He was able to—so because it just so happened I was coming in with a group, and
there was a Red Cross gal talking. I got there and she said, “Listen, we’re leaving.
We’re leaving. Would you want to”—I guess that’s kind of what happened, you just kind
of pass out things. I said, “Yeah.” Well, I got—then we got these, we kind of
dismantling our hooch what they had. There was another like—that was the other side of
Da Nang. I said, “Okay.” So I just—what am I getting into? So they brought them over
and so then I finally found this sergeant who worked with me. He was kind of a
mechanic. So I said, “Okay, would you install these? You can have one of these.” So
then everybody said, “What did you”—because a lot of people didn’t have air
conditioning. I always kind of laughed that I just kind of—I think because I had been in
Korea and lived in a Quonset hut. So it was rather—I remembered what we used to do
there, tried to get our little rooms all kind of spruced up and so forth.

KV: Was it ever rowdy in the hooch? Did you ever have to—?

BA: Oh yeah. Yeah. Different places, yeah. Although because people had such
odd hours. But usually we did use the club quite a bit. People said you could just come
and you didn’t have to. Well, it was because then they had the big—it’s rather large.
Because in your little rooms you could barely—like when I did have these little people, I
put the bed, my bed was like a table. People’s stuff were on the table, were on the bed,
and I had like this little serving dish, things like that.

KV: Were there ever any, I guess any big problems? What was the biggest
problem that you had to deal with as assistant chief nurse? I guess I’m asking because I
talked to—a lot of the nurses I talked to were younger and were you know, staff nurses or
didn’t have more responsibility than that. Not that that wasn’t enough, but I’m trying to get kind of the other perspective of what it was like to be in charge and try to tell everybody what they could and couldn’t do and that sort of thing. So that’s kind of why I keep going back to it.

BA: Yeah. Well, I guess the thing is I was really kind of a more liberal let’s say than some of the other older nurses. So maybe that’s why I didn’t have as much problem.

KV: What were—let’s see. If you were a little bit more liberal, what kinds of things did you let people sort of get away with, I guess or did you just kind of turn the other head as long as it wasn’t—?

BA: [Audio problems], but I think the thing is, is that I would kind of—when I think we’re sitting around and just doing and they say, “Well, let’s go to the club.” So we put the music on and we danced even together, that sort of thing. I guess they realized you know, I’m not that bad. I’m not that strict. But I’m just trying to recall where I really had any problems. I mean, it was kind of sensitive. But I know that one time, well it wasn’t one of my staff, but I was so surprised one time when I was as a supervisor and we had a patient, a pregnant mother coming in, a pregnant nurse coming in. So, then one friend was escorting her. Both of these gals had been in the Army student nurse program when I was in recruiting. Apparently what happened, this gal, she was pregnant before she left the United States. She wasn’t aware of it. It was from her own boyfriend. But then she was in the smaller hospital and they brought her in, and she delivered there at 95th. Then she was aircrashed. She was processed and she went on to San Francisco.

KV: But she actually gave birth in Vietnam?

BA: Yeah.

KV: Did she hide it?

BA: Well, the thing is—well, you see we didn’t know about it until she came—that’s what I think was very good, that people didn’t make a big blowup when these things happened. You kept it rather quiet in a sense. This gal, these girls had gone to Vietnam together. They were in another hospital. Then we heard, we were alerted that there was an Army nurse coming in. So I went into the unit where they would be. So I said, see which one. I guess all three of us were so shocked, what they thought they thought me, you know. “Oh. Oh.” Then so anyways, the gal, you know she was able to
say that she didn’t realize that she got pregnant before she left. So of course you see the
time. So rather than just sending her home right away, she was very healthy. So she
worked, you know. Then rather than delivering, it was safer for her to come to our place,
to 95th because we did have an OB then. After she delivered, we just kind of gave her a
little support. Then she was—she was placed on that evac to go to Fitzsimmons—I
mean, to San Francisco. She planned—she carried her own baby, took care of her own
baby on the plane and so forth.

KV: So I guess I’ve always thought the policy was, I guess if you were pregnant
they sent you home pretty quick?

BA: Well no. That the thing is—what can happen when you’re overseas. There
were some other gals that had gotten—I mean elsewhere. I ran across that when I was
still in recruiting there at San Francisco, I found out. Then I would go and visit them and
give them support. I took them out. They were waiting to be discharged. The gal had
her children. Both of them let their—well, see that was another one who was—she was
pregnant before she left. She had been in Denver. But then when she delivered, she
already made arrangements with social workers and so forth. So she gave her baby for an
adoption. So this was a younger gal. Then she said also, you know the social workers
really get involved with it now. She had said they also—because I guess she was more
pregnant than people thought she was. Then so then they—she was in more of an
isolated area with being pregnant. Her friend was with her, so that was how she escorted
her to 95th. So she ended up delivering, yeah. But we didn’t—nobody—we didn’t make
a big noise about it.

KV: But she did then have to be processed out?

BA: Yeah, well actually what happened. Yeah, she was—then she was evaced
with the baby to Letterman from there. But she of course was going to keep the baby
because her boyfriend was there and stateside.

KV: Wow.

BA: This isn’t—I imagine that has happened with the other wars too, but I don’t
think there really, I don’t think nobody ever kept statistics.

KV: Right.

BA: But I think it still was at a minimum.
KV: Let’s see. So you had all these different kind of positions at the hospital that you worked. How busy was Da Nang? Was it busy with casualties? Did you have a lot of casualties?

BA: Oh, yeah. We were—regardless, it was called an evac hospital, but we had direct casualties come directly there. Then of course we had to deal with also with the civilian injuries that might be nearby and so forth. Yeah, so the thing is—then of course see also we had a lot of medical conditions. Hepatitis and so forth that they were that—those units you know were. But we probably, like I said I think then that period, there was a little bit more of a lull. But I know that our intensive care unit, when I think an operating room was, they were kept busy. In spurts and then there’d be a lull. But I can remember making rounds and then going to the surgical intensive care in here would be some patients without legs and arms. Then of course somehow, I think like now what’s happening in Iraq, they have these attach units right there and start with IVs and so forth. That I’ll go because of the helicopters in Vietnam, that was better than Korea and World War II, saving the casualties. Like for instance, I remember when I was on as a supervisor, and I went down. We had a call that we got incoming and came these two young fellows. They were MPs (Military Police) and snipers had shot them. They came in, they were evaced in those baskets with—they even had twigs around them when they were put in the helicopter and put them in the baskets and brought them in like that. One fellow, he was really bleeding and so forth. I was—I usually would go down when some of these come down, but then I realized then there was this other one, and this young fellow, with him there wasn’t hardly anything. He had like fresh fatigues on and so forth, and a sniper had a shot and it went right through—he missed his trachea, kind of like in his neck area. So an ENT man and I were trying to figure out what we were doing. I realized I was afraid of suctioning. I said, “Well I’m afraid he’s going to—he’s going to aspirate here.” So then of course, the ENT fellow realized that he needed help. So we were able to get the anesthesia in so we could put the trach tube in and so forth. This fellow, he was very calm and cool. I remember taking his cross. He was a Hispanic young fellow. His cross, he had his cross necklace on. I took it off him and I put it in my pocket. I said, “I’ll take care of this for you right now, but we need to get this done.” So before he kind of was taken into surgery. We were able to do some repair and so forth.
So I was kind of worried and wondered about him. But he was wondering how’s his friend, his friend, his friend? I kind of looked over there, and I think he was bleeding quite a bit and he had some—I think they finally got him into surgery, but I’m not sure how much injury he had, but I think he made it. I can’t remember. Everything happened so fast. But anyways, so the next morning I went to see this young fellow. There he was, sitting up in bed, and he had his suction. He was suctioning himself. Because he was kind of gurgling a little bit, and he put that in. I was just amazed. But of course the fellows in those units and the staff, they teach them right away how to help with themselves and so forth, but that’s all he had, just was a sniper gunshot that just missed his trach. But then you see it was really hard. He was kind of a skinny kid, and I thought, oh God. I was trying to suction, and I said, “Oh God. He’s going to die on me.” I kind of thought that, but he didn’t. We were able to get the anesthesia people in and got him. But anyways, so when I went to give him that, I said, “Isn’t that just amazing that these two fellows”—I know that this fellow, I think he did not die, the other one, but he really got shot up quite a bit. But he had this other—and I guess he was kind of feeling guilty, but how he missed—it all happened so fast I guess.

KV: Do you tend to remember a lot of the patients?

BA: Yeah. With talking about how much, how this would be so sad too, that the other case that I’ll never forget. Again it came, they were bringing in a body. (inaudible) and he was in that body bag. He needed to be kind of assessed. So there’s three of us and just looking at him. Well, mostly, they had already done something before I got down there. They had zipped him up, and I just went, “Oh, gosh.” They didn’t have hardly anything on him. He didn’t really have any—I guess he had his ID, his billfold. I looked at that, there was nothing in there, hardly. You know mostly you find fellows that have pictures of family and stuff. There wasn’t. He was an MP they found, and he had committed suicide. They found—he was on—you know they do those four-hour shifts. So apparently he had taken his gun and he shot himself, mostly in the head. I looked at him and I said, “Oh, dear.” I said—he was like seventeen years old, and his mouth was kind of open and his whole teeth were all decayed. I thought, oh where did he come from? So he probably was off the street, or however it happened, but it was kind of sad to see that he didn’t look like he had anybody. When I was looking at the major’s
records there wasn’t too much. I guess that was his only way of getting away from the
war. He did. He ended up shooting himself. That’s kind of—it was kind of sad and I
just had to, I had to see who he was. Okay?

KV: Let’s see. I just thought of something and I just forgot what I was going to
ask you. Let’s see. So you came home then in November of ’71? All right, and what did
you think about the war in general? I mean, did your opinion of the war change after
seeing things like that?

BA: Yeah. Well, the thing is, again I’m much more aware what’s going here. So
I don’t know what was going on because they still—they have quite a bit of TV news
over here I think about the Vietnam and so forth. But I guess the thing is, what ends up
happening, we sort of lost it. Whatever happened, we had to get out, so that was—I said,
“Well, what was this really kind of worth?” So I wasn’t really politically involved, like
that knowledgeable. I was there to do a job. We did the best we could and so forth. We
were involved with all this stuff that I’m listening to here now with this stuff, and so
forth. But anyways, so of course you see, then I was kind of busy with my own life
because what was happening, that was over the holidays, November and December.
Then I had to get myself get ready. I went down to my—I went then and reported in
January. I went to Texas Women’s University to prepare for my Master’s program. I
had to find an apartment and things like that.

KV: What was it like going back to school after being in the war? Was there a
lot of—?

BA: Well, no. I guess I just adjusted to (inaudible). So this will pass too because
I was anxious about my school. Because I went there and I wanted to do decently and so
forth. So you know I had to take a course in statistics. So I think I didn’t have anything
to worry about but myself, and I didn’t worry about anybody else.

KV: What made you decide to make the military a career?

BA: Oh, I did that right away when I joined.

KV: When you joined up, that was already set in stone?

BA: Yeah. When I joined, I knew I was going to make it a career.

KV: Did you ever in the years after, have any problems with nightmares or
anything like that?
BA: No. Well, I used to hate to hear helicopters, because all I could think of was how many incoming. What kind of patients are coming in, and that sort of thing. Yeah. So that’s maybe I could say that when I was at school and I could hear helicopters, and I would kind of get chilled up a little bit. But otherwise, like I said I was—I had to get busy to being a student. That was my worry. So I didn’t go through all that. I think because remember now, I had experienced nursing and different things, like when I was working at 97th and taking care of all these patients and (inaudible) and so forth. I had these—I guess because I had the nursing experience. I’d been adjusting for different things. I know and I hear that some people are still really, here even, are still quite upset. They haven’t even gone to the Vietnam Wall. Of course I’ve been doing all this volunteer stuff with the Vietnam Women’s Memorial and so forth.

KV: When did you get involved with the project? Was it when they were raising money to build the memorial?

BA: Yeah. Well, I was here when Diane Evans, Carlson Evans, who was you know—it took us ten years to get that. Here she was, a Vietnam veteran, she had been there as a young nurse, and then remember she came here, came to the Wall that time. She did have post trauma. So she had gone to counseling and stuff like that. So she said, “Well, why don’t—they have the men’s statue, why don’t we have a women’s statue nearby the Wall?” Then yeah, there’s names of women written on the Wall but then they didn’t have anything. So she had to go through a lot. She had a group that she worked with and so forth. Then who was always such an antagonist is that James Watt who is responsible for the Wall, the Memorial Wall itself and those men. He didn’t like the idea of having a women—having a separate women’s one. So he hasn’t always been that supportive with what’s been going on.

KV: What kinds of things did you do with the foundation? Was it raising money, or—

BA: What?

KV: Your involvement with the Vietnam Women’s Memorial Foundation?

BA: Oh, no. No. I did not. I did this—I went to these programs and then I’ve been doing—I had to sell the—I displayed the t-shirts and different things like that and books and so forth. But I would go and get people to help me. I’d go to the PXs and then
some of these nursing conferences, we’re still doing it because we still—we have finally paid off the statue. I mean, the memorial. So now it’s mostly is keeping the people educated about it. So we’re kind of maintaining that part. So there’s literature that we give out to people and stuff. ‘Cause you have all these memorials in DC. Have you been there?

KV: Yeah. Yeah.

BA: Okay. Have you been to all these statues?

KV: Uh-huh.

BA: So anyways, so you still have to kind of help with the maintenance and all those, the park service to take care of things. But then the idea is, is people want to know about the memorial. So it’s mostly right now, is everything is done more by through our website. Then for instance there is a board, and we used to have an office here in DC, and we don’t. We’re just using space for mail to come in. It’s in our lawyer’s office, who’s kind of a volunteer lawyer for us. So anyways, like now for instance, Diane, Diane Carlson herself who is the president and the founder, she’s always—she comes here twice a year for Veteran’s Day and then Memorial Day. She’s living in Montana. She came from Vietnam. She came home and got out, but then rejoined and then she was down in Brooke Army Medical Center there in San Antonio. That’s where she met her husband. So he was en route supposedly to Vietnam, but the war had stopped, so then he didn’t. So they stayed there and then finally they both got out together and they lived in Minnesota. That’s when she started kind of needing that—went down to counseling and realized what she wanted to do with this. So this has been her life’s work, and they have four kids. It’s amazing what she’s been able to do. Anyways, so she lives in Montana. Then Jane Carlson, who was in Vietnam, she’s down in Santa Fe. Santa Fe. Then the treasurer, or the secretary—yeah the secretary, I forgot. The secretary lives someplace near here. The treasurer is living in New York. So they get together by telephone. I mean, for the conferences there’s telephone conferences. Then they get together those two days during those events. So then they need people like me to display some of this stuff, although we have a website that people can—we have a marketplace so people can look and see what we have and so forth. So now what’s helping also is that—did you
have a chance to go to the AMEDD (Army Medical Department) Museum down there in
San Antonio?

KV: No, I didn’t. I didn’t.

BA: That’s where now they are selling some of our stuff, Vietnam stuff.

KV: Do you read a lot of those books that were written by the nurses?

BA: Yes, I do.

KV: Which ones have you read?

BA: Well, actually right now—I can’t think of the title or the two titles. I know
we’ve gotten kind of involved with World War II stuff. That’s the history. So then of
course, there is a book If I Perish. That’s about World War II. Then there’s another one
that has to do with a gal who’s, she’s from Minnesota, and then she had written a book.
But right now, I can’t think of—I read some of those little titles. There’s one book on
Sharon, Sharon—

KV: Sharon Lane?

BA: Lane.

KV: Did you read Lynda Van Devanter’s Home Before Morning?

BA: You know, I’ve never read that.

KV: Do you remember all of the controversy about that?


KV: What do you think the argument was about over her book?

BA: Well, you know the thing is, is—well, I think the thing is, is also she was
one of the—in a sense, kind of one of the problem children, problem child. There was
plenty things that she was doing. She was into drugs and stuff like that.

KV: So you think that was the argument or that’s what, you know people argued
about?

BA: I hate to tell you. I guess I didn’t pay too much attention because I know
also, I know who her chief nurse was and so forth and things. Of course the thing is,
supposedly she was telling about a lot of stuff. That could be kind of generalized. I
mean, a lot of the activity, sexual activity and whatever. Like I said, I never really read
that. I just heard different things. So I have never read that book. I’m pretty sure that’s
yes.
KV: Yeah. I’ve been reading a lot about her book and the arguments. There was a group that was founded in opposition to it and things. So I just wondered if you knew anything about it or what you thought about it.

BA: Well, I didn’t remember that there was this, there was even televised dialogue regarding it and so forth. Then actually she—I don’t know where she was at that time. So I really, I can’t say too much more because I don’t know. Like I said, I heard all this and I just sort of kind of let it go by.

KV: Are you glad that you served in Vietnam?

BA: Oh, yeah. I would have felt like I—because I made Army a career, I think I would have felt like you know, those—I felt like it was my responsibility and that’s part of my job. I think I would have regretted it. I have a feeling among some of the nurses who couldn’t go over there, that they felt like they missed out on something, some of my peers. But they were teaching in the WRAIN program and some of them, they needed people to teach. So there was no opportune time.

KV: Were there any regrets that you had about any of your Army career?


KV: You wouldn’t change anything?

BA: I was a very proud member. I went to all the—and sometimes I get a little bit defensive when I hear all of this stuff. I say, “Okay,” even with my own relatives. Like if it’s some of the single, I mean the fellows especially during that when I was recruiting. They would—no, they’re not going to go into the military, blah, blah, blah, blah, blah. I think I even hear some of them say that when they’re talking and they listen to some veterans, I think they feel like, “I really missed something. I think I missed something.” I really feel that too, as a large government and large country that we have, it is disappointing when you think of it. There are people—you know I think everyone should have a chance to have some sort of service time because when you think of it like even now with President Bush. If you go into the National Guard and so forth, and it’s amazing to know when you look at it how much, how many African-Americans are on active duty. They went to be more—so here are the ones, and then some of these other people are getting killed while other people are enjoying their freedom, that sort of thing. So that’s some things I get. I feel like in some of the other countries, they do. They have
kind of option—what do they call it? I forgot the term now. The requirement that they
serve their—maybe only for a year or whatever it is. I’m thinking about Finland and
some of those other—and I think even Germany, you know that they do some military
time. So it isn’t just—and like now, we don’t have the draft. People are recruited. When
you really look at it, many of them do come in because it gives them an education. There
is that scholarship program that are helping and so forth. But then many people, like
some of the youngsters, they really grow up in the military. I think with the medics, you
have a little different that these people are very motivated in a sense. I think that they
learn a trade. They’re wanting to advance and so forth. Like ROTC (Reserve Officer
Training Corps) is really helping. Major Scott is an ROTC graduate. She’s true, she’s
ture Army.

KV: Okay. Well, great. I think we’ve pretty much covered everything. So you
retired in ’87.

BA: How are these telephone bills of yours?

KV: Oh, no. No. No. Don’t worry about it. We found a cheap company, so. So
you retired in ’87, right?

BA: Yes.

KV: But you’ve been pretty busy since you retired?

BA: Yeah. I just—when I did retire I was thinking of going with JCA, Joint
Commissions for Accreditation. They needed a psychiatric nurse. So I did work when I
got retired. I took a year off and then I worked at Psychiatric Institute of Montgomery
County because it was at my—I needed to see what was going on in the civilian world
and so forth and so forth. Then after I was at work, I decided no I don’t think I want to
go with JCA because that’s travel. You have to face a lot of hostile—you know when
you do inspections. You know what I’m talking about.


BA: Yeah, the Joint Commission for Accreditation you know. So I decided, no.
So then I did work part-time and then I worked on the PRN (practicing registered nurse)
Pretty soon they wanted me to come all the time, so then I quit. So I’ve been kind of
volunteering things. Then that’s why I like—I’ve been doing now. Everybody’s
wondering how long I’m going to do this, but I do go weekly to the historian—Army
Nurse Corps Historian office. So that’s where we talked at when we were talking with
Major Scott.

    KV: Yeah. I bet that’s a lot of fun, working there and seeing all the files and
knowing what’s going on.

    BA: Yeah. It is. Yeah. So the thing is, is somehow I can’t—my filing is
backlogged because usually we get trying to search something else and so forth. I know,
I feel like I should go a few more days and try to get caught up, but I don’t know what
I’m going to do. Anyways.

    KV: Well, great. I really appreciate you taking the time to talk to me again. If I
think of anything, you know specifics or whatever. If I get confused about something,
I’ll let you know.

    BA: Yeah. Then you know like I was thinking that when we were talking about
Vietnam [the Vietnam Women’s Memorial], did you—have you gotten a brochure, we’ve
got an updated brochure and then the website?

    KV: I’ve seen the website and I’ve seen some of the brochures, but I’m not sure
which one—

    BA: Yeah, there’s one that’s updated now. It was updated. We celebrated our
tenth year anniversary last fall. So it’s just a little brochure that just talks about it. It
should be in the website too.

    KV: Okay. Okay. Yeah. Well, I’ll probably have to come back to DC again
sometime soon for more research. So I’ll—I may even see you at the archives if I’m
there on a Thursday or something.

    BA: Yeah. Maybe then we could have like, Major Scott, you and I, we could go
for lunch or something.

    KV: Yeah. Yeah. Great. Well, I’ll stop the tape now.