

University of Texas at San Antonio Archives and Special Collections

MS 317. Archives for Research on Women and Gender Oral History Project

Lillian Dunlap Transcript, April 19, 1997

Ruthe Winegarten: I'm Ruthe Winegarten and it is April the ninth, nineteen ninety-seven, and I'm sitting in the lovely home of General Lillian Dunlap

RW: So, it's hard to know when one is dealing with a woman of a lot of accomplishments where to start, so I'll just start with what I'm interested in, if that's alright.

Lillian Dunlap: That's fine.

RW: I guess I'm interested in the changing role of women in the military since I've studied women's history, and I wonder if you'd like to comment about, well, have things changed since you were a young nurse, when you first joined the Army Nurses Corps?

LD: So very, very much. Not only the military, but nursing and health care. And that's reflected in the practice of Army nursing. Just this last Good Friday, I was in El Paso when Brigadier General Nancy Adams, whose a former chief of the Army nurse corps, assumed command of the William Beaumont Army Medical Center. And that's a first time, other than a physician has commanded an Army hospital.

RW: Where is that now?

LD: El Paso. William Beaumont Army Medical Center.

RW: Well, that was an historic occasion, wasn't it?

LD: It was, she was one of my youngsters. So, I flew out for the ceremony and it was covered in the El Paso papers, more than the whole four years she was in Washington, I think.

RW: Yeah, we'll have to get those clippings, that should be very interesting. When was this now?

LD: Good Friday.

RW: That's pretty recent.

LD: Mm-hmm.

RW: And her name is Nancy...

LD: Brigadier General Nancy Adams. I can show you, I just got my Army Times, and you can have the [article] if you like.

RW: Yes. That must make you feel good to see a protégé achieving in that special way.

LD: This is true. And this is something that I have said when I was teaching at the medical field service school for five years. People used to say, “Lil, do you miss bedside nursing?” I said, “Naturally.” You miss it, because in bedside nursing the gratification or the success of what you do is evident right away. When you’re in education, it isn’t evident right away. And when you see those students that you have identified potential and they achieve it, it’s real exciting for you, but when you see those who you have felt maybe have, kind of, reached their peak, and they exceed that, then you really feel, well, it was all worth it, all of those test papers and what not. Two of my former students at MFSS, they have become chiefs of the Army Nurse Corps.

RW: Really? Well, you have quite a what do you call it? A distinguished group, the school of Lillian Dunlap.

LD: No, no, not that. That kind of started at the end of the question...

RW: Let me just check your voice...

RW: Well, what are some of the other changes you’ve seen? You’ve seen, you’re seeing women now moving up in leadership positions, or, administrative positions in greater numbers?

LD: This is true. I entered the Army Nurse Corps in nineteen forty-two right here at Brooke General Hospital. I had just finished my school of nursing at Santa Rosa Hospital School of Nursing and nine days later came in, then, out here as a second lieutenant. The Chief of the Army Nurse Corps at that time was a major. The Chief of Nurses at Brooke was a captain and had twenty years’ service. Her assistant, and the OR supervisor and the anesthesia supervisor were first lieutenants. Everybody else was a second lieutenant, so your goal was to get to be a first lieutenant.

RW: And that was about it?

LD: You really felt that if you got to be a first lieutenant, you were really something. So we have seen the advancement in promotion opportunities, because the Chief of the Army Nurse Corps is a brigadier general now, has been since nineteen seventy.

RW: But there haven't been very many of those.

LD: No. You can be chief for four years. So the first one was in nineteen seventy, Brigadier General Annamae Hays, she had already been three years as chief, so she spent her last year as chief as a general. Then I came in in seventy-one and had my four, so every four years since then, we've had a chief—the present one is General Betty Simmons, from San Antonio, graduate of Incarnate Word, and in addition to being Chief of the Army Nurse Corps, she's been the deputy commander of the Army Medical Department Center and School. She's getting ready to move to headquarters of Forces Command in Atlanta, where, in addition again to being Chief of the Army Nurse Corps, she will be the command surgeon for Forces Command. That's a first time that it's been other than a physician, in keeping with this corps in materiel. (sp?)

RW: So, in toto, there's maybe been, what, six or eight women generals over, since nineteen seventy...

LD: I was the fourteenth and she's the twentieth.

RW: Still a small group.

LD: That's of the Army Nurse Corps.

RW: Yeah, right. Right.

LD: But, so I've seen a change in rank, and, of course, seen change in practice.

RW: What are some of the major changes that you've seen?

LD: Well, all of our antibiotics. Because we didn't have, we were just beginning neoprodycil (sp?) and the sulfas.

RW: Now, in World War Two did they have, like, sulfa and penicillin?

LD: We had had the sulfa, and we got penicillin, but I was in New Guinea, the Antilles and the Philippines in World War Two. And penicillin came in a little vial, and you had to mix it with sterile water just prior to giving it. And that was a chore when you had a hundred patients.

RW: And the sterile water wasn't that plentiful, maybe out in the jungle.

LD: Well, we would get that from the pharmacy and out of bottles.

RW: You didn't have to...

LD: We'd mix up the penicillin and my corpsman and I would go around with a tray with the penicillin fixed on it, and the sulfa pills and the water pitcher, and they had to sleep under mosquito nets. I'd poke the mosquito net, and whatever they stuck out was where I stuck the needle in, because it was just one after another that you were doing. So the different medications [are a major change]. It's just incredible, the things [available] now. The surgical procedures that are done [have also changed]. Burn patients, particularly in New Guinea, we had a lot of 'em, 'cause we were by an air base, and they were treated [at the hospital]. You'd do the debridement, then you'd put vaseline gauze all over them, then you'd put mechanic's waist for padding and wrap them with Ace bandages, real tight. And they looked like mummies, you know, like that. Keep them under the mosquito nets because of the insects and what not. Burn patients today are treated so differently.

RW: What do they do now?

LD: Like in our [hospital], they have ointments--they do debridements, they put 'em in the hydro tanks, you know...

RW: What is debridement?

LD: That is removing the tissue...

RW: ...the dead skin...

LD: Uh-huh. Also, in the military, and of course it relates to civilian, also, because many of the things that were developed in the military then are used in civilian life, the evacuation of patients has been just remarkable. Now, we have the helicopters that pick up the patients and we had them in Vietnam, and they're back to where they can receive definitive treatment in a short period of time. Well, of course, right here at Fort Sam Houston we had a helicopter detachment--to provide training for the military in a service for the civilian community they developed this mass [evacuation procedure?], and they would call us in and we would go pick up their patients. Now the hospitals, some of them have their own helicopter service, but they didn't at that time. There's so many things like that that [the military] have contributed.

RW: So we're saving a lot more soldiers then we...

LD: That's right.

RW: I assume that's true.

LD: That's true. Got 'em back to where they could receive the care that they needed. They could be resuscitated out on the field by the medics, that were picking them up and then brought back. The different types of surgery, like open heart surgery, they do now, transplant surgery, all of these things, [and there are so many people with] cataracts. Being of my age, I don't have cataracts, but I have many peers who do. They go into the clinic and they do the cataract and the patient goes home. When we had cataract patients, you had to keep them flat on their backs, [with] sandbags on the side of the head so they couldn't move it, feed 'em liquid diets.

RW: For how long?

LD: We had to keep them that way three or four days, like that, because of the wound.

RW: Oh, my word, trying to go to the bathroom and all that...

LD: [They used] Bedpans, urinals.

RW: That was quite a chore, just to...

LD: But, it's just, the things that I've seen in my lifetime [that have changed]. Oxygen, you have piped in oxygen in our hospitals and piped in suction now. And we used to have those big old oxygen tanks that they'd have to roll to the bedside and strap on to the bed. And you had your suction machines...

RW: It's like a revolution, isn't it?

LD: It is. And, uh, of course, many of those things have been developed in the military, as I said, and now used in civilian life. The space age has done so much in developing things that can be used.

RW: Like the laser surgeries and all of those.

LD: All kinds of things like this. It's exciting. And then, of course, computers.

RW: And how has that fit into the nursing profession?

LD: Well, it used to be when you wrote out a lab request, and you carried it down to the lab, they came up and took the specimen, and they'd have their report, you'd have to go down and pick up the report, and then you'd sit there on night duty and you would paste 'em into the patient's chart. Now, they don't have to go through all that, you go down to the lab, you have your slip and they do the work, and it's

printed out and you go see your physician, he sits there and pulls it up and here's a record of all you're your lab work or anything else, right there.

RW: Yeah, it's all punched into the computer and then it becomes part of his permanent record.

LD: And even medications. We used to get the stock medications from the pharmacy, and kept our little bottles on the ward, and the rest underneath in the cabinet, and when you're on night duty, you change labels, 'cause they'd get dirty on the bottles, things like that. But now, we have refill pharmacy, I just called in to the answering machine for my refill, and I can pick it up after ten o'clock tomorrow morning. In the hospital, the first time it happened to me here was BAMC, I used to just call his secretary, doctor's secretary, and he would write a prescription for me and I'd pick it up and go down to the pharmacy. The other day, he says, "General Dunlap, you don't have to come. I'd like to see you, but you don't have to come." Said "I'll just electronically transfer it to the pharmacy," so she transferred it to the pharmacy, what the prescription was, I went down and picked it up. The time that was spent...

RW: ...running back and forth...

LD: Now, and we have the screens at each bed, in many of our hospitals. You've seen that?

RW: Yeah, where the blood pressure and all the different vitals, what's on those screens?

LD: The vital signs, and, different things that they're monitoring and the doctor can come in or the nurse can come in and pull it up right there, and even they can get x-rays on them. On some of them, you know.

RW: Is that right?

LD: Well, of course, I still get around to our Army hospitals a good deal, 'cause when I'm different places, they always had me come in. I'm interested in seeing what's going on. And they're proud to show it off, too. But I know the last time I was out at Madigan, in Tacoma, Washington, it was new and they were so proud of their computers that they were working on there, [with] tinctures (sp?) and blood pressures and everything. And I said, "But there's one thing. You can talk to the computer, but don't forget to talk to the patient. The patient is sitting, laying in bed over there, you know." And this is something that you really have to watch.

RW: Because the first thing that people do is they probably come and look at the computer, right?

LD: That's the tendency. Come get their information up there instead of from the patient.

RW: How are you today? And...

LD: And the patient is just laying there, you know. "Well, I guess it's alright." Oh, I could go on and on about many many things like that. But I know when I'm in the hospitals and they'll start explaining some of their monitors, I say, "Now wait a minute, explain to me the explanation before you get to what it really means up there." It's so fascinating. But I'm always emphasizing that you still have the patient. And you have to relate to the patient, better than you relate to that computer up there.

RW: 'Cause sometimes the patient can tell you things that computers can't.

LD: Oh, that's for sure. And not necessarily talking about their condition.

RW: That's true, but just get to know them as a person and find out what, you know, how they respond to being sick, and you know...

LD: You have to establish a relationship with them like you do in anything.

RW: In any other profession. That might be the most important thing you can teach some of these students.

LD: And you have to listen to 'em. Not go in and do your procedure—that was another change--we used to have one nurse assigned to take care of so many patients and you'd do everything for that patient. And during World War Two, because of the shortage of nurses and all, we went into training more of our non-professional personnel, our wonderful corpsmen, and as a result, we got into a functional method, as they do in hospitals, not just military. One person's responsible for the passing out medications, and they come in and give you your medication and that's it, you know. Someone else is responsible for a different function like that, and the poor patient, really doesn't know who's taking care of them.

RW: You're like a piece of sausage or something.

LD: Well, you want to be able to feel like, that's my nurse. Or that's the person that's taking care of me. I know my mother was ill several times in one of our local hospitals. And she'd say, "The nurse did it.." And I'd think, "Huh? A nurse did that?" "Well, it wasn't the R.N." You know, that's when everybody was wearing a cap, now nobody wears 'em.

RW: Is there a shortage of nurses now?

LD: In rural areas, yes. That's where nurse practitioners are going. Hospitals are changing because of, with managed care, you have only the critically ill patients there, and they're not keeping them in hospitals very long. So, the need for hospital nurses decreases, but for those who are functioning out in homes and clinics, [numbers are] increasing, because patients go into the hospital and are sent home, [a] week or so before we would have sent them, and they don't have people to give them the care they need. And, so they're going more into the community nursing.

RW: How do you feel about these changes?

LD: Well, I'm not too happy. I agree that some patients in the past were kept in longer than they should have, [after they] could have gone home. And particularly if they had facilities at home, could afford private duty nurses and things like that. But I've seen too often that hip replacements, you know, [hospital officials are saying] get 'em out.

RW: Seems like if they had a problem when they get home, and they're sent back, it's more expensive than if they were kept a little bit longer.

LD: This is true. This is true. I feel that we are, in nursing, are diluting the excellence or the quality of nursing care [and it is] forced on us by this type of managed care. Now it doesn't happen everywhere. When they're in the hospital, they get good care. 'Cause we have some tremendous hospitals here in San Antonio. But then, what's gonna happen when they go home?

RW: A lot of the decisions are being made on the basis of saving money versus like what the best thing for the patient...

LD: Bottom line. That's why my broker told me he really had a good one for me. I said, "Oh yeah, what is it?" It was a certain managed care, and I said, "Forget it." I said, "Bottom line for them is a dollar sign and I want something that the bottom line is service," because I invest in hospitals and schools and so forth, what little bit I have to invest. But not that.

RW: Switching subjects a little, was there sexual harassment in the Army while you were, you know, a young nurse? I mean, how did you...

LD: I did not, I was in thirty three years, and I have really thought about this with everything that has come up, and I really cannot say I was [a victim of or an observer of] what I considered sexual harassment. And I felt that if any of the enlisted personnel back then, they certainly would have [told me], I would have known because they always [confided in me]. I was the mother figure [to] the nurses, you know. I just feel that so strongly. I only had one experience. I was head nurse of a ward in Germany. We had one chief of one of our services [who] would come on to this ward, it was the dependent ward, so we had [patients from] all services there. And he'd come on the ward and as he opened the door to come on, he'd say, "Dunlap, I'll meet you in the closet." You know, that just really got to me like that, I'd ignore him. Well, I had a policy, I made rounds with all the doctors as they saw their patients, so I would know what the patient told him and what they told the patient. But when he made rounds, I'd send my sergeant to make rounds with him. And that was the way I handled it. But, naturally, there were some people, not many, some men-- and you'll see these even ushers at churches, they can't usher you down the aisle, they're kind of putting their hand on, to take you down or something. And they don't mean anything about that. They knew I wouldn't put up with it.

RW: They--you weren't a good customer for them.

LD: No. I really, was not aware of any sexual harassment. Then, of course, as I became the chief nurse and director and all like that, well...

RW: None of the other nurses complained to you, or they didn't bring you any reports of some...

LD: And I may be so naïve, I may have been naïve that it was going on, but I don't know. I was pretty astute.

RW: I'm sure if you would have seen some real unhappy nurses, you would have known something was going on.

LD: I would have known it.

RW: So, it seems that you, in your quote unquote retirement, you're busy, just as busy as a cranberry merchant, and, uh, I think the thing that interested me most in looking at, uh, some, a part of your oral history that was at the institute, was this building of this museum, and I want to know more about that.

I mean, that's such a monumental...tell me, what was the impetus for that and who were these people who helped you, I see someone named Augusta Short?

LD: Augusta Short was my chief nurse when I was a young captain.

RW: And you all worked together for a few years?

LD: Not with the museum, she was chief nurse at Fourth Army headquarters and she brought me in to set up a recruiting program. And she's a hundred and two years old. And lives out in Hollywood Park.

RW: Are you serious? Is she, is her mind alright?

LD: Her mind's alright. She's blind, legally, but you'd never know it. Her sister Mary's a retired school teacher's gonna be a hundred, December. And their brother is a retired vice admiral and he's about ninety-three or four.

RW: What kind of vitamins do they take?

LD: I don't know, they're from Mississippi. East Taboochee (sp?) Mississippi.

RW: I wonder if anyone ever interviewed her?

LD: Oh yes, many times.

RW: But now, I don't know where, so you and she were in the AAUW, or she recruited you?

LD: She got me into AAUW.

RW: But that was not related to this retired Army nurses organization.

LD: No, we established the Retired Army Nurse Corps Association here in San Antonio, and she was a charter member on that. But then when we questioned the members as to what should be the purpose, we wanted something someplace where the momentos, the history of the Army Nurse Corps [could be placed on display]. General Parks, who's from San Antonio also, was chief nurse at the time, and they were closing the Walter Reed Institute of Nursing in Washington and all of those wonderful things that were in the nurses quarters up there were being sent to storage. And so that was the impetus for us to try to do something. Well, the nurses went to Doris Cobb, who was the president of our association, [who] went to General Spurgeon Neal (sp?), who commanded Health Services Command and asked him about it, because we determined we couldn't do it ourselves, and should it become an AMED, an Army Medical Department, I'll say AMED over and over. And so he got the group of retired AMED officers

together and it was decided that we would establish and incorporate the AMED museum foundation. And the sole purpose was to provide a museum here at Fort Sam Houston. We surveyed and there was no existing facility available or adequate for our museum. So we said, "Alright,"—and the Army couldn't build one. They don't build 'em. So we said, "Alright, our foundation will build a museum and give it to the Army and they operate it." So, as a bunch of amateurs raising money, we started out. In the military, you couldn't raise money, oh no way could you ask anyone for any money. We got our Christmas card list of different ones, and came up with a list to send out brochures to try to raise funds. We incorporated in the state of Texas as a non-profit organization and for ten years, we raised two and a half million dollars. We built phase one, what you see now is phase one.

RW: Is that a building?

LD: Yes, I've love for you to see it. We built phase one and Doctor Debakey (sp?) came from Houston to dedicate it in eighty-nine and we immediately went into fundraising for phase two, which would be three million. And right now, we have about two point seven, we have our plans and you have to send them through channels, and they are now up at the Secretary of the Army's office for approval, 'cause see, he will accept it.

RW: He can accept, even though you can't raise money through the Army, but they can accept it as a gift.

LD: Oh yes. The way it [the museum] functions, we gave phase one to them, and they're responsible for it.

RW: Oh, I see, the maintenance, you mean?

LD: Everything. The only thing, we keep the gift shop there. So that we can continue to raise funds through our gift shop.

RW: So do they have a curator, or someone who, uh...

LD: They staff it. They have a curator, a director, we have,...

RW: Maintenance and all that?

LD: They do all of that. Well, we keep the grounds, because normally you wouldn't do it, but the chairman of our board and his wife are very generous, and so each year they pay for...

RW: Groundskeeping.

LD: Groundkeeping.

RW: How nice.

LD: What we have up there now in phase one, is an exhibit hall, and we have an auditorium, and it's no admission to the museum, and no charge for using the auditorium. Sixty-eight people I think it will seat. And we, it's open to the civilian group, and different ones have met in there. And we have a library, a research library. No one can borrow anything from there.

RW: Research library? On the history of nursing, or what?

LD: Of the Army medical department. The AMED, Army Medical Department is something we insisted on. It is not a scientific museum, it's a historical museum.

RW: But it's not limited just to the nurses, but just to...

LD: Oh no, it's the whole Army medical department. As a matter of fact, by regulation, we're required to show the history of the Army Medical Department, and in our exhibit area, beginning with the Revolutionary period, we have sections, Revolutionary period, Civil War, turn of the century, World War One [end of tape] [side two of tape]...This is a book here, you should read.

RW: Oh that looks good, let me write this down. Mary Livermore...“My Story of the War: The Civil War Memoirs.”

LD: Now, that's the Union.

RW: Right.

LD: She was with the Union.

RW: Is that when the first Army nurses were in, during the Civil War?

LD: Well. Not only...

RW: Well, of course we had Dorothea Dix?

LD: Dorothea Dix. But see, they weren't Army nurses.

RW: Go ahead and elaborate on that point, please ma'am.

LD: Well, until nineteen oh-one, nurses, would go with the troops to take care of 'em. Wives, sweethearts, anyone you know would go and...

RW: They washed, ironed, did everything, I mean.

LD: This is beautiful. And they had the sanitary commission that she worked with and how the women in communities would get food and clothing and bandages and things through fund-raisers, they didn't call them that, to send to the troops because they didn't have them. So, talk about volunteerism.

RW: Yeah, that would be a great movie, wouldn't it? Or a docudrama?

LD: Oh, absolutely. Then, during the Spanish-American war, we had contract nurses there, and as a result of the service the contract nurses did, Doctor Nita Newcombe McGee (sp?) who headed up the DAR later on, was the one who the surgeon agreed that we needed to commission, to have a nurse corps as part of the Army, per se. That was in nineteen oh-one that the Army Nurse Corps was established, which is the first of the women's services to be in the military.

RW: So, it's almost a hundred years old?

LD: Yes, we're trying to get a commemorative stamp for our hundredth birthday.

RW: Yeah, it would be great to have a special, well, I'm sure you'll have some special things at the museum, possibly in two thousand one. It would be great to do a video about the women in the Army Nurses Corps. You all haven't done that yet, have you?

LD: They have. Different ones they've used in recruiting.

RW: In recruiting, but not one that's told the historical story from the beginning.

LD: No.

RW: I'm going to suggest to Linda Schott with our center that might be a video project we might like to look into. You know, we did one on women in the Texas legislature. And since San Antonio is such a major medical center, I'm sure that quite a few women who've gone through here...

LD: Yes, this is the home of the Army Medical Department. They reorganized in the Army several years ago, and the Medical Command is here at Fort Sam Houston.

RW: Is that right?

LD: The Surgeon General commands that, and in addition as surgeon general, he has his office up in Washington and he's back and forth all the time. And the Army Medical Department Center and School here is where all of the officers and enlisted personnel coming in the Army go for their basic

orientation course, and then their specialty courses. Some of them on clinical, phase one or phase two, and we've even affiliated with Baylor University for a master's in health care administration. I went through that and taught in it for five years. And a master's in physical therapy, different programs like that affiliated with our civilian universities. Our clinical techs, ninety-one Charlies we call 'em, they have their phase one here, then they go out to different Army hospitals for phase two. And they become licensed vocational nurses.

RW: Well, what, tell me some of the kinds of things that are in your museum relating to the history of nurses. I mean, do you have artifacts? Do you have documents?

LD: Yes, we have documents, we have pictures...

RW: Pictures, ah, some of the earliest, some of the old time...

LD: Oh yeah. Mm-hmm. The first time you'll see the nurse—well, turn of the century. We have a display of all the insignia we've worn, things like that. And then in World War One, we have one case with uniforms that they had on, and in World War Two we have uniforms and we have a P.O.W. We had, you know, sixty seven Army nurses who were taken prisoner in Corrigedor and were prisoners in Santa Tomas internment camp. And they all came back. About half of them are gone now, but they all came back. But we have a display and we have a uniform, a khaki uniform that they made over there and they would get those big balls of twine and with bamboo needles they would knit sweaters and underwear and things like that. We have some of those things. We have different items that have been given to us. Only about ten percent of our collection is on display down there.

RW: I see, much of it's in storage.

LD: Oh, yes. Mm-hmm.

RW: So did war have people in it, can you tell me if their stories are recorded in some way when they got back, did they write memoirs?

LD: A number of them have written books, they were interviewed, the VA administration had 'em up in Washington and they interviewed them. Most of them. There were all kinds of newspaper clippings, and when they got into their own little communities, they went back home, of course they were

interviewed and became the belle of the town at that time there. Down at our museum in the gift shop we have books like that.

RW: Some of their books?

LD: Mm-hmm. We have one, Denny Williams (sp?), uh, I have copies of it in here too, but books that different ones have written. And I'm constantly reading other things, I'm just reading one, not about a nurse, but, "Three Thousand Eight Hundred Bowls of Rice" about a prisoner who had rice every day.

RW: And what about some of the equipment that you all used, is that on display too, some of the early, old time...

LD: In physical therapy, some of the electrical equipment is down there, there's an x-ray table, a World War One ambulance.

RW: Uh-huh, I think I saw a picture of that in one of the articles about the museum.

LD: And there's a display of herbal medicine, and then there is a retired doctor, Buker (sp?) who has quite a large collection, personal collection. He has given it to us, and so we have different things on display down there.

RW: Why would you have the herbal medicines, were those things you all used, or...

LD: Oh, sure. Like Cascara (sp?) that...

RW: Ah, we used to use that for pregnant women, that was considered a mild laxative, right?

LD: We used to...

RW: I tried to find some of those about three years ago at the drugstore, and the druggist looked at me like he thought I was out of my mind, like "We don't use that anymore."

LD: We used to mix milk of magnesia and cascara (sp?) in a little ounce glass and give it to them.

RW: Well, it worked.

LD: Mm-hmm. But we have a whole display of herbal medicines, stethoscopes, microscopes. I'll tell you a little story about that, before we built the museum, even, I was notified that there's a man up in England who had a lot of medical stuff he'd like to sell. I got one of the retired doctors to go with me, and he wanted to sell it. I said, "We don't have any money, we can't buy this. You can give it to us." He couldn't do that, though. So I got to looking around, and instruments, and one little forcep

fascinated me, 'cause it had eighteen ninety-five, and that was the year my mama was born. But, microscopes, and I saw these little flat, tin things, I didn't know what they were, and it was a lantern. And in the film was a lantern that you would raise and put a candle in it, that the nurses carried. And so we've got those down there. For a thousand dollars, got everything.

RW: So you thought that was a great buy.

LD: It was. Microscopes, they found some back to the Civil War, you know, so they're on display down there.

RW: I would like to see that.

LD: It's open, well, I can get you in there anytime. It's closed on Mondays, but it's open from ten to four, Tuesday through the rest of the week.

RW: And it's at Fort Sam Houston?

LD: Yes. Now, from here, you go back Harry Wurzbach onto the post, and just as you get on the post, it's Stanley Road, before you turn to go up to the old main hospital. It's right there on the corner, you can't miss it. It's the prettiest building on the post. With a well-kept yard.

RW: Now, is there a Navy Nurses Corps? I mean, does each service have it's own nurses?

LD: The Navy Nurse Corps came next. The Air Corps, Air Force, was Army Air Corps, you remember. So the Army nurses worked in the hospitals at the air bases. And, it was just one of your assignments. But you were Army Nurse Corps. And then when the Air Force became the Air Force in nineteen forty-nine, then an Air Force Nurse Corps was established. I was here at Brooke, and some of the Army nurses, of course, transferred to the Air Force. Others were recruited in, many Army nurses did. They kept saying, "Come on, Lil, come go with us, let's go to the Air Force."

RW: Why did they go? They sounded more glamorous?

LD: It was exciting, because they did the air evacuations, things like that. It was new. So, at that time, the litters for the patients were way up high, I am five foot one, I was five foot three then. And you had to be a certain height. I said, "No way, I can't reach those litters, I'd have to join the tank corps."

RW: Because they were on airplanes?

LD: Uh-huh, you know how they would sling the bunk bed things. Uh, we also had hospital trains, and we have one here. At the museum, we were able to get one and refurbish it. And people weren't aware of that, but, you know, the patients would come back from overseas on ships more than they were air evacuated, but they'd come back on ships, and bring the men to the ports and then you would take them cross country to the hospital where they were gonna be, on trains and some air evac, naturally. So we got one, and each coach, we have the one coach, I said we have the train, but we've got a coach. It [each coach] can function independently, in case they had to be put over to the side, they had the air conditioning and everything in there. But it's been exciting, refurbishing that. And we took some of the bunks out on the right side, and have history in there of the use of the trains. They were, I was stationed in Germany in nineteen fifty-four to fifty-seven, at Nine-Eighth General Hospital, Neubrücke, Germany, and we would have patients picked up by train all over Europe and brought to our hospital for this center, that we had different specialties there, then they'd go back on the train. So, you know, it hasn't been too long ago that we were still using hospital trains. Here in our country, now, people don't know what a train is.

RW: Oh, I certainly had never heard of one. So, when was the Navy nurses, they were established during World War Two?

LD: They came along, no before. Navy Nurse Corps, I think, nineteen oh-three. If you'll cut it off, I'll get a book...[pause in recording]

RW: Now, this is "Women in the Military," right?

LD: She was director of the WAAFS, and then when the, they integrated the women into the Air Force, you know, and they no longer had WAAFS, then she went on to become a major general.

RW: Oh, that looks good.

LD: This one, "To the Angels," by Denny Williams (sp?), and she lives here is about the nurses, angels of Bataan, the ones who were P.O.W.s, and poor Denny. I don't know if she has Alzheimers, but she has some problems.

RW: And these are the names of the women who were...

LD: Yeah, they were...

RW: Prisoners of war?

LD: Mm-hmm. When I get through reading my books, I give them to our library down there at the museum. Now, this one is one written by an Army nurse, "From Nightingale to Eagle," this was when, uh, Colonel Blatchfield (sp?) became the chief of the Army Nurse Corps and a full colonel. So that's how they got its name. Let's see...I have many of them, American women in World War Two.

RW: This is fun. I'm a bibliophile, what can I say? We all have our little secrets.

LD: I know. When I came home I owned this duplex, I put that room on there, and I call it the "I love me" room. And, they keep saying, "You're going to build another room?" That, oh, there's so many good books, and you'll see them down at our library down there.

RW: I definitely can see a video.

LD: Down there at the museum, we have a ten-minute film on the history of the Army Medical Department. Now, this is not about nursing, but this is real interesting to me, it was sent to me as a gift, complimentary copy, I should say. And it's about a person who worked as correspondent, and was over in Europe, And it's real interesting.

RW: And it's by Christy...

LD: 'Cause of course, I was in the Pacific, and we knew there was a war going on over there [in Europe], but we knew that they were getting all the supplies and the attention, you know.

RW: Is that true?

LD: Oh, yeah.

RW: So what did you all do, you just had to like, make do?

LD: Well, history shows, too, that it was agreed that they would concentrate on the European theater over there, first, until the...

RW: And so, well, did you all run out of supplies, I mean...

LD: We had limited supplies. And limited evacuation of patients, and they talk about getting leaves and going into Rome or someplace like that, we were in the jungles.

RW: You didn't have anyplace to go for R&R?

LD: No.

RW: It must have been, just the conditions must have been, just the heat and...

LD: The humidity, the heat, but I don't regret one minute of it.

RW: Well, how was morale, how did you deal with all this?

LD: We were, first of all, in for the duration. You were over [there], you didn't know what that was going to be.

RW: So you didn't know it was going to be over in nineteen forty-five, right?

LD: No, when we sailed out of San Francisco, our unit...

RW: When was that that you sailed?

LD: Thanksgiving day, forty-three. We said, "Goodbye. Golden gate in forty-eight." Just like that, you know. And that was one thing that's different than now. Because like in Vietnam, they went for a one-year tour. It was a constant turnover. We were units, and a unit went over together, we became very cohesive, here in the states before we went over, and we...

RW: That was good.

LD: It was, because we activated at Campion, California, which is out near Desert Center, in the desert. We took care of the troops on desert maneuvers out there for six months, then we got the troop train, went back to Chaffee, Arkansas, for four months of jungle maneuvers, then a troop train back across to San Francisco and sailed. Headed for Brisbane, Australia, because at that time, medical troops going into the Pacific went to Brisbane, to then be sent where they were needed. But, three days out of Brisbane, they needed the ten thousand amphibious engineers aboard our ship, the West Point, they diverted us to Melanie (sp?) Bay in New Guinea. So that was the beginning of two years, Melanie Bay a short time, a year up at Dobudura, in New Guinea, and then on into the Admiralty Islands, on Las Negras and then the Philippines.

RW: Well, how did you all keep up morale when you, under those circumstances?

LD: We played baseball. Oh, yeah. We'd have, the women would play softball against the other officers and the enlisted and you'd bring your patients out to watch it, any way you could get 'em out there, and they'd have more fun teasing you the next day, "Tex, you swing like a rusty gate," this type of thing.

RW: Well, was there fighting around there, or was that a, or you were back...

LD: We were back. I mean we were as far forward as you could go at that time. But, um, we took care, patients were evacuated back to us.

RW: Was it like M*A*S*H?

LD: [laughs] We didn't have helicopter evacuations, then. I enjoyed M*A*S*H, because I said, "If people would look at the story they were telling," the characters of M*A*S*H were a cross-section of our country, that's what the military is, when they are thrown into crisis situations, they all pitch in and work. And they don't complain a bit and they behave themselves. When they had a little time, that's when the shenanigans [sarted]—but they played football, didn't they, in M*A*S*H? We didn't have a Klinger in our unit. We played volleyball. I know in the Philippines, we had volleyball nets set up in front of the old bombed-out library and we would play. We dated...

RW: What did you all do about make-up?

LD: Oh, you had your make-up. Some of it.

RW: So there were some romances?

LD: Why, sure.

RW: I wonder if any of those people got married after...

LD: Uh-huh, some of them in our unit married, and are still together.

RW: Is that right.

LD: When we were in New Guinea, down at Dobadura, the eleventh Airborne came in before they went on up to jump in Manilla. We got a big kick out of that, because Airborne is just like Marines [growls] real gung-ho...

RW: Macho type?

LD: And we had, the policy was you couldn't leave the compound on a date unless two couples[went], together, and your men had to be armed, had to have pistols. Men would come up to see us, we'd date 'em. Might go someplace, we had officer's club down on the beach at Ora (sp?) Bay...

RW: Was it pretty?

LD: It was pretty, but the officer's club, you know, just pre-fab, thatched hut, that type of thing. We had some, quite some experiences. Now I know, the young officer that I was dating really got mad at me, because his sergeant was a patient in our hospital, and I made his sergeant work. And sergeants didn't work. And I said, "When they come into the hospital, they are patients. They're not sergeants and privates." And the patients were so good, you know. Taking care of each other. Oh, wonderful.

RW: Were there any women that fell in love with each other, do you think, or was this an issue?

LD: No. Oh, again, I'll address that. I never saw any open homosexuality. You are aware that there are queer, I don't like to use that, but you are aware that there are people who have those tendencies, and they'll dress like men, but in New Guinea, we were all dressed like men. But anyway, even in today's Army, and you all live together, so you're, you knew what was going on. Like we had six to a hut or a tent, or something like that, in our unit. There was none of that in our unit. A number of them got married.

RW: But this wasn't an issue in terms of people ostracizing women who might have been gay or anything like that?

LD: No, they were good nurses.

RW: And that was the most important thing?

LD: And there were, and they are today. And a lot of the men, you thought a lot of the men, "Boy, they sure are sissy looking," you know. That's the word we used, they're sissy-looking, you know. But there was never any, I never was aware or observed, and they talk about the policy now, don't ask, don't tell. We didn't ask. If it had become evident, something would have been done about it, but it wasn't.

RW: It wasn't a problem.

LD: Just, like alcohol and drugs. We didn't have that, didn't have any alcohol. G.I. alcohol, or New Guinea.

RW: What did you all have? Did they make up some kind of fake alcohol.

LD: Oh, yeah.

RW: Out of grape juice?

LD: Prunes and stuff like that.

RW: Was that good?

LD: I don't know, I never did drink and still don't. But you would get, in New Guinea, periodically, a ration of beer, would come up from Australia. You could buy one or two bottles or something. Maybe some Coke would come in. Or cans of chocolate milk, or Almond Roca candy. And like, you could buy one can. Or something like that. I would try—and cigarettes.

RW: You'd trade them?

LD: I would trade mine, I didn't smoke, didn't drink. I got the candy and the Coke for cigarettes, like that. But, men used to say that beer from Australia tastes like skunk juice.

RW: What did you all do about the holidays, like Christmas? That must have been sort of strange in the jungle...

LD: Well, you make the best of it. The first Christmas was, we landed December the third in New Guinea, so we spent the first Christmas in New Guinea. And we, one of the nurses had brought a bottle of champagne in her bedroll, all the way over there, so they had some great big white onions down in the mess hall, and some bread. Fresh bread, we got from the bakery that they had up there. So we had white onions, fresh bread and champagne out of the canteen cup was quite a celebration. But, the next Christmas, up in the Admiralty Islands, that was a tent hospital set on the coral sand. And what are you gonna do? Well, we went out—men went out and they got a semblance of trees and added limbs to them, you know, so that we had trees, little Christmas trees for each ward. How are you gonna decorate 'em? You had laboratory slips that were different colors. Blood was red, urinalysis was yella, gastric analysis was kinda green-like, you know. You know, we did chains, cut 'em in strips and made chains and put 'em on there. And there were some little balsam balls that would wash up on the beach and we got some of those. And then we had the O.D. mosquito nets, but the Navy was over on Mannis (sp?) Island, they had white mosquito nets. So some of the Navy officers we were going with managed to get us some white mosquito nets and the nurses cut Christmas stockings out of them, and we took the red flannel bandages and after the patients went to sleep at night, we tied a Christmas stocking on the foot of each cot. And, of course, we went through getting any fruit we could find, and there was a Masonic

group on the island and Red Cross, you know, toothpaste, cigars, anything like that to put into the Christmas stockings.

RW: That almost makes me cry. But what you all did, you all made do.

LD: Well, but see, it was such a joy. We had mostly Texans and people from Louisiana, New Mexico, some from Arkansas, in our unit. There were six Yankees, and they couldn't even play baseball. We put 'em in right field.

RW: Let 'em chase the ball.

LD: But we did so many things together, and you know how we loved pinto beans and cornbread. Well, mama would send us dried pinto beans and the cornbread, and we'd put a pot of beans on, on a little burner that you got from central materiel, and whoever was off-duty would watch the beans, and sometimes the enlisted men would take the bean pot over and watch the bean pot, so that, when the beans and cornbread were ready, we could have beans [end of tape]