
Army Nurse Corps Profiles

Colonel Charles Reddy

U.S. Army

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Distribution

Foreword

In 1998, Lt. General Ronald R. Blanck, Surgeon General of the Army, reestablished an official historical program under a new Office of Medical History. Oral history forms a central element in the new program, which will conduct regular interviews with key Office of The Surgeon General and Medical Command active and retired personnel, publish selected interviews in a "Medical Memoir" series, and provide coverage of current operations and issues with participants and decision makers.

Colonel Charles Reddy's Army Nurse Corps Profile was conducted on 9 January 2003 at Fort Sam Houston, Texas, by Colonel Mary Sarnecky Army Nurse Corps, Contract Historian, Office of Medical History, Office of the Surgeon General, United States Army.

Colonel Charles Reddy's oral history reflects the wishes of Lt. Gen. Blanck for the

The Interviewer

Dr. Mary T. Sarnecky earned a Bachelor of Science in nursing from St. Louis University; a Masters in Community Health nursing from the University of South Carolina; and a Doctorate in Nursing, a Family Nurse Practitioner certificate, and a School Nurse credential from the University of San Diego.

Before retiring from the military in 1996, Dr. Sarnecky served in the United States Army Nurse Corps for almost 23 years in a variety of locations both at home and abroad. She has held every grade from second lieutenant to colonel. A few of her roles as an Army officer were in community health nursing, critical care nursing, nursing administration, nursing education, infection control, and nursing research. She also has held positions in the civilian world as a general duty nurse; as a school nurse in the Department of Defense School System in Nuremberg, Germany; and as a nurse practitioner and school nurse with the San Diego Unified School District.

Dr. Sarnecky has lectured around the globe. She has published extensively in a diversity of peer-reviewed journals such as *Advances in Nursing Science*; *Nurse Educator*; *Image, Journal of Nursing Scholarship*; *Nursing History Review*; *Sigma Theta Tau Reflections on Nursing Leadership*; *American Journal of Nursing*; *Military Medicine*; and *Army Magazine*.

Along the way, Dr. Sarnecky has garnered numerous honors. While in the Army, she was the recipient of eleven medals. She was elected to the Order of Military Medical Merit as well. For her research work in the history of nursing, she has been recognized with an array of awards, distinctions, and competitive research grants.

Most recently, her volume entitled *A History of the United States Army Nurse Corps* has been cited as the American Journal of Nursing Book of the year 2000 in Public Interest Category. Moreover, the American Association for the History of Nursing also bestowed their prestigious Lavinia L. Dock award for Exemplary Historical Research and Writing on this book.



Acknowledgments

Dr. Barry W. Fowle, Senior Historian, Office of Medical History, was responsible for publishing this manuscript. Major Jennifer Petersen and Annita Ferencz provided administrative support.

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Charles J. Reddy

Personal Data

Date and Place of Birth:

Parents:

Marriage:

Children:

Education

Civilian

School

Degree

Year

Military

School

Year

Career Summary

Awards and Decorations

Army Nurse Corps Profiles

Colonel Charles J. Reddy

U. S. Army

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Colonel Charles J. Reddy¹

Early Years

Q: This is an oral history interview for Colonel Charles Reddy, and today's date is 9 January 2002. The number for this interview is ANC-02-001, and we are at Fort Sam Houston, Texas, and this is Colonel Mary Sarnecky who is doing the interview.

Thank you very much, Colonel Reddy, for doing this for us.

A: You're welcome.

Q: When and where were you born, and tell us a little bit about your family.

A: [REDACTED] My mother and father — my dad's name is [REDACTED], and my mother didn't work as far as I remember, all the time I knew, but my dad was in the grocery business, and during World War II he worked at Grumman's Aircraft.

Q: Oh, really?

A: Yes.

Q: Did he own his own grocery, or just work in the grocery business?

A: Early on, Mary, before I was born, I think he had his own place. And then I think they got in the Depression and what have you, and he lost out on that and then did other things and all, and then ended up back in the grocery business with two other fellows that had a deli there.

¹This is an oral history conducted on Colonel Charles Reddy, United States Army Nurse Corps by Colonel Mary Sarnecky, U.S. Army Nurse Corps, retired, on 9 January 2002, at Fort Sam Houston, Texas. This document has been edited by Col. C.J. Reddy and by Col. Mary Sarnecky. Dr. Barry W. Fowle, Senior Historian, has also edited the document, formatted it, and established an acronym list. The original of this document and tapes, are located in the Archives, Medical Office of History, Office of The Surgeon General.

Q: Another instance of that greatest generation that went through so many difficulties.

A: Yes.

Military in the Family

Q: Was anyone in your family in the military?

A: My father was in World War I, the Army, and my brother was in World War II in the Navy.

Working as a Youth

Q: Describe your growing up years a little bit. Did you work at a young age, did you move a lot?

A: We didn't move a lot. As I remember, we moved one time and that was from the house that was rented — they didn't buy at that time. And I think we moved about four houses up the street, and it was a little bigger house. It had an upstairs to it and all, and I know they rented that for a while, and then the man who owned it, who was from New York City, died and it was up for sale, and they put a bid in for it. They never thought they would get it, but they did. At that time I think it was \$5,000 and I think when they died we sold it for \$110,000, that type of thing.

And I also — I think I was a sophomore in high school and I went to work as a soda jerk in the drug store.\

Q: So that was your first job.

A: Yes.

Interests

Q: What did you like to do as a child?

A: Sports. I was really into sports. Baseball, basketball, that type of thing. And where we lived, we were about a mile from the beach, so in the summertime before I started working in the drug store, the summers we spent at the beach, who could get the best tan, and I'm suffering from it now.

The Draft

Q: Aren't we all. Okay, then let's fast-forward a little bit. As you approached draft age, you undoubtedly were subject to Selective Service.

A: Yes.

Q: Were you drafted at that time?

A: No. I was in training at that time and we had like a student deferment, I think they gave us. It was a certain category number on it, but it was basically a student deferment.

Q: And that was when you were in nurse's training?

A: Yes.

Interest in Nursing

Q: When did you first think about becoming a nurse? How did you ever get an idea like that in those days, because there were very few male nurses.

A: Probably the thing — I'd have to say it was my senior year in high school, because I didn't know what I wanted to do. And again, in school I did all right, and I could have done a lot better, but all I was interested in was getting through, and sports, and that type of thing. And then finally in my senior year said, you know, we've got to think about doing something.

We had the big state hospital in our town. It was like a town that had a factory. Everybody worked in the factory. That's the way it was with the hospital. I know my dad said that during the Depression and all it wasn't felt that much there because they had had their checks every two weeks and that type of thing. And my folks couldn't afford to send me to college. Not too many of us went to college. I think maybe out of my class of 44, maybe half a dozen went to college, and they were usually physicians' children from the state hospital that were going.

A good friend of mine got a scholarship because of sports, so that's the type of situation. So the thing to do was you either went to work for the hospital, and I figured going to nursing school would be better. It was better to work as a nurse there than an aide or something like that.

Q: In the long run, that was a good decision.

A: Yes, definitely. And it was interesting, at the hospital there were a lot of male nurses, and a lot of them had been World War II vets that had gone in, were drafted, and come back, didn't get commissions at that time. And then as I was in training, or even before I went into training, a lot of the fellows who were World War II vets decided, you know, what they were doing was truck driving and stuff like that, you know, maybe they ought to go into nursing. So they were in, so it was very well accepted at that time.

Q: So you had sort of a broad range of ages there, too.

A: Oh, yes, definitely.

Gender Discrimination

Q: Did you encounter anytime at that point any gender discrimination in your community or from your family about taking this tactic?

A: No. I mean, that was it. Again, there were so many.

Q: In the community it was accepted.

A: Yes. My brother-in-law was a male nurse, who had been drafted. He got a battlefield commission when he was in Germany. He had been an OR tech, and then he got a battlefield commission. And I think at that time it was not the MSC Corps, it was the Medical Administrative Corps or something, which he got his commission into, and several of the others that were there.

I know when we were in training, there was a group of them who were lobbying for commissions and they would have us sign cards to have commissions for the male nurses.

Q: So you had some interface with the military at that point from these people --

A: Oh, yes. Definitely.

Diploma Program, Kings park, State Hospital

Q: So you had a diploma program at Kings Park State Hospital. Was that a psychiatric hospital?

A: Yes.

Q: So did your curriculum include other kinds of training?

A: Well, our second year we affiliated down Kings County in Brooklyn. It's a general hospital, and it was a huge complex, Kings County, and then right next to it was Brooklyn State Hospital. So we stayed at Brooklyn State Hospital, lived there, and then went to Kings County, and that's where we got all our MEDSURG and OB/GYN. As far as didactics, we got one day observation in labor and delivery.

Q: But you dare not touch anybody.

A: Right. Definitely, yes.

Q: Did you have a lot of orthopedics as well, or that was just down there --

A: Down there, yes, it was just everything. Yes. And even Pedes and I remember a nurse sending a bunch of us out of the room. A two year old female was in there, and the doctor screamed at her, he said, "What's the matter with you?" But that's the way it was then. And our observation on L&D is if we saw a delivery, fine. If there were no deliveries, that was it. You didn't get to see anything.

Q: You didn't get the experience.

A: Yes.

Regrets on Taking Nursing

Q: Did you at any time then, and maybe even in the future from then, regret your choice to become a nurse?

A: Not really. In high school I liked business subjects. In fact, I won the award at graduate, business award which wasn't much at that time, but it was. But I really liked those type

of things, and I thought sometime of, you know, accountant, CPA or something. But again, you know, we didn't have the resources and everything to go to college.

Q: And sometime in the future you did take nursing's version of that.

A: Oh, yes.

Graduation, 1953

Q: So in 1953 you graduated from your diploma program and passed your state boards, and then for several years did you have civilian positions before you came in the Army?

A: Oh, yes, at the hospital.

Q: At that same hospital.

A: Same hospital, yes.

Type of Work

Q: What kind?

A: When we graduated, because we didn't have the state boards yet, I worked as a graduate nurse. We had one building, Building 93, that had 11 floors to it. So one side was male patients and the other side was female patients, and I kind of floated on that side.

Q: Between?

A: No, on the male side. But the guys were — days off and stuff like that, I would fill in and be the nurse that day. Or if somebody didn't want to do something, change a dressing or something, that was my job. But then once I passed the boards, then there were two what they called items open — head nurse items open. One was evenings and one was nights, and so I took the night job.

Q: Were you married at this point?

A: No. And we worked six days a week at that time, Mary, so I was the new kid on the block and I got Wednesdays off.

Q: Six eight-hour days, or ten-hour days?

A: Six eight-hour days.

Q: That was the accepted?

A: Oh, yes. That was the state hospital.

Q: You got paid the same.

A: Oh, yes. But the reason I went on nights is I was going with my wife at that time, and at least it gave us an opportunity to go to the movie or something, and then bring her home and I went off to work. And the job was nothing. The toughest part was getting there at nighttime, at 11:00.

Q: You were able to sleep during the day?

A: A little, but not that much. Very hard.

Q: And these were all psychiatric patients, but they had other medical problems, I guess.

A: The unit I had, had a few diabetic patients, and once a month we would draw blood sugars on them, and we gave insulin out in the morning. I had a psychiatric aide that worked with me.

Q: And were there many medications at that time? How did they treat these people?

A: It was, you know, basically it was custodial care, you know, cleaned, fed.

Q: You didn't interact with them a whole lot?

A: No.

Electric Shock Therapy

Q: And there was electric shock therapy at that time?

A: We did some electric shock therapy, yes. In fact, I was on a team again. I had picked that up when I was the floater. And we did it, and I had to go down and get the machine,

bring it up and set it up and so on like that, and I tell you, it was a shock to me when I went to anesthesia school and we had to participate in that, and saw what they did in anesthesia school compared to what we were doing down there. But we didn't know any better, though.

Q: Were you not giving them anesthesia?

A: No.

Q: They just came up and [you] zapped them?

A: Held them down. Held them down and zapped them.

Q: It was probably very painful.

A: Oh, yes. Very. And we had, you know, an oxygen tank off in the closet somewhere with a mask on it. No way could you give positive pressure or anything. As I said, when I think about it, I shudder.

Q: The Dark Ages.

A: Yes.

The Army, 1958

Q: So you were mostly all at Kings Park then, before you came in the Army.

A: Yes. And I worked nights, and then I switched. The guy that was on the day shift wanted to go on nights, so I switched with him and I got a day job, and it was the same unit. I had more people under me then. But then in 1958 I decided to come in the Army.

Q: Why?

A: Well, I was bored. I was getting stale. I didn't like what I was doing. I was bringing home a check and that type of thing, but I was bored. And then my best friend had joined the Air Force, and he kept writing me and telling me what a good deal it was, and he was single at the time he went in. He was at Wichita Falls -- Shepherd Air Force Base, Wichita Falls -- and telling me what a good deal the married guys had. They were getting housing on post and so on and so forth. Of course, we had just bought a house and my

son was about a year old, and the oldest son was a year old, and my wife wouldn't have anything to do with it.

Q: She didn't want to come in the Army?

A: No, and her mother lived behind us and she babysat for us, and so on like that.

Q: How did you manage to change her mind?

A: Well, I just kept talking. I just kept plugging, and I told her, "It will only be for two years. That's all. I just want to get away. If I don't do it now, I'm not going to do it and I'll be kicking myself for the rest of my life probably." And so she finally agreed. And I know my mother and father were very upset. Very upset.

Q: Why, because you were leaving town?

A: Well, because I was giving up what they thought was a nice job. I had my own ward, you know, those type of things. And I know my mother and father got upset when my brother wanted to — he was in the grocery business. He worked for a supermarket chain, and he finally had an opportunity to buy his own delicatessen; which he did, and my mother and father, particularly my father, got very upset that he wasn't going to make it, he was going to fail, and that type of thing. So they were very sick over it for a while.

Q: You were looking for security.

A: Oh, yes, and that was the way things were for them.

Q: The tenor of the times.

A: Yes. But my best friend was really — so I did try to join the Air Force because of him, and there were several of us in town that went down at Mitchell Field, Long Island. I believe the Delphi University is there now, if I'm not mistaken. And so we took physicals and sent in our paperwork and all, and about a month later got everything back again saying there were no vacancies for male nurses in the Air Force.

Q: Oh, really?

A: Yes. And every month I would get a letter saying, you know, nothing has changed and so forth.

Q: So this is during the Korean War, 1953.

A: Yes.

Q: Probably just after.

A: Yes. And so then a fellow who worked across the hall from me, George Bradley, we were out having coffee. Our wards connected, and it was a kitchen-like. We were out there having coffee one morning. He said, "Charlie, the other night Shirley and I were watching the television and an advertisement came on about the Army Nurse Corps, so I took the number down and the address down and wrote, and I got a response back and they want me to come down for an interview and check with them. Are you interested?"

I said, "Yes, sure." So then, again, there was, I think, three — John Girvan was one of the other people that went.

Q: Was John there in Long Island?

A: Yes, we were all — yes. In fact, he's here in San Antonio now, retired. So we went down and talked to the recruiter at — what's the island?

Q: Governor's Island?

A: Governor's Island, yes. And gosh, he wanted to take — I think we went in like April and she wanted us to go into May class. And I said, "I have a house to take care of and that type of thing."

As it turned out, I went in July. They went to the following thing because they lost George's papers, and John's father wasn't a citizen. He was from Scotland. So it took a little longer, I guess, for a security check and all with him. So I ended up getting orders and everything, and we had it all planned. I had the newest car, we were taking my car, and the wives would take care of one another and all that stuff.

Q: So this was July of 1953.

A: No, 1958 when I came in.

Officer Basic Course

Q: Okay.

A: I came in Basic, and then they followed in six weeks. They came to the next class.

Q: So it was a six-week --

A: Basic at that time.

Discrimination as a Male Nurse

Q: When you came in the Army, then or later, did you then encounter any discrimination because you were a male nurse?

A: No, I can't say that I did.

Q: That's probably a reflection on you as a person.

A: Yes, I think so. Whether or not it's me or not, it just never happened.

Q: Did you see any of that going on?

A: Not in the military, I don't think. But in the civilian world, when we were in where I was in training, when we went down to Brooklyn, I was 18 years old and the guys back home were all veterans and so on, and I went down there and saw some of the gay fellows and stuff like that, and it was a shock to me, and to many of my friends.

Q: Because you came from a community where it was the norm.

A: Yes.

Q: That was very unusual.

A: Yes.

The First Commissioned Male Nurse

Q: So the first commissioned male Army nurse I think came from your school.

A: Eddie Lyon, yes.

Q: Then I guess he left the Army Nurse Corps and went to something else in the Army, and then got out of the Army.

A: I don't know that he went to something else. George Bradley and I, when we went to anesthesia school, George and I were together in anesthesia school, and Eddie Lyon came as a reservist to BAMC first, to Active Duty, and he was with a unit out of Indiana someplace. And he was nurse anesthetist.

Q: So he must have gotten out and gone in the Reserves.

A: Gone to the Reserves, yes.

Q: Is he still living, do you know?

A: I don't believe so. He was a big guy, 6'6". Very thin and all. I know when he came to high school the coach said, "Man, we've got a big basketball star here," but Eddie wasn't coordinated. I think he just outgrew himself, you know. He played on the team and all, but he didn't do well. But that's what happened. I don't think he went somewhere.

I know some other male nurses that switched corps. Several of them went to MSC and some went to Airborne and that --

Q: Why do you suppose they did that?

A: I don't know, I think it was the fact that maybe they didn't want to be nurses.

Q: It's hard work.

A: Oh, yes. Definitely. And I think the feeling, you know, that you had to tell somebody, what do you do, you know, male nurse. In fact, in those days we even had our number was MN.

Male Nurse (MN) Serial Number

Q: Really?

A: Yes.

Q: Instead of N? I remember my number, N5519264.

A: Mine was MN22953395.

Regular Army Commission

Q: We'll never forget that, will we? So at that time, of course, you could only have a Reserve commission.

A: Yes.

Q: Did the men feel badly because they weren't given Regular Army commission?

A: At that time it didn't bother me because I was only staying for two years, and so it didn't really matter to me. Later on then it really did, yes. And particularly when my best friend in the Air Force, you know, they gave them Regular commissions before we got ours and so on.

The Officer Basic Course

Q: Let's talk a little bit about Officer Basic. Was it a rude awakening for you, or was it a good experience?

A: It was an awakening, but I felt a very good experience. I was enthusiastic about it. I enjoyed getting out there, the formations and the music and the marching, and out at Camp Bullis, you know, going through those infiltration courses and things like that. It was very good.

Q: And being July, it was very hot.

A: Oh, very hot, yes.

Q: There was no air conditioning.

A: No.

Q: And you were over at MFSS.

A: We were in those barracks behind, in the thing there.

Q: Oh, really? That's where you stayed?

A: Yes. That's where I was, yes.

Q: Was that the male BOQ?

A: Yes, it was male BOQ, and the other two fellows, my friends, when they came six weeks later, they were down further in an air conditioned place. I think it was air conditioned. But we were in these old wooden barracks right behind the thing there.

Q: Very, very warm.

A: And I ended up palling around with three or four dentists because they were bunk mates and that type of thing.

Q: Same deal, with their wives away and everything.

A: Yes.

Q: So you had intended only to be in for two years, and that was okay with your wife.

A: Yes.

A Decision for a Career

Q: Then what happened to make you extend beyond that?

A: Well, my first assignment was at Fort Sill, Oklahoma, and I liked what I was doing.

Q: What were you doing?

A: Well, I was a staff nurse in the medical area, and I sat down and talked to the chief nurse about an assignment and all, and most of my experience was psychiatry, and she said, "We don't have psychiatry here. The closest I can do for you is to send you the medicine." And at that time at Fort Sill, the medical section was two and a half miles away in an old cantonment hospital, the main hospital. If you had to send patients for X-ray or anything like that, you had to get the ambulance or a jitney.

Q: And I'm sure you had lots of that, too.

A: Oh, yes, definitely. But again, I mean, it was a culture shock again, too.

Q: Lawton, Oklahoma.

A: Yes, Lawton, Oklahoma, and then also, you know, working — the psychiatric patients where I had been taking care of these elderly men, you know, and here are these young troops in there, some were very sick. And then also over in that annex there was a pediatric ward and a female medicine ward. And when you worked night duty, you had three male medical wards, plus pediatrics, plus the female ward. You had one sick kid and that was unbelievable.

Q: Threw your whole schedule off.

A: Oh, gosh. And no little bottles, you know. You had the 1,000 cc bottles that you had to empty out, and no drip things. You had to count on your watch and those things, and that was really --

Q: Giving medications was a big deal.

A: Right, yes, you had to pour them and so on like that. So it was — but I liked it, and I had — probably the first mentor that I had was the head nurse there, Major Thelma Goodman. And she was like the supervisor of that five section over there, you know. And although -- she predominantly worked out of the male section there, but she was just very good. I mean, she was organized. She had been in Korea, you know, and all she wanted to do was work your job and get things done and all, and I just thought a lot of her, and she did good by me.

Q: Who was the chief nurse, do you remember?

A: Doris Brandon, who was another lady.

Q: What was her rank at that time?

A: Lieutenant Colonel.

Q: Brandon?

A: Brandon, her name was, yes. Doris Brandon.

Q: So did your wife come and join you then?

A: Yes, after Basic and maybe two or three months after I got to Fort Sill, I found an apartment.

Q: And you sold your house?

A: No, but at the time we rented it, because I was going to come back. And my dad had power of attorney and what have you, and so we were coming back.

On Post housing

Q: So she came along. Did you get on-post housing?

A: After a while. We first were in an apartment for a while, and actually we got on post, but it was Wheery housing was what they called it. We got our allowance and we had to pay, that type of thing.

Q: I didn't know. I've never heard of that.

A: Yes. It was the same here when I was in anesthesia school at Fort Sam. It was located on the post, but there was like a manager, and they did all the maintenance and so on like that, but you went and you paid him your rent.

Q: So your housing allowance went right to them.

A: Well, you got it and then you paid what the rent was. And that's the way it was in Fort Sill. And then we were the first ones to leave after the Army—the government had taken it over. So everybody was interested in how were the inspectors going to be, you know, with checking out and so on.

Q: So your wife and your son came, and sometime during this tour both you and your wife had a change of mind.

A: Yes, well, I did mainly. As I said, I liked what I was doing despite that we worked nights, you know. You had 10 nights, and then you got — that was the only time you got a weekend off, after your 10 nights. But I liked what I was doing. I still have a stub from

my take-home check from King's Park. We would get paid every two weeks, and I took home \$126 every two weeks.

Q: From King's Park.

A: King's Park. So that was \$252 a month.

Q: What did you get in the Army?

OR Nursing

A: In the Army I was taking home \$300 at the end of the month, plus we had housing and so on. So that part of it was better. But I felt if I was going to stay, I wanted to do something else. And I talked to a few people. I talked to a couple of OR nurses, and they said, "You might want to try the OR first, you know, to get an idea of what goes on in the operating room and so on." But I didn't.

And then this friend of mine, John Girvan, came in six weeks later. He ended up coming to Fort Sill, too. And my wife and John's wife went to high school together. They were in the same class and John and I were in the same class. In fact, last April we were home for our 50th and 51st high school reunions. And John felt the same way. We felt good about the service, and wanted to do something else. So between the two of us and the wives, we talked about it all, and decided to apply for anesthesia school.

Q: Good. So the both of you did that.

A: Yes. I came to BAMC and he went to Fitzsimons.

Q: Now, while you were at Fort Sill, you were a 2d lieutenant?

A: No, I was a 1st lieutenant. I came in as a 1st lieutenant.

Q: How come?

A: Because I was out five years, and I think if you were out three, I think they gave you a 1st lieutenant commission, which really made a difference, too, you know, because I had some neighbors off post that were 2d lieutenants, artillery officers, and they thought I was in the service forever. And they were shocked when I said I had two months, three months. "How did you get that?"

So that made a difference here, you know, and in those days, you know, you stayed 1st lieutenant for quite a long time. A long time.

Q: Years probably.

A: Yes.

Anesthesia School

Q: When you applied for anesthesia school, were you picked up right away and accepted?

A: Yes.

Q: The first time?

A: The first time.

Q: And John Girvan as well?

A: Yes.

Q: Could you briefly kind of describe the didactic of the clinical portions of that program, and tell me a little bit about what it involved.

A: Probably each place was different, depending on the location. At BAMC here, our first three months we did was all didactic, only because where our classroom was, was the old beach pavilion, and it wasn't air conditioned. So the instructor wanted to get a lot of didactic classes done before we got into the hot season, summer and stuff like that. And most of our classes — or courses were taught by residents because they had quite a few residents — anesthesiology residents, and that was part of their job. I mean, they were assigned. The chief of anesthesia gave them assignments, you know, of the cardiovascular system, somebody had the neurosystem, and pharmacology, those type of things. The nurse instructors gave the history and those type of things, but the doctors gave us that.

Q: Were they good teachers?

A: Very good. Very good. Yes. Tough. Some of them were very tough.

Q: And the course was tough.

A: Oh, yes. Yes.

Q: Did you lose some students? What was the attrition rate?

A: We lost — there were five in my class, four males and one female, and the female left for personal reasons. She was going with some fellow and he didn't want to marry her while she was in the service, so she got out because she would have to pay back time, that type of thing. It had nothing to do with her studies or the course, anything like that.

Q: So you were left with four males.

A: Four males. Yes.

Q: What types of anesthesia were you educated to administer?

A: Just general anesthesia at that time. We learned about spinals and the effects and everything, because we had to monitor spinals and all that stuff. Like an anesthesiologist would give the spinal and get at the levels and everything like that, and you'd monitor them, and they'd come back and check on you and stuff like that. But we did not give them regionals.

Now, later on when I got out to Tripler, and I'm probably getting ahead of myself here, but we had the didactic part as far as regional anesthesia and all. But I never got around to it. I left, got out before we got into actually --

Q: You went to Baylor --

A: Yes.

Q: And that probably was part of the ANCCP, the Army Nurse Corps Contemporary Practice where everybody was trying to expand their roles and all that.

A: Expand their roles, yes.

Q: So anesthesia was doing --

A: Yes. Somewhere along the line we ended up learning to do what they called a beer block.

Q: What was that?

A: It was IV anesthesia. You know, you would drain like — it had to be done on the extremities, and you wrap it with a bandage and drain it, and then they would put a tourniquet on and you would give Xylocaine and it would block.

Q: It would hold it in there.

A: Yes, and it had to be a real short procedure, otherwise it went too long and you had to release the tourniquet, and then you lost your anesthesia. But it was something for a young GI drinking or something and he messed his hand up and he had some surgery.

Q: Too much of a risk to give him a general.

A: Right. Yes. One of the other things, too, as far as our program, when I went to anesthesia, it was two years — a year at BAMC and then we did what we called the preceptorship. And that had to be under a certified anesthesiologist.

Q: Oh, really.

A: Yes, and I went to Fort Knox and did mine there.

Q: For another year?

A: Another year. Yes. And there were certain requirements. We had to do certain reports and so on, and also in the BAMC program here, too, we had certain numbers of cases we had to get and everything before we could — were qualified to move on and get out and so on. And that was a difficult problem with BAMC's program because we had to compete with the residents, and the chief of anesthesia got the schedule first. He signed the residents, and then the students, and then the staff nurses.

Q: You got the leftovers.

A: Yes. And the staff nurses — the poor staff nurses got the leftovers, and then — or else would have to relieve us when it was time for us to go to class, you know.

Q: Where else besides BAMC was the didactic portion being done?

A: Fitzsimons. Let's see, Letterman had a school at that time, Walter Reed. I don't think Tripler's had started at that time. El Paso, William Beaumont. And Fitzsimons — that's where I ended up.

Q: And did most of these other places just have four or five students as well?

A: About that, yes.

Q: Could they not get anymore in?

A: It was probably limited. Like I know Fitzsimons, we had — I think the most we had there were six at any one of our classes, but, you know, we only had eight operating rooms there. We didn't have to compete with the residents and so on like that, so we had the benefit of a good schedule and all. But I think that's probably all they could take.

Q: So you did the clinical portion of your program at Knox, so they were farming people out to other --

A: It was not — I mean, you know, we did a lot of clinical at BAMC, too. I mean, we had those requirements you had to get, like you had to have two chest cases before we were finished and those things. But farming us out was to pick up more practice and more cases, and bread and butter type surgery, those type things.

Relationship Between Anesthetists and Anesthesiologists

Q: Good. At that time, how was the relationship between anesthetists and anesthesiologists in general?

A: At that time, to me, it was very good, and particularly when I went to Fort Knox, the fellow that was chief there had been the chief resident at BAMC when I was there, and then he had gone to Korea and came back to Fort Knox. Fred McCune was his name. Just an excellent guy. He stood up for us anesthetists. It just was unbelievable.

Q: How much do you think that's a function of your personality and his personality, or was that just --

A: Well, I think it was him because he grew up in BAMC, and believe me, Mary, those anesthesiology residents learned an awful from the nurse anesthetists.

Q: Did they?

A: Oh, yes, an awful lot. I mean, you know --

Q: The nuts and bolts kind of things.

A: Definitely. You know, setting up, and how to do things. I mean, to me some of those nurse anesthetists, I just — I said, am I ever going to get there, you know. Am I ever going to make it to there. And there were a few that could care less, you know. I mean, they would get all the information, but it was like, you know, they really didn't help them, but Fred was the type of guy that they got an awful lot of help from the nurses.

And also, while I was there, we had some other fellows that were there for two years, you know, their two years had been civilian trained, and some of them did not have experience with nurse anesthetists. But they soon found out, you know, what we could do because if they didn't, and they were going to be — you know, if they didn't trust us, then they were going to be taking all the calls and doing all the work and all, and they didn't want to do that.

I had a fellow — again, a very nice fellow had trained at the Mayo Clinic in Rochester, and he came and what they did, they had an anesthesiologist and a nurse anesthetist on call. There were two anesthesiologists. And if there was a case, the surgeon would call in and say okay, they would pre-med, and then they would say, "Charlie, they've got an appy they're going to do, pre-med and stuff like that. Go ahead and do it."

Well, when Don Crable, the first night he was taking call, he said, "Charlie, if you don't mind, I'm going to come in tonight if there's anything because I want to see what goes on as far as call, you know, what they do and all that stuff." I said, "Fine."

So I got called in, and we had this young GI who was in a wreck. He had been drinking and wrecked on 31-W, and his hand was all messed up and everything. So I was getting everything ready to go and everything and he said, "What are you going to do?" And I told him I was going to crash him.

Q: What does that mean, crash him?

A: You know, Pentothal, Anectine, and get the tube in before he lost everything. You know, you put him in an elevated position, head up type thing, you know, as much as you can, but just get a tube in. So he said to me, "Do you want me to intubate for you?" And I said, "Gee, no." He said, "Are you sure you don't want me to intubate," and I said, "No, I'd like to try it myself. I'll be the first one if I am not successful, to pass it on to you." He said, "Okay, if you're sure." I said, "Fine."

So I intubated him and everything, and the case got going. He finally came and said, “Well, everything is under control. I’m going to go home now.” Well, the next morning I was in doing a case and he came in and he put his arm around me. He says, “I want to apologize to you.” I says, “For what?” He said, “For what I did to you last night.” And I says, “What did you do to me last night?” And then he went on to explain.

He had gone to talk to Dr. Fred McCune, and McCune told him what we could do. And at that time when he was at the Mayo Clinic, he says, “I can see why those people — they train those nurse anesthetists at Mayo Clinic.” He said, “They had one doctor with four nurses, four rooms, and the doctor would start with room one, go to room two, three, four, and then anytime they wanted to give a muscle relaxer or anything like that, they had to call him and so on.” He said he was just amazed. They changed after a while. I mean, they couldn’t continue to do stuff like that.

Q: But the Army seems to always be in the advance, or a lot of the times.

A: Oh, yes.

Q: As far as autonomy and scope of practice.

A: Yes. And the students do very well on state board certifying exams. And I had other nurses work with me that trained civilians, and some of them were very good and some were not. Some were used as — to do cases. That’s basically all they did. They did a lot of cases. But did they really know why they were doing something, and that type of thing.

Credentialing Exam

Q: At the end of your training then, your two years, did you have to take the credentialing exam?

A: We took it after the first year, after BAMC.

Q: After the first year?

A: Yes.

Q: And that was the AANA?

A: AANA, yes. Certifying exam.

Q: And did most of the Army people pass that?

A: Oh, yes. Yes. As far as I know. I mean, I never actually saw stats and so on like that, but listings of certain people as far as how we did in results of the rest of the students, the military did very well.

Q: To your knowledge, were there other options for advanced practice in that day and age for forward thinking junior officers?

A: I don't think -- you know, the nurse practitioner programs and stuff like that had not started then. And the only one I was familiar, because of being — I knew the operating room had — they had a course to go to the operating room. But I don't think there was anything else. I think the midwives and that all started later on. We were free in the _____ programs.

Q: That was about it. Community health — was there a little bit of that then?

A: I think there was, yes. I think there was.

Q: Nobody had very much --

A: No.

Croix Chapeau

Q: To do with them. So then after Fort Knox, where did you go after that?

A: To France. Croix Chapeau, France.

Q: What was there as far as Army hospitals?

A: Well, it was the 28th General Hospital [that] was there, and we were there to support the big transportation battalion. It was on the water. It was a big port. La Rochelle was a big port.

Q: Was it on the North Sea?

A: No.

Q: Or on the Mediterranean?

A: The Mediterranean? No, on the Atlantic.

Q: I bet that was a nice assignment.

A: France was not nice.

Q: They were not friendly?

A: No.

Q: That soon after the war?

A: Particularly in that area where we were, particularly it was not nice. It was lots of --

Q: Was it the Riviera?

A: No, this was up further.

Q: What was their problem?

A: I don't know. I just know that a couple of times — we lived in what they called Guaranteed Rental Housing, and I used to bowl, and coming out of the gate at night, several times the MP's said, "Where are you going, sir?" And I would say, "I'm going home." "Are you sure? You're not going downtown?" And I said, "No. Why?" He said, "Well, there are demonstrations going on," something like that, and then this communist related type thing, in that particular area, I think.

Now, other places, you know, that we went to, I made a point of traveling and seeing things while we were over there, particularly history, World War II history and so on, and we went into some places, Mary, they knew you were American and man, you — but they had been liberated by Americans and so on.

Q: Intense.

A: Yes, it was. And it was dirty. It was.

Anesthesia, A Stressful Occupation

Q: Did you find anesthesia a stressful occupation?

A: Yes.

Q: Why?

A: Well, I think you thought you always had to be on your toes. You never — particularly on call. Again, at France, you know, we didn't have telephones at home, so they had to send the ambulance after you if they wanted you. And so I'd lay there at night sometimes and listen, is that the ambulance coming to get me, those type of things. And then, you never knew what you were getting into.

Q: How long were you in France?

A: We were there — we went there in 1962, and I ended up leaving there in February 1964 to go to Munich, Germany. And what was happening was DeGaulle was putting us out of France. And fortunately for me, the nurse anesthetist at Munich was curtailed. He had some problems back in the States or something like that, family problems and all, and it was a matter of timing and I got to go. Otherwise, I probably would have gone to some other place in France, you know, and I went down to Munich and it was night and day.

Munich, Germany

Q: Beautiful.

A: Night and day.

Q: Paradise, I'm sure.

A: Yes.

Q: So was your practice about the same there in Munich as it was in France?

A: A little bit more. One of the problems in France ended up and we didn't do much. Here I was, you know, just out of perceptorship and so on, and to go to a place like that. And

we did get a nurse anesthetist come in. She was a major. She came in. We had an anesthesiologist, a civilian guy, and she ended up getting orders to go to Heidelberg, and she tried to get them to send me because she was getting ready to retire. She had 18 years and so on, had experience, and she said I needed to go there, but they needed her as the supervisor up there.

Q: Oh, at Heidelberg.

A: At Heidelberg. Yes. One of the things — you talk about stress and all, at France when I got there the nurse anesthetist at that time had been an instructor, and gosh, she wouldn't leave me alone.

Q: Really? She was still instructing.

A: Yes. And I just took it so much, and that's me, I'm easy going but I reach a point where I have to say something, you know, and she was always after me about my table and this, that — every time I took a patient back, she was following me and all, and finally I said to her, "You know, in two weeks you're going on leave. What are you going to think about—" and so on. And finally I told her that I'm not a student anymore. And then again the next day she came and apologized, and she said she had been so involved in students and so on, that it was one of those things.

But when she went on her vacation, it was a weekend, and I got called in, and the OB/GYN man, it was his first emergency also. He had trained in Baltimore somewhere, and they tried — he had diagnosed this woman with an ectopic, and they tried to talk him out of it. And he said, "No, it is."

So basically the two of us, you know, it was my first emergency, and then his, and so, you know --

Q: Did the patient survive?

A: Yes. Yes, very well.

Q: How many years were you in Munich, then?

A: I came back in 1966.

Q: Two years.

A: I extended out — I was there about a year and a half, or maybe not quite a year and a half, but I asked for an extension and they gave me a one year extension to stay, rather than moving everything, plus it was — Munich is nice, plus I was busy. I mean, we were doing a lot of — and again, we had — fortunately, again our chief of anesthesia had been a senior resident at BAMC when I was in, so I knew him. And then the guy that replaced him, his wife was in ANC, married, Dick Ritter. He's retired. He just retired from the VA here just six months ago, and just super. And the surgeons and the other nurses and everything, it was just a beautiful thing.

Q: Well, you deserved that after France.

A: Yes. Yes.

Return to the States: 1966

Q: So you came back in 1965, '66?

A: In 1966.

Q: Which was when Vietnam was just kind of gearing up.

A: Gearing up, yes.

Q: And did you get to Vietnam?

A: No, I didn't.

Q: Did you want to?

A: Yes, I did, very much. I tell you one thing, my brother and brother-in-law before I came in the service, they told me never volunteer.

Fitzsimons

Q: So you didn't.

A: I didn't. I asked about going. I said, "Please, if you can, send me in the summer, as far as the kids and the family and all like that, you know, and I was told three different times

I was going, Mary, and I never did. And each time — and Colonel Gunn — Ira P. Gunn was the consultant at that time, and I dealt with her most of the time.

Q: Was she doing assignments as well?

A: Yes, well, you know, she was the career activities was taken care of, but she was --

Q: She was a consultant probably.

A: Right. Yes. And she had told me that I would go, you know, and then I would wait that time and I'd say what about — oh, we'll get you there. We'll get you there. So I didn't go. And that's one of the things, and I think one of your questions in here is that, you know, when you're sorry about something and regret that I didn't get to go. And it wasn't until — you know, because a lot of people say that to me — not anymore, but while I was in the service. "Gee, you were an anesthetist and you didn't go to Vietnam." And stuff like that bothered me. And one night I said that to my wife and she said, "Did you ever think it wasn't in the cards, it wasn't to be?" And I said, "Well, you're right."

Q: And somebody had to stay behind.

A: Yes. But I can tell you, Mary, that I probably took care of more — or had more to do with taking care of — [or] .working with them than I did — usually Saturdays we would come in, you know, the staff. So I would go in and help out, you know, particularly orthopedics, catching up.

Q: Up to that point, Colonel Reddy, were you working six-day weeks or five and a half day weeks? How was it in the Army at that point in time as far as the workweek goes? Do you remember?

A: Like I --

Q: You were on call, too.

A: Oh, yes. And that's — again, it depended — at Fort Knox at one time we got down to the point where we had the NC supervisor and two anesthetists and two anesthesiologists. So we were taking call every other weekend. And the supervisor took call on Monday and Thursday nights until the chief nurse said she shouldn't take calls. She had done all that stuff, you know, so it ended up that the two of us went back and forth until we got more people in.

Q: So maybe then you worked really Monday through Friday, but you had on-call weekends and evenings.

A: Oh, yes.

Q: That's how it worked?

A: Yes.

Q: But at Fitzsimons you said you came in on Saturdays as well to do some of this?

A: Oh, Saturdays we did, yes.

Q: There were so many.

A: So many. Oh, yes.

Q: Was that unusual for a med center? Were many of the Vietnam casualties coming there for some reason?

A: Oh, yes, because it was an orthopedic center. And Colonel Brown — I remember Colonel Brown was the chief of Surgery. He was the big hand specialist. But we had an awful lot of orthopedic patients, just an awful lot.

Q: A lot of circle electric beds?

A: Something like that, yes. And sometimes, you know, you'd see a patient and you'd start looking at the chart and everything, and it might — you know, less than a week probably we had them.

Q: Back at you.

A: Yes.

Q: From Vietnam.

A: From Vietnam, yes.

Q: What were your observations, if you had any, about the military staff that came back from Vietnam? Did they do more than they practiced, beyond what the expectations were?

A: Over there, you mean?

Q: When you got to Fitzsimons, when they got to Fitzsimons, like they were reassigned from Vietnam.

A: They were very helpful in talking, discussing about, you know, some of their — because some of us thought we would still be going, you know, and when you know these things, what do you do in certain situations and so on. Our anesthesiologist had come back from there and was very helpful in telling us, you know, be careful of this, you know, a patient might be tamponading out and you end up opening their chest, and then you lose them and these things, you know, the different things to look for and all.

As far as having any problems because of Vietnam and what went on, I don't remember them.

Q: Some of them I remember came back and did trachs and everything else back home.

A: Oh, yes, well, no, they didn't do anything like that there. And they might have done it over there probably because probably in cases they had to. I mean, they probably saved lives to do it.

Assistant Course Director

Q: Absolutely. Okay, at that time, what was your position at Fitzsimons?

A: Well, at that time I was the assistant course director.

Q: Okay, so you mostly had dealt with the students.

A: Yes.

Q: As far as supervision --

A: Supervision and so on.

Q: Did you deal with any reservists?

A: I would have to say no, you know. Reservists came, but at that time it seemed to me like we never got any benefit from them. They were always doing --

Q: Out doing training.

A: — training and so on. So you could never schedule them and so on like that. And, you know, later on when I got to HFC things changed. I mean, we certainly utilized the reserves much more, but there we really didn't help them.

Q: I guess the other thing that I was wondering about at Fitzsimons, did you ever have a student that really got into trouble with a patient as far as just a serious incident that was a detriment to the patient perhaps?

A: No, I never did. And I would have to say, and I know I answered some of these things here — they were usually, you know, had its bed, but were able to pick it up and so on and so forth.

Q: So you caught it before --

A: Caught it that time, yes.

Q: So you were right on top of them all the time.

A: Yes. And they picked up on themselves, you know. They sent out — you know how it was. I mean, when they first started, you were with them. I mean, you did everything for them, you know. And I tell you right now, the toughest job I ever had was that job, I think, standing there, you know. They're doing their first intubation and only one person can look down there, and you're standing — I'm holding my breath. That's what I used to do. When I couldn't hold it any longer, I said, that's it.

Q: So you took over then?

A: Oh, yes,. And depending on, you know, how sick the patient was and so on. I mean, I adjusted things and so on like that but --

Q: Some think you were a good instructor.

A: And another time I remember there was this one fellow, it was his first time that he was going to go solo all through it.

Q: He was.

A: He was. I mean, it was a little female soldier having a hand operation, and I happened—I stuck my head in the door, because I was watching another patient over here, and I said, “George, are you doing okay?” And he said, “Oh, yeah.” And I heard this [gasping sound]. And I went there, you know, and I looked, and on the flow meters there they have liters and they have a fine flow in cc’s, and instead of having liters, he had the cc’s on.

Q: Maybe he was trying to blow their chest out — their lungs out.

A: And so we caught that, and there was no --

Q: So if you weren’t so vigilant, you might have had some real disasters.

A: Yes, we could have, very much, yes.

Q: What was the caliber of the students? Were they all pretty quality people?

A: Yes, pretty quality, and some of them were high quality, and I tell you, they kept you on your toes. When I left Fitzsimons, I felt that I was the top of the thing as far as anesthesia. I mean, I felt there was nothing that I couldn’t do because of experience with them and so on. And then when the programs changed, you know, they went to that Phase II anesthesia. They started it, I think, at El Paso. So then when a student is finished, we didn’t get any students for a while, and then I went on staff then.

Phase II Anesthesia, El Paso, Texas

So I ended up doing open heart. I hadn’t done open heart before, and just a lot of other things that I hadn’t — so it was experience for me. And I lost a patient — an open heart patient.

Q: Did you?

A: But it wasn’t, you know —

Q: Because of the anesthesia.

A: The surgeon said, “This is a typical case where the surgery was a success, but the patient didn’t survive.” He was a young fellow who had a lot of circulatory problems. He had lost

a leg already because of diabetes, and circulatory, and his heart couldn't take the new circulation. They did bypass surgery on him, and --

Q: And it seems like in those days, after the coronary artery bypasses, they were so sick for weeks and weeks, and now what is it, two or three days.

A: Oh, yes. Three years ago, Mary — three and a half years ago I had an aortic valve replaced, and I almost --

Q: You were surprised at how well you did?

A: Well, you know, I'm surprised now. I mean, I'm just so thankful that I'm — a lot of people get out of the hospital and can't go back and do the things they do, and here I am out walking the golf course and so on. But I had several complications. I went back two more times to the operating room and so on like that for bleeding and different things, yes.

But it's amazing, you know, after all that I went through how quick, you know --

Q: Which is a good thing.

A: Yes.

Q: Were there any disciplinary issues with your students?

A: I can remember one, and it had nothing to do with anesthesia or anything like that, but it was a black female nurse. She had trouble paying her telephone bills, and she had been counseled by the chief nurse and what-have-you like that. It finally got to the point where the course director and the chief of anesthesiology just felt that she was irresponsible, and felt that you couldn't be that irresponsible and go out and give anesthesia, and that was it.

Q: So she was asked to leave?

A: Well, we had a procedure and board and so on like that, and the board recommended that she be terminated.

Q: What was your leadership style like at that point? I'm sort of getting the flavor of it already, but is there anything else you want to say, because your philosophy seems to be very kind and benevolent, observant.

A: Observant, and I am just very interested in helping people, you know. I just wanted to take care of people because I felt they were taking care of me, you know. They were making me look good. And the course director, I had known her before, and I like her very well. She's retired here in San Antonio.

Q: Who was the course director?

A: Marion Waterhouse. But there were some things that she did that I just didn't want to do, you know.

Q: So you learned by example what not to do.

A: Yes, like, for instance, as you progress with the students and all and they would say — you finally say okay, you set the case up and when you're ready to go, you call me, you know. So you'd walk in there, you know, and you look out of the corner of your eye, and the suction wasn't set up. And I'd say, "Are you ready to go?" And they'd say, "Yes." "Are you sure you're ready to go?" "Oh, yes, yes." And they'd look and — yeah. And I said, "Are you really sure?" And then they got the message and they found it.

Well, Marion, on the other hand, would just scream. I mean, she would just — "I shouldn't let you do this case." And by that time the surgeons and the OR people are in there and everything, and that kid was done for the rest of the day. And I felt I got my point over much better than she did. I mean, it was done, the point was there, he wasn't set up, he wasn't ready. Or they would tell you that there was a staff nurse the day before, and the staff said, "Don't hook up the suction and you don't have to clean it." You don't use it, you know. And my whole idea of also teaching was, you know, you're going to be a safe anesthetist, too.

And the other thing I had — philosophy, I didn't care how smart they were, how well they did in their exams. If I didn't feel that I would let them put me to sleep, they weren't going to get out as far as I was concerned. That's the way I felt.

Q: That's great. That's how we had quality in those days. What were the best things and the worst things about that assignment at Fitzsimons for you, or can you recall?

A: I just think, you know, seeing these kids come in, and I was in the same position myself. Mary Black, who is retired now — I don't know if you know Mary Black, but she retired. She was staff, then later she became an instructor at BAMC.

Q: Mary Black?

A: Black, yes. She told me one day, she said, “Charlie, you give anesthesia like you’re standing on a crate of eggs.”

Q: [inaudible behind coughing]

A: Yes. But that’s it. But to see them develop, I mean, clumsy people and what-have-you. I mean, just can’t help it—into somebody that, like I said, you would let them put you to sleep. That was a really highlight to me.

Q: Gave you a lot of satisfaction.

A: Satisfaction, oh, yes. Yes. You really accomplished something.

The Need for a BSN

Q: How on earth could you leave anesthesia and go to the Baylor program in 1970? Why did you change directions?

A: I.P. Gunn again.

Q: Really?

A: My degree, Mary, I don’t have a BSN, you know. I was one of those people they wanted to get the two year equivalency, you know.

Q: We didn’t talk about that — the University of Nebraska.

A: Yes, right.

Q: Go ahead.

A: And so, you know, I took classes here and there, you know, when I first came in and I knew the handwriting was on the wall. You needed a two-year equivalency, and then from there it was going to be --

Q: What do you mean, two-year equivalency?

A: Like equivalent of having two years of college, between some classes that you're taking.

Q: So then you were considered to have a BSN at that time?

A: Well --

Q: Because you had three years in a diploma program. They wanted two years on top of that.

A: Yes. And they worked some things out for us, some correspondence courses and everything like that. But, you know, like in Europe and France and Munich, you know, I couldn't get the subjects that I needed for a BSN, so I was into things — accounting and those things.

So getting back to our point there, the University of Omaha at that time — it wasn't Nebraska. Now it is, it's the University of Nebraska at Omaha. It changed the year after I left. But they offered what they call the bootstrap program, and you could finish in two semesters. They also had a one semester, like a rapid session of six weeks, that a lot of the line people did, the Air Force. And so there was a lot of military there taking this bootstrap thing. So that was one of the things that I qualified for, and that's what I applied for, and I went.

It was also, you know, I had to pay my own way. I had to pay my own tuition, you know, books and stuff like that.

Q: Were you still on Active Duty?

A: Oh, yes. But that's the way it was.

Q: But you had to pay your tuition.

A: Yes.

Q: Was it costly?

A: It wasn't that bad, but I had a wife and three kids, and a house back in Fitzsimons. That's was the other thing --

Q: You left them back there.

A: I was assigned — we were assigned to the 5th Student Attachment at Fitzsimons, so our household goods and everything went to Denver, and I couldn't afford to pay to have household goods and everything like that, so I had to put the family up in Fitzsimons, with no idea that I would be going back there. No idea.

Q: So you were living on post?

A: No. I bought a house in Aurora.

Q: So you were on your own, and your wife had the children.

A: Had the children, yes, and I had a room — a widow there rented two rooms out to boot strappers, and they had what they called a Pen and Sword Association there at the University for the military, and you would go down and they would let you know about where rooms were available and that type of thing.

Q: To support you.

A: To support you, yes. Now, things changed like I think the next year, they changed. John Girvan, my friend, he ended up going there, but he got a PCS out of it, and his family went with him --

Q: Tuition.

A: Yes, long-term schooling and tuition and so on. But I had to do what I had to do. It was the time and --

Q: And you had to make the choice.

A: Yes, I made the choice, yes.

Q: So then you had your Bachelor's degree.

A: Right, yes.

Q: So we can move ahead. So then you went right back to Fitzsimons after that.

A: And as far as the school, yes.

Q: So then you decided you wanted to do something else.

A: Well, I had applied a couple of times for Master's programs, and because I didn't have the BSN, I really couldn't get into MEDSURG or anything like that. I was limited. I found guidance and counseling. I figured, you know -- in the education area and so on. I applied for that and was turned down. It wasn't in my field, and a couple of other things, you know.

Then I got selected for lieutenant colonel, and I figured I'm not going to go any higher than that. I figured anesthesia was my Master's degree, even though you didn't get credit for it. And so, you know, it didn't bother me. I was thinking well, why should I go to graduate school.

Well, we were having an anesthesia conference at Fitzsimons, and Colonel Gunn came down, and I was at the desk registering people and so on like that, and she came in and said, "Charlie, I've got to see you. We've got to talk." And here I'm thinking I'm going to Vietnam.

The Baylor Program

Q: Korea.

A: No, because she had told me I'm going to go, I'm going to go. The time is here, I'm going to go. And the next morning I saw her, you know, our first break, and she said, "Do you have some time now?" I said, "Yes." She said, "How would you like to go to the Baylor program?" And man — I said, "What?" And she said, "How would you like to go to the Baylor program?" I said, "Fine, but do I have to get out of anesthesia?" She said, "Oh, no." "With what I'm doing now, consulting and everything, I wish I had the administrative background that that program could give to me." She said, "Well, I have already talked to the program director and so on and so forth. Go ahead and apply for it." So I did and I was selected to go.

Q: Wonderful. So you came down here to Fort Sam Houston.

A: Right.

Q: And that wasn't the academy yet. It was still over at MFSS probably?

A: Yes, it was.

Q: And then you spent what, a year in class?

A: A year in class.

Residency

Q: And then you took a residency.

A: I took my residency at Fort Dix, New Jersey.

Q: At Fort Dix, New Jersey. And how was that? Was that beneficial to you?

A: Oh, very, very beneficial, yes. And again, we had to work under what they call a preceptor, you know, somebody that had been to the program.

Q: And who was your preceptor?

A: Colonel Lavault. He was an MSC officer, and XO at the hospital., my preceptor. And there was another MSC officer that went with me. He took his residency there also.

Q: Separate?

A: Yes.

Q: And that was great for you. You learned all about --

A: Oh, yes. We rotated through --

Q: [inaudible comment]

A: Yes, right. And then — and we rotated through all the different, you know, plans and training and, you know, the registrar, the whole bit, you know, and we did the outside — we had to do so many weeks of outside the civilian facilities, and my friend and I --

Q: In the Jersey area.

A: In the Jersey area. And then he sent us down to — at one time he had us go down to Washington for a week, check with our career activities office, see what they had in mind for us, you know, check out rare — we visited fellow residents over at Walter Reed and

those type of things. And the civilian places we went to were very — Philadelphia General and --

Q: Did your wife go with you there, too?

A: Yes.

Q: Charlie, as you went along throughout your career, did you ask for these different places — Fort Dix and Fort Knox?

A: Well, like Fort Dix, you applied for, you know, sometime during the year where you want to take your residency, and they let you know where the residencies would be, because they had to have the qualified people there. And when I saw Fort Dix, I figured it would give us an opportunity, our families in New York, Long Island, it was an opportunity there because I thought I was going — it would be time to go overseas after that.

Q: And you did.

A: And I did, yes.

Tripler, Hawaii

Q: Where did you go?

A: Hawaii.

Q: So then in Hawaii, you didn't go back to anesthesia.

A: Well, I did go back to anesthesia at first, yes.

Q: At first, for how long?

A: It was a good year or so, I think. And what had happened--

Q: You were with the students?

A: No, I was anesthesia supervisor. And what had happened, when the preceptor sent us down to Washington, I went to Career Activities and I talked to Colonel Edith Nuttal. She was the chief of Career Activities, and she had said at that time, you know, about since I

was in the Baylor program — and she had graduated from that also — why did I want to stay in anesthesia. And so I said, “Well, I asked Colonel Gunn when I got into it did I have to get out, and she said I didn’t have to.” And she said, “Well, we’re top heavy and we’re over strengthened in anesthetists.” At that time, that was something that was unheard of, and particularly top heavy in rank. There were a bunch of colonels.

She said, “I’m going to ask some of them to get out.” Well, I knew in my own mind those colonels — Mary Black and Mario Waterhouse — they weren’t getting out of anesthesia. They had their eagles on already. So she let it go at that, you know. And then a couple of months later I got a call.

The chief nurse at Fort Dix called me and said, “Colonel Nuttall wants you on my phone.” She said, “I’m going to give you your first choice.” I said, “What’s that?” She says, “Tripler.” I says, “What?” Because I didn’t ask — what I asked for was I wanted to go back and be an anesthesia supervisor. I wanted to get out of the education — in the Med Center, because I felt that that was a good area, an area I was familiar with, where I can take this education and see what it would do. And so she gave me my first choice and it turned out to be Tripler.

Q: So that was 1972.

A: Yes.

Q: So you were a year in anesthesia.

A: I’m trying to think --

Q: Or so?

A: It was probably a little bit longer than that, Mary. Maybe even a couple of years that I was into that, and then Tripler was busy. I tell you, that was --

Q: Was it?

A: Oh, man.

Q: More of the Vietnamese casualties?

A: No, not necessarily. I think, you know, we got some casualties off AIREVACS that went bad maybe, you know, on the flight from Vietnam. They would take them off and we would get them. Also, when the war was over, the POWs were released and we got some of them, and they were the ones that were from Hawaii, some of the young soldiers were from Hawaii and all, and they were really isolated, and I don't really remember ever doing any surgery on them at all. But we were just busy with --

Q: Busy with --

A: It was the only hospital on the island, you know, so we were taking care of the Air Force, the Navy. The Navy had a clinic at Pearl Harbor, and out of County _____. Air Force had a clinic at Hickham. So we were just 600, 700 cases a month, 300 deliveries a month.

Q: Were you getting folks from the trust territories at that time, too?

A: Some, too, yes. Yes, that's true. Very true. I forgot about that. Yes.

Q: So you weren't bored there.

A: No, no. Gosh, no.

Q: Did you live on post?

A: Yes, lived on post. Lived up behind the hospital up there.

Q: Oh, yes. Plus there were houses up there.

A: Yes.

Q: And then somehow this nurse methods analyst position came up.

A: Well, that's again, you know, I'd go back to Colonel Nuttall and talk about getting out of anesthesia and all, and there was wind in the air, you know, I was hearing things and stuff like that, Terry Miller was the nurse methods analyst --

Q: At Tripler.

A: At Tripler. And he was going to be curtailed, okay, to come back to Career Activities. So that position was coming open, and I guess Colonel Nuttall or somebody from Career Activities had talked to the chief nurse at Tripler to ask me to see if I was interested in something like that.

Q: So you were given a choice.

A: Really, yes, I didn't have to get out. Along those lines now, Marion, I don't want to get ahead of myself, but after that happened with me, any nurse anesthetist going to the Baylor program had to sign a letter that they would not go back to anesthesia.

Q: That they would not?

A: Would not go back. Yes.

Q: Because you're in that mentality where you're thinking they were always sure --

A: Oh, yes, yes. So, you know, I thought about it. I had — and again, it wasn't because it was too busy that I was getting away. I mean, I just — we put 12 hour days in, and that was part of it. I mean, I played on the weekends with the kids, I played golf Saturday morning, took them to the beach Sunday afternoon, after church on Sunday. I took them to the beach and we had a good time that way. They loved Hawaii.

Q: Did they like Hawaii? Your wife, too?

A: My wife liked it. I think I had asked to stay a fourth year and they turned me down. I think if we had stayed a fourth year, she would have had to have gone back to visit her mother or something like that, you know, because I got off the island. I came back for a couple of meetings.

Q: Was she [inaudible]

A: Other than going to Maui and the big island she didn't, so she would have had to --

Q: It gets to be old after a while.

A: But the kids just loved it. We put them in private school. We were told if we thought anything of our kids' education, not the public school system. Not every place, so didn't

take a chance. We had them in private schools, and they babysat. My oldest boy waxed the nurses' cars, and they had money.

Q: It was a good time.

A: It was a good time, really. A good time.

Q: Were they teenagers by then?

A: Yes. In fact, my oldest boy ended up going to his first year of college while we were still there. He came back to Missouri, went to school in Missouri.

Q: University of Missouri?

A: No, it was small — Northeast Missouri --

Q: Missouri State or something?

A: Yes.

Nurse Methods Analyst

Q: So was it easy to slip back into the nurse Methods Analyst role, not that you were in it before.

A: It wasn't easy because I didn't know what to expect really, you know. I knew Terry, I knew some of the things that he did and all, and that was considered a utilization tour coming out of the Baylor program — that and being a facilities planner, I think, you know, the project officer in new facilities and so on.

Q: So they were at that time talking about redoing Tripler?

A: Yes. Maybe weren't into it yet, but during my time in the job as Nurse Methods Analyst, we were involved in it. In fact, the Comptroller's office was the key. That's where the contractors came in, and I tell you, I got a wealth of knowledge out of these people coming in, these architects, and they set up a plastic building in our thing --

Q: A model?

A: A model, and they would have the different department chiefs come in and say, “What would you like to do?” They wanted to be here and there, and they would end up moving things around. “Well, if we do this and this and that, like that--” and they would end up doing that, you know, being where the architect wanted them to be, but they’d walk out feeling good about it, Mary, that they had made this — they did just really a super job.

Q: What other responsibilities did you have as a Nurse Methods Analyst?

A: Well, you know, you worked out of the Comptroller — I didn’t work for the chief nurse, and I think one of your questions was, you know, how that position is established, and what is the Army Nurse reg — is it 40-6?

Q: I’m not sure.

A: It’s actually established in that reg, Nurse Methods Analyst, and work for the Comptroller, and I think — I think — this is me talking now — I think it’s because nursing is so involved in the hospital — resources, supplies and so on like that, and the Comptroller’s office had other analysts that that was the appropriate place to put it, and also if you came up with something, you know, and you worked with the chief nurse and they didn’t want it, it was done.

Well, this way, you — now, I worked very close with nursing. I mean, I went in every morning — it was before computers and all, and took the reports, and I kept data for manpower surveys and all that, and the assistant chief nurse wrote me a letter there when she left one time. She said, “Always remember, if anybody asked a question, they always said ‘Go see Colonel Reddy.’” I worked very well with them.

Q: But you had a good relationship with them.

A: Oh, yes. Yes.

Q: You did with everybody.

A: Yes.

Fort Belvoir, Virginia

Q: Okay, so after you came back --

A: After Tripler I came back, you know, to Fort Belvoir, and I was very pleased about that, too, again, being I liked the Washington area and I had never been assigned there in that area. Fort Belvoir was very nice there on the Potomac River, and I had to wait for housing, but I was the assistant chief nurse there, and Colonel Irene Pishek was the chief, and she had told me how she had selected me, and was going to groom me to replace her when she retired. And she was good. I mean, she had a lot of experience. But she was tough also, too. You know her?

Q: I know of her, when I was up there.

A: And I got to the point again, you know, I would ask her questions and everything, and I would never get an answer. What I got was a staff study to do, to find the answer, you know.

Walter Reed

Q: You learn to keep your mouth shut.

A: Definitely, because I was busy doing other things, you know. You just didn't have time to do that. But like I say, she was very good. But I didn't stay there long because I got there in July — August of 1975. Yeah, August of 1975, and the 06 list came out in January of 1976, and I made that, and by mid-February I was up at Walter Reed, because that's where the job was, the 06 position was there.

I remember General Parks calling me and congratulating me, and then said, "What do you think about Walter Reed?" And I said, "What about Belvoir?" She said, "What do you mean about Belvoir?" I said, "Well, Colonel Pishek said that she was going to groom me for this job." She said, "We don't have her retirement papers yet."

Q: Where were you living at that time?

A: I was living about three miles south of Fort Belvoir.

Q: So did you move?

A: No, I didn't, Mary. Since it was February and the kids were in school, I didn't — I was going to have to move them, you know, after a year. I didn't want to move them mid-semester like that. So I --

Q: You commuted.

A: -- I commuted, yes.

Q: And briefly, what did you do at Walter Reed?

A: Well, as I say again, I was assistant chief nurse, and then also chief of clinical nursing service. It was a dual hat.

Q: And you were very close to moving into the new facility.

A: Oh, yes. In fact, it was being built when I got there.

Q: And were you part of that planning?

A: Yes — well, the moving part, I mean, as far as the plans and everything, that was all done. The one thing that we weren't part of, and when Colonel Katherine Galloway — she was the chief nurse when I got there, and this Pri-Team nursing had been tested there, you know, on three units of the old hospital. And some of the things that we started to feel, or maybe find out, was that, you know, it was tested in those three units, but it was tested on the day shift, and they didn't go 24 hours a day, you know.

Q: Was there much staff?

A: Yes, and here we were getting ready to move into this new hospital with all these things designed for Pri-Team nursing, and the floor administrative concept, the unit manager, you know, the supply techs, and nursing was going to take care of nursing. The unit manager had ward clerks and all that stuff, and people told me, you know, that certain positions were buried in the TDA. And I said, "Well, you've got to show them to me," and they wouldn't. They never did, because I don't think they were there, you know, those things. It worked out but --

Q: But it wasn't smooth.

A: That part of it wasn't smoother. And then, you know, the administrative side of the House, not the administrative necessarily, but the pharmacy, they were going to have certain things they had to do, dietary and so on, and it wasn't long after we were in there, Mary, and the dietary said they couldn't deliver the trays, you know. Pharmacy couldn't deliver the pharmacy, you know, and these things. But again, all along, I was part of — they had a planning committee, and I was part of that.

They also had — we had a nurse — Jim Romeo was our project officer, and Carol Burke was an NMA, and she was the facility planner in that size. So we had a lot of nursing input and all. But the MSCs and so on like that, I mean, they wouldn't tell General Baker where their problems were. They didn't want to tell him that. I said, "You've got to tell the man where the problems are," and they wouldn't do it. That part was very difficult. Very difficult.

And then these four administrators, they had been residents out of the Baylor program. Some of these guys, I mean, had never worked in hospitals. I mean, they were in the field. And they were going to be taking over these unit clerks and ward clerks and things like that. How can you supervise somebody if you don't know what they're doing.

So we set classes up for them. Well, they attended one or two classes and that was it. They were too involved in the moving in, you know, and it was ver, very difficult. At 4:30, after we got in the hospital, 4:30 we'd come, they were gone. Even the ward clerk didn't show up.

Q: Supply clerks?

A: There was nobody there to answer to. So that part was very damaging — not damaging, but --

Moving into the New Hospital

Q: But it didn't work really well.

A: Yeah, and I don't know what the situation is now, or if it was like that.

Q: It was so big and so complex.

A: Yes, but moving, that was — you know, one of your questions was about moving into the new hospital. We had worked that thing out. We got the census down to about 300, and

we moved 300 patients in about three and a half hours. And it went like clockwork. And that afternoon we had a party over at the club, and these young nurses are going giving you a high-five, we did it, you know. It was just—just really a good feeling, you know. And we did that on Friday, and I remember going in, John Girvan and I went in on Saturday to check things out.

Q: He was there with you. He must be really --

A: Well, what was happening was during this time before we moved into the hospital, Career Activities and General Parks wanted to make some changes. So General Baker says, "If you're going to make changes, make them now, or not. Leave these people here," and so on like that. So they made changes, and Colonel Galloway, we were going to send her to Europe, and she had a sick father in Buffalo, and an uncle. She retired, and they told me I was going to HSC, which I felt good about. I felt very good about it. But I was going to HSC to replace Marty Hensley, and Marty was going to Korea, and he decided not to go to Korea, and he decided to retire. So there was time there—it was better for me to stay at Walter Reed than go down, and so I stayed there and basically, you know, was able to get more involved in the planning, and Colonel Lorie Kennison came as a new chief nurse, and then John Garvin came in to replace me as assistant chief nurse. So we were there together. That overlapped until I went in April of 1976.

Health Services Command, 1976

Q So then you did go to --

A: HSC.

Q: HSC after that.

A: Yes. But Walter Reed was, you know, to me—I always dreaded the thought of having to go there, but it was great, Mary. Again, you have to do what you have to do, you know.

Q: And you make it what you want it to be.

A: Yes, and I just — we had 10 percent of the Army Nurse Corps there at any one time, and my job was to assign these people, so I got to sit down and talk with them, and hopefully give them what they wanted, but if not, I tried to get them there eventually.

Chief Nurse

Q: So you were never a chief nurse.

A: No. I guess I shouldn't say that. I was interim between the time Colonel Galloway retired and Colonel Kennison got there. And I didn't consider myself, but Colonel Galloway made me go get a picture to put up there. I took it down after she left. But it was just two and a half months or something like that. But no, I was never — and that's the type of thing that kind of surprised me, you know, going to HSC. I hadn't been a chief nurse, but certainly the experience at Walter Reed was —

Military Education

Q: Probably a chief nurse job. Did you take the Advanced Course?

A: No, I didn't.

Q: So you didn't take Command General Staff and you didn't take the War College.

A: I got there --

Q: You got there on your own merits.

A: I got — what do they call that — the Command General Staff --

Q: Residence?

A: No — I was — certification or something like that.

Q: That's wonderful.

A: You know, I had to end in what I did and all that stuff, and then they sent me back — but the career course, I never went there, and then finally it was sometime — one time they had said at Career Activities, "You never went to the career course." I said, "I know it.

I kept telling you.” But that’s not my job— while you were an anesthetist, we couldn’t send you, you know, you were too busy and those things.

Q: You really rose on your own merits.

A: Yes, I just --

Q: Couldn’t stop you really. Because I couldn’t get those things now. I mean, it’s the whole situation now.

I’ll tell you a funny story: I used to follow Terrace Kennedy, you know, at the head nurses course. Terrace used to come for career activities and I used to follow her, and I’d sit in the back, you know. I’d come before her, and she would be up there talking about how they had to go to the advanced course and everything, so nobody else saw me but Terrace, you know, because she was looking at me. I waved my hand like this, and she’d get red. I’d just see her getting red.

Q: She didn’t want to hear from you.

A: No.

Chief Senior Staff Officer

Q: Then what was your job at HSC when you first got there?

A: I came down as the senior staff officer. There was a chief senior staff officer, a staff officer, and then we had a sergeant major and a secretary. And again, it was an eye-opener. I had no idea — I had never worked in headquarters. Colonel Ellen Gan was the chief of police, and just, you know, my luck stayed with me because between Colonel Galloway and then having Colonel Gan, I learned everything I need to know about administration in the clinical area from Katy Galloway, and everything I needed to know about administration and the headquarters or staff area from Ellen Gan, and I just — she taught me how to write — not standing over me like that, but sending things back to me.

I remember one afternoon — one Friday afternoon she came in and she has this big stack of papers and she threw them on my desk and she said, “What’s this?” And I looked at it and I said, “Oh, it’s the correspondence that’s gone through.” And, you know, they had the little routing slip on there, so everybody initialed it and she ended up with it, and she

said "Well, these are ones that need action and that's your job. You either do it or you get to stay off as a sergeant major or something, and that's how I learned it.

She never held anything against you. I mean, I would write things and she would make changes and so on, but it just got to the point where --

Q: You weren't embarrassed to admit that --

A: No, no, no, and she was a different personality than Katy Galloway, but she never held it against you or anything like that. I mean, she'd say, "No, that's no--"

Q: Think the worst of you or anything like that.

A: No.

Q: How did the job change and evolve while you were at HSC?

A: I think, you know, we got more involved, Mary, in what we did and all because I know Colonel Gan talking to Colonel Brown, who was the first chief nurse at HSC so --

Q: So Gan was the second, was she?

A: No, Marge Wilson was the second, I think, and then Colonel Gan. I think that's how it went.

Q: Okay.

A: And Colonel Gan was telling Colonel Brown about writing trip reports and all that and Colonel Brown says, "What do you mean? What are you talking about, trip reports?" She said, "Well, when we make a staff visit, we have to make a trip report." "Oh, we didn't have to do that," and so on.

So I think we got more involved in going out there and knowing what the facility had, you know, and by doing that, when it came time for authorizations to be distributed and so on like that, we kind of knew who needed what-have-you and all that, besides through the manpower survey knowing what was given and distributed and so on like that. So we got more involved in that, and QA making our staff visits, you know. QA was coming in, or --

Q: Coming in in the late '70s.

A: — yes — standards of nursing practice, you know, being developed, you know, see how they were — we didn't consider ourselves IG, but it was similar to that. Like, you know, checking things on joint commission.

Q: Keep on top of it.

A: Yes, keep on top of things.

Q: When you got there, how many other nurses were there, and in what directorates, divisions were they?

A: There were two nurses in the IGT, two nurses in manpower. There was one nurse, a community health nurse, and clinics, and ambulatory care. And it wasn't until during the time I was there that we ended up when QA came in, they established their QA division, and then we had a doctor and a nurse and a couple of MSC's in there. So what am I say, that was three--

Q: We can add them up later.

A: Okay. So nursing got more involved. And then to have the nurses in IG, and before they went out on IG they came down to us and we talked about, you know, what could we — what did they -- we wanted them to look at any problems that we knew of that we could straighten out.

Q: So there was a lot of communication.

A: Oh, yes, an awful lot, yes.

Q: Was it a colloquial kind of a setting or culture there?

A: Oh, yes, I think so. I think they — some of the young officers were concerned about the fact they were coming down sitting, talking to two colonels, that type of thing. And so — but the threat was never there. I mean, we just maybe showed them our trip report, and what we had seen, and what we had heard, and look out, check on this for us, you know. And the other thing we were always looking at were the docs trying to take over, you know, nursing personnel and those areas.

Q: That was 1979.

A: Yes.

Q: How often were you on the road?

A: I'd say at least once a month. And when we went, we usually kind of hit two places.

Q: You were gone for a week or so.

A: Yes. Oh, yes. And it was either Colonel Gan, or myself, and then when I became chief, Colonel Marion Walls was my assistant.

Q: What kind of issues did you deal with, both when you were there sort of as the second in line, and I guess you replaced Colonel Gan.

A: Yes. I did, yes.

Issues to be Dealt With

Q: What kind of issues did you have to deal with?

A: Some — just like I said, some of those nursing personnel, the docs trying to take over nursing, particularly in the clinics and emergency room. BAMC was really a stinker for that, you know. And even though the IG would go in and write them up and everything like that, they would change and get --

Q: Well, how do you try to take nurses over?

A: Well, you know, just --

Q: Tell them what to do?

A: Tell them what to do and, you know, basically being in control as far as what they could do and what they couldn't do and those things, yes. And even outside, I know my friend John Girvan was up at Fort Hood, and he called me one day and he caught a guy teaching a Corpsman to do a vasectomy. And I said, "Well, let me go talk to my boss, Colonel Plunkett." And Plunkett says to me, "Oh, the surgical consultant is going up there next week. He'll take care of this." Well, he never took care of it, he agreed with it.

Q: So skillful practice kind of thing, too.

A: Oh, yes. Definitely. And then trying to, you know, take some of your nurses to do non-nursing things, too. Now, I know we're into a lot of that now, and I don't know if that's good or bad. And the one thing is I think we got into a lot of these things because nurses do a good job. No matter what they get into, they do a good job, you know, and that's why they want them, so the MSC can sit back there and --

Q: Shuffle papers.

A: Yes.

Q: But you didn't say that. So that took up a lot of your time.

A: Yes. And then we got involved in several exercises.

Q: Yes, I was wondering about the operations and exercises. Like what?

A: I'm truly amazed with those soldiers we have over there. It hurt for so long how bad things were in the military and everything. I am very impressed. Very impressed.

Cuban Refugees

Q: So we were talking about some of the operations, and you said that it wasn't tantamount --

A: One of them was the Cuban refugees when we came. We set up, I think, about three or four different units, you know, and then we were tasked with sending various nurses with various MOS's to certain places and so on like that. So that was one of them.

But in Panama, now, when we were down there --

Operation Just Cause

Q: For Just Cause.

A: — yes, for Just Cause, I was very involved in that and got called out a couple of times, you know, 2 or 3 o'clock in the morning, you know, because of taskings to get --

Q: Were there a lot of Army nurses that went to Panama?

A: Yes.

Q: Were there?

A: Yes. I mean, I couldn't give you the number of them, and a lot were alerted that maybe never got there, but maybe were in Florida or places like that. And then we also had, as they were pulling like the FORSCOM nurses out that were like, say, working at Fort Bragg and so on and PROFIS, then we were sending backfill in from other places to backfill.

Q: So you were moving people all around.

A: Yes. And one night I got called out, and it just so happened the doctors were having their distribution conference up at Fitzsimons and they needed some doctors, you know, we had to task some doctors, and the MSC officer from — he said, "Do you want me to come in?" I said, "No. I've got the roster here. I can take care of it." So I ended up tasking some doctors. Of course, they called back and said, "Oh, we can't do that." And I said, "According to this, you're authorized so many, and you have so many." "Well --" "Well," I said, "at 7:00 in the morning you give your name."

But again, Mary, on the nursing side, that same night I needed two nurses out of Fort Hood, Texas, and I called up to Fort Hood. A little while later John Girvan was on the phone. You know, this is 1:00 in the morning, 1:30.

Q: Wake him up.

A: No, he's calling me. Somebody called him, and knowing John, he probably said, "If anything comes in, you let me know." And he called me back and said, "Good morning. Here are your two people," that type of thing. And just other taskings in HSC. We were very responsive, and, you know, having to send somebody to Sinai every six months, somebody to Honduras. We had — we were ahead of the game. We had people lined up to go. I mean, we didn't have to wait and get the task and then find somebody. We were doing it. And we worked with the workers, you know, like in personnel. And so those workers got the word up to their bosses that hey, you know, we were doing the job, and we were very supportive, and so on like that.

The doctors were another story. I mean, the lady who used to handle all of those taskings, she said it was just unbelievable.

Q: A nightmare.

A: A nightmare.

Q: So when you were down here at HSC, the chief nurse was probably General Solitsky and General Adams?

A: Well, when I first came down it was General Johnson.

Q: And did you communicate frequently with these folks, or did you have an open --

A: It was — I don't want to say — sometimes you might talk to them three or four times a week, another time maybe once or so, you know, that type of thing.

Q: Did they give you a lot of direction?

A: Not necessarily. Just they wanted to know what was going on, and we knew it. And also, you know, we were — we had the chief of the Army Nurse Corps, but actually we were responsible for the commanding general of Health Services Command. We were responsible to him essentially, you know. But we let one another know things. I mean, it was good.

And then the monthly activity reports from the facilities, they would send them in, and then we sent them up to Washington and they would look over them. And General Sewesky, when she was in there, you had to have everything, you know, and if you missed something she was, "What about so and so?" "They were sick." "What's the matter with them?" We had to find all that out before it went up there, you know.

Chief, Health Services Command (HSC)

But General Johnson was the one — General Parks was the one that sent me down, and then General Johnson took over, and then General Johnson gave me the opportunity to move in as chief. And I would have to say, Mary, that to me that was the highlight of my career. Full colonel, chief of the HSC.

Q: Who would have ever thought in 1963.

A: Yes. And to me, HSC was where all the action was. I mean, we had 30 community hospitals, eight medical centers, and all that stuff under us. It was just great.

Q: How did you think the Army Nurse Corps was faring at that point in time?

A: I thought very good.

Q: What were you worried about the most?

A: Well, I think, you know, we were getting into contracting and stuff, contract money, and getting into where, you know, might be hiring docs to do something, and then we didn't have the resources, you know, and you'd get hit with those things. And then we finally got more involved in contracting because we had a committee again, and would sit down and be able to bring these things up and say, you know, are you going to put a doc in there to do this, you know. We need support.

Q: You didn't operate alone.

A: Alone, that's right. And where are we going to get these people from and so on. And also — and again, you had to stay on top of things. I mean, the MSC's — I shouldn't say it — I have a lot of friends that are MSC's, but I don't trust them, Mary.

Q: I have a husband that was.

A: Is that right?

Q: I trust him. But I know, they have a different orientation to the world, I think.

A: Yes. And again, they're doing things, they try to do things that, you know, because all this is the thing to do, but they really don't know what the situation is, you know. We were on the ground and we know what the situation is.

Q: Tunnel vision.

A: I had a call from Mims Gately one time. She was the chief nurse at Letterman, and she said they were opening that hospital, the one that's in the desert training, Fort Irwin. They were reopening that. And so the new commander out there, he was raising all kinds of heck, you know. He wanted this, he wanted that, and everything like that.

Well, they were going to send him about — first of all, Mims Gately is going through a problem with civilian nurses, and this was when the nurse shortage was going on, and she couldn't compete with what was going on in San Francisco, what they were offering the civilian nurses out there and everything like that. So here, you know, she's got that problem, and they turn around and they task her to send like 15 91-C's down to Fort Irwin. And she called me and said, "What are you trying to do?" Well, I didn't know anything about it, and that's how we found out these things. You go down there and then you raise — you know, "Well, according to this --" I said, "Yes, but do you realize what this situation is?" "Oh, no, we didn't know that." I said, "Well, that's why you should ask. That's why you need to coordinate."

So it was those things, you know, and we had one smoker in our group. By this time — Sandy Stabingas was a staff officer, and Sandy smoked. And at first they had the designated smoking area. Well, she used to go, and you would be surprised the information that she picked up, you know, and brought back to us that we would find out. And also, I would get out and go around to see other — the personnel guy and so on like that, and he would finally say, "Did Colonel Plunkett tell you about this this morning?" I said, "No." "Oh, yes, this is what happened," and everything like that. Colonel Plunkett was my boss.

And that's another thing, Mary, that didn't happen — not until later when Tink [Esther] Segler became the chief of Health Services Command, was that our liaison — the deputy chief of staff of Clinical Services was the man that went up to the morning report in the morning, the general's conference. And I just felt that we should have been there because, again, a lot of things came up about nursing. And somebody — we should have been there to be able to respond to those things and all. And I don't know who the commanding general was at that time, but when Tink was there, he brought her into that fold.

Q: What is her first name again?

A: Her first name is — we call her Tink — Esther is her real name. Her maiden name was Tinklebury or something like that, so she got Tink out of it.

Joint Military Medical Command

Q: So when she came in, then she was included in that.

A: Yes. And what happened was I ended up going to JMMC. I didn't finish out at Health Services Command. I went over to that Joint Military Medical Command, and what happened was General Strevey was the commanding general at that time, and he was concerned that I was going to retire the first of August, and John was going to retire the first of September.

Q: John Girvan.

A: John Girvan. And so he'd have to bring all new people in. And General Sieter asked me about going over to the Joint Military Medical Command, and General Strevey said I didn't have to go. He said, "They're asking for you. Think about it, but you don't have to go."

So I thought about it and everything, and I figured well, if John is ready to take my job, this way I don't — instead of turning left to go out of my housing area, I'd turn right to go to Randolph. So I took that job and then Tink — Colonel Segler moved in as a staff officer — senior staff officer. And when John retired, she took over.

Q: So tell me about that Joint assignment. Was that when we were having all these troubles working together?

A: It was what they called the Joint Military Medical Command, and that was — the honcho for the whole thing was the Air Force. So it was Wilford Hall, BAMC, and the clinics at Randolph, Kelly, and Brookes Air Force Base were the Joint Military Medical Command.

Q: And you were to be the chief nurse?

A: I was the chief of the Nursing Division for the Joint Military Medical Command.

Q: And how did that work?

A: Mary, I had no problem with the nurses, you know, no problem at all.

A: Air Force?

A: The Air Force — we went down there, you know, and we had different meetings and all, and Marion Walls was the chief of BAMC, and the people I had problems with were the retirees. That was a bad situation. Very bad.

Q: How so?

A: They didn't want this to happen, you know. They had signs and fights going on around here saying, you know, 450 or fight. And what was happening was the Deputy Secretary for Health Affairs, and I can't remember his name at this time, said that we didn't need BAMC like this. All we needed was a station hospital, a 200-bed station hospital, that some blue book study that was done years ago said all we needed was 1,200 beds in San Antonio to take care of, you know, mobilization and all that kind of stuff.

Well, you know — I don't know if you know that, but Wilford Hall is not a 1,000 bed hospital. I mean, so many of their units are made into, you know, other things now, and offices, and other clinics. So that wasn't true. But that was the thing. And so that was a big fight with the retirees, particularly, here. And I had some retired nurses told me — called me a traitor and everything else. And they would write letters in the paper and I'd read them, and I'd say, you know, they don't know what they're talking about. And I would see them and I would say, you know, if you want to talk about it, you know, ask me. And I felt sorry for General Ball, who was the Air Force commander, and General Sieter, who was the Army deputy commander. What they went through was just unbelievable.

Q: Really?

A: It was just unbelievable. And they were being accused also of joining in with this 200-bed hospital, and they were pushing more than anything that we needed a 450-bed hospital.

I think maybe the one good thing that came out of that was joining some of our training programs, and, you know, you walk into BAMC now, there's an awful lot of Air Force doctors there. The same way down at the Air Force. My wife has had to go down to Wilford Hall a couple of times and see the Army down there.

I think, you know, the residency programs, one was doing something and the other one wasn't doing it, now they can both support that and meet their requirements and those type of things, yes. And, you know, the academy here, they were doing it for a while, you know, training other services. Now I think they even do more. I think they do more.

Q: Were you the first one in that job?

A: Yes.

Q: Who followed you?

A: Frank Metcalf.

Q: That's right, I remember Frank doing nails and all that. I knew Frank well. He went to Saudi, didn't he?

A: Right, yes.

Q: Is he still over there?

A: No, he's back now. He's retired in Kentucky, outside of Fort Campbell.

Q: Well, that's interesting. So looking back, do you wish you hadn't gone to Randolph?

A: Yes, because of that type thing. And then you get these remarks, what are you doing over there and that type of thing. You know, again, it didn't bother me that much. But those little instances with these people, you know, and then finally I got to the point where they would come up to me at a party or something and I'd say, "You know, if you want to talk about it, give me a call. I'll meet you for lunch or something like that. I'm here to enjoy myself tonight. I don't want it."

Looking Back

Q: So let's move on to just a few other kind of general questions that I wanted to ask you. In your career, have you had to support ideas or implement policies that you really didn't believe in, and if so, how did you do it?

A: You just have to support things that you might not want to do, that you don't believe in. Probably if I didn't believe in something, then I don't think I would do it. I wouldn't do it. But, you know, as far as doing things that, you know, you end up having to, because of a reg or there's just now way out of it, I mean, I end up, you know, I will support that, but, you know, also look at, you know, not just accept what somebody else has given me, but let me look at it and maybe we can come up with some alternatives that I can, you know, live with, and maybe be better for both of us and those type of things.

Q: How do you make hard decisions?

A: Probably along the same lines, you know. I look at who's going to get hurt, who isn't going to get hurt, what's it going to do, the situations like that. But I will have to say, you have to make a decision, though. I mean, to me that's the worst thing you can do is to sit and sit and sit, and not do something, and don't get anywhere. And once a decision is made, I think you've got to accept it and you've got to go with it and make the best of it. And to be negative about anything, I mean, if you're negative, then the people under you are going to know about it.

One thing at Walter Reed, some of the section chiefs used to get me, was you'd come up with something that had to be done and you'd tell them that. A couple of days later you'd be out on the ward and the head nurse would say, "Colonel Reddy, why are you making us do this?" And it was, "They want you to do it." I would go back to those people — I mean, that's — they knew why we were doing it, and it's their point to tell them, you know.

Q: And it really kind of smacks of not being very loyal.

A: Oh, definitely. Yes. I had an incident at Health Service Command, getting back to my boss, Colonel Plunkett. They wanted to open up a neonatal unit at Dwight David, and they needed one. I mean, it was a medical center and they needed one. But the resources, I mean, you know, and I was down there for a staff visit, and the chief of Pediatrics wanted to see me. And you always know that when a doctor wants to see you, they're after something. And he had me up there showing me all that kind of stuff, and I just told him — and I had already checked with Career Activities and General Sewesky and everything. I mean, we just didn't have the people to support that.

Well, they finally sent it in for a mission request to do it, and my boss — I responded, and like I said, "No, we couldn't do it," and all like that. He came to me, Mary, three or four times and wanted me to change my opinion, and I said, "No, I can't do it." And the last time he came to me I said, "You know, if you want me to do that, then you don't need me here. That's not my job."

So he left, and he came back and he told me, he said, "Well, I'm sending your response in, but I'm agreeing with it. But I'm sending your response in." I said, "Fine. That's fine. But I don't want that, and I don't want General Sewesky to find out that I supported something like that after we had talked about it and so on."

Q: You have to stand by your guns.

A: Yes. Because the chief nurse had already called her and told her, you know, and that's another thing I didn't like, those type of things. When I got something, or not necessarily me, but Colonel Gan, too, got something from the chief nurse's office, you know, about something that was going on that we didn't know about it, that's how we heard about it.

Q: What accomplishment over your entire career makes you the most proud?

A: I think getting back to being selected 06 secondary zone. I had never been selected below the zone before, and for that position it was truly a surprise.

Q: It was a real honor.

A: Yes. Oh, yes. And, you know, I keep going back to it, and we talked about timing — it was one of those things where the slots were, you know, due to our chief nurses up there in Washington, got slots increased and everything, and the list I came out on, Mary, there was thirty-some full colonel nurses on that list.

Q: You were in the right place at the right time.

A: Yes.

Q: But we'd have to say that you deserved it, too.

A: And then, you know, when I came in there was five — five full colonels in 1958, which was the chief nurse, and probably assistant chief, somebody here at BAMC, somebody in Europe.

Q: Quite an honor.

A: And then also, as I said before, you know, that was the thing to be chief of the Health Services. I ended up being the ranking 06 for a while in the Corps.

No Regrets

Q: Do you have any regrets? Did we talk about that already? I don't know. Do you have any regrets about anything that happened over your career?

A: No, I couldn't —

Q: Are you glad that you became an Army nurse?

A: Oh, yes, sure. I just couldn't have made a better decision, other than marrying my wife.

Q: The Army Nurse Corps is lucky, and your wife, too.

A: And, Mary, it was I think somewhere in there you talked about still keeping in contact with my friends and stuff like that, and I see a couple of them when we're at home. We don't go home as much as we did when our parents were alive, but I saw a couple of them, you know, at our high school reunion. But it didn't take long, you know, of going home and talking to them, working still at the state hospital and all, to know that hey, you know, I did the right thing.

Q: And you changed, you grew.

A: Oh, yes. Definitely. Definitely.

Q: You probably would have gone stir crazy if you had stayed.

A: And we got to the point, we had nothing in common to talk about, you know, and we talked more about families. Some of the things they would ask me about, you know, the job, what shift do you work, that type of thing, do you get paid for overtime.

Q: I asked when I sent you the list of questions whether you could recall any humorous things that happened, and many times it's hard to remember them, but they really spice up our lives, I think. Anything you can recall? You've already mentioned a couple of things.

A: One thing — at the time it was not humorous, and it's when I was in Tripler in anesthesia. We were short nurses, you know, throughout the hospital. But again, I told you, I had 12 nurse anesthetists, and we were doing 600 and 700 cases, you know, a month. But the chief nurse wanted nurse anesthetists out to work neonatal, to help feed babies.

Q: Was that Colonel Pyroney?

A: No, it was before — Colonel Jean Hathaway. And Dr. Watson, who was the chief of Anesthesia — and I had worked with him at Fitzsimons and again at Tripler — he came in, and that morning he got us all together. And he got us — I mean, he got us in a position, and he said, "Will it bother you — will you be thinking about the fact that one of your workers, one of your anesthetists is up there feeding babies, and that you'll have to

go tomorrow? Will you be thinking about something like that?” And so the people said yes. Well, man, that was it. Out the door he went. The next thing we hear, the nurse anesthetists are on strike.

Q: Really?

A: Yes. He went out to the coffee room and he told the surgeons that were all waiting there, you know, outside there waiting to come in, that the anesthesia schedule was canceled and so on, and that he couldn't let the nurse anesthetists work under those conditions if they had their minds on other things and everything like that. Well, Mary, lo and behold, it didn't take long to get a call to be down at the chief nurse's office, and the deputy commander, and oh, man, it was — but we —

Q: It was kind of nasty.

A: Oh, nasty. Very nasty. Very nasty, yes. But when I think about it now, you know, that came to mind when I was doing that, the fact that the nurse anesthetists went on strike.

Q: Colonel Gunn talks about the schism that existed between nursing in Anesthesia and nursing in general. Can you explain to me what that means?

A: The schism?

Q: The schism that existed between anesthesia and nursing. Is that sort of an example of what it was?

A: Yes, I think so. Yes.

Q: They didn't understand you maybe?

A: I don't think — no. They really didn't, and, you know, I think — I mean, nurse anesthetists are not free and clear on this either. I mean, I think, you know, I've run into some guys who thought they might be doctors and, you know, that type of thing, act that way, you know, which kind of did that. I never — again, myself personally, never had problems with it, and I treated everybody, you know, in recovery, what-have-you. I put a number of people to sleep, and nurses to sleep, their families, their kids, and stuff like that. I did that.

Q: You were so congenial.

A: But, I think, you know, it's not — we're part to blame for some of that, too. I know going out, you know, on staff visits, I'd go out to some of these places, and the nurse anesthetists particularly knew that I was an anaesthetist and they wanted to see me. And there was always that type that, you know, well, for instance, they couldn't go to school because they had call and everything like that, and I says, you know, you're talking to the wrong person, because I did it. I said, "I don't mean that things should stay the same. Things should improve. But you can't get everything either. There are other pieces, there are other nurses out there that have to go."

They couldn't get all the TDY, you know — anesthesia was probably the first, I think, where you had to, as far as the proficiency, getting certain things — we got into the CEU's and so, got into that, but you couldn't take all the TDY money either. I didn't want to come down to that. And I went through this at Walter Reed with people, you know, with the TDY budget for nursing, you know, with anesthetists telling me that they needed a way for these programs and so on, and other people had to go, too.

What Makes a Good Nurse

Q: What do you think makes a good Army nurse?

A: The first thing I have to tell you, you've got to work hard. You've got to have stamina, because it's not easy. I mean, it's not easy, and then, you want — our nurses now are coming in now with a BSN, and so they've got a good clinical background. But I think, you know, they have to build on that, both clinically and administratively as you move up that ladder. And then also, you know, as you move up there, don't forget those people that you're leaving behind. I mean, that's — again, to me, you've got to take care of those people. You really do.

What are some of the other things?

Q: Did you ever want to be chief of the Corps?

A: You know, I never thought it would happen, I guess.

Q: For a man.

A: For a man, yes. I just never did. And, you know, I got to that point, you know, where I was a ranking 06 in the Army Nurse Corps, and then people were telling me, you know, hey, you're being considered, you know. You --

Q: That [unintelligible]

A: Maybe I was, I don't know. Different people have told me that. But I just didn't think it was in the cards at that time, and particularly I didn't think the line would let it happen. You know, for me, that was — a male, you know, that was a position then that they had to, you know, give up maybe, so a female in the line could get it, that type of thing. And so I never thought it would happen, but it sure happened to the right guy.

I had something to do with Bill Bester staying in the service, too. I don't know if you know that.

Q: Did you?

A: Yes.

Q: Tell me about that. He was anesthesia, wasn't he?

A: Yes, at Fort Sill, Oklahoma, and I made a staff visit up there to Fort Sill, and Vera Nolfé was a very good friend of mine. Vera and I had first met at Fort Knox, Kentucky, and she was in a career course, and I was in Baylor. We were at Tripler together and what-have-you. But I made this visit out there, the staff visit, and she said, "Would you have time to talk to one of my captains, a nurse anesthetist?" And I said, "Sure." And she said, "Well, you know, he's — Anesthesia isn't turning out to be what he thought it would be, and he's put his paperwork in and he wants to get out because he figured the Army sent him to school, and if he tries to get out, that's the end of his career and so on and so forth." And she said, "I'm going to hold these papers until you talk to a friend of mine who comes up here."

So the next night or something she had a little cocktail party and everything like that, and Bill and I met and went off to the corner and had a beer or so and talked. The next day he went in and asked Vera for his papers, and he tore them up, and look where he is.

Q: That was quite a significant thing.

A: Yes. I told Vera at the first rank that he was at, right after he got promoted, and he brings this up. I mean, he doesn't hold back. He lets everybody know, too, that he appreciated what Colonel Nolfé and I did. So I told Vera, "If he messes up, he's all yours. If he does good, I'll take 50 percent of it." But he's doing a great job on this.

Q: I think so, too. An impossible job.

A: And that's the other thing, Mary, too, is when you look at today compared to what the chief nurse's job — just to being chief of the Army Nurse Corps, that other job he's got wearing two hats is just unbelievable. That man is going to work at 4:30 in the morning and getting home --

Q: Late at night.

A: Oh, yes. And then running around doing nursing things. The weekend before their class started, he had been to West Virginia, and then the weekend after, he was down to Fort Hood for recruiting things, or speaking and stuff like that, you know. So he's got no home life, you know.

Q: It's going to be four years --

Retirement

A: Well, he's hoping that maybe in May or something, he'll have two years in, and there's new — there are a couple of generals getting out and there will be new general boards and maybe they'll do some shuffling.

Q: Now, when you retired from the Army, did you retire from nursing altogether?

A: No, I didn't Mary.

Q: What did you do?

A: I took about five months off, you know, and I got all the honey-do things done and everything, and then one morning I was sitting there reading the paper and having a cup of coffee with my wife, and I said, "What are we going to do today?" She said, "I know what I'm going to do. I don't know what you're going to do."

And it was soon after that a friend of mine called and said, "Are you ready to go back to work?" And she was — what was her title — director of nursing resources at a local hospital, Southwest General Hospital here in town. And I said, "Yes, I might be ready." She said, "Why don't you come down and see what we have to offer."

So to make a long story short, I went down and I—it was a nurse education coordinator job for the Department of Nursing, and she was the infection control nurse, and there was a diabetic nurse under her, and it was like nursing resources — that’s what they called it. She left, her husband retired and he went to St. Louis and she went with him, and they offered me the job. So I stayed with that --

Q: Director of nursing?

A: Not nursing, nursing education.

Q: Staff development.

A: And staff development. And then the hospital was taken over by another for-profit group, and they reorganized. Then I became the director of education from the hospital before this happened. And this came, and they reorganized three times in six months. I kept getting more to do, and I wasn’t getting any more money for it, and it was bothering me and I wasn’t having fun anymore, Mary. It was a different group of people, but I needed the people contact, and teaching CPR and stuff like that. Really, I was having a good time, but I wasn’t having a good time anymore. Blood pressure was going up and --

Q: Not working.

A: No. I was going to try to work until 62, but my wife said, “Give it up.” But I felt good about it this time. I didn’t want to get out of the Army.

Q: Didn’t you?

A: But this time, you know, I had to. But this time it was my decision, so that felt good. It didn’t bother me at all. It didn’t bother me at all.

Q: What, if anything --

A: I wish I could play golf better.

Q: Keep at it. Do you play every day?

A: No, about three or four times a week. *I don’t play weekends, you know, because I leave it for the Active Duty. It’s really busy.

Q: What, if anything, that we haven't talked about would you like to say for posterity? Fifty years from now somebody is going to be reading this — words of wisdom.

A: I get back to looking after people, taking care of people, I think is my big thing. I just hang a lot on that. I think it — you know, making sure people do the right things, get the right jobs and work that way, that you talk to.

C.J. Reddy Leadership Course

Q: What would you like to have as your epitaph?

A: Oh, gosh. I think I might have it with that class, Mary.

Q: Might have what?

A: I might have it with that course I have, the C.J. Reddy Leadership Course. I've gone up there for three years now. The first year I just went up, I spoke after dinner, but the last two years Bill has asked me to stay there for the whole week, you know, and mingle with the kids and everything like that, and I just — I come away from there really feeling good, really --

Q. Energized.

A: Yes, really. Really, I just — and these people are not like we were, you know. Maybe you more, but they say the things, they come out. I mean, they present these things, and I remember when we were going to these meetings, and we had those little boards we used to write on. They're up there now with Power Point, and they've got slides, and making these presentations, and some of the things they come up with and what they say, they're not afraid to say anything, and which is good, I think.

Q: And the things that they do.

A: Yes, and I just think that that's — to me, that's part of leadership too is, you know, you've got to give people opportunities, you know. You know where you want to go, and give them opportunities and just keep a light rein on the thing. Make sure nobody gets having trouble with --

Q: . . . the Anesthesia students.

A: Yes.

Q: Keep them from getting in trouble.

A: Yes. So important.

Q: You are memorialized in that course, there's no two ways about that, Colonel Reddy.

A: The other thing you talked about, Army nurses, you know, coming in and stuff like that is the fact that they've got to be dedicated — certainly dedicated.

Q: Yes. It's not just a job.

A: No. And also that, particularly here in San Antonio, it's not RANCA anymore but ANCA, it's just so good to be out, you know, I mean, with these people, and how they respond to me, you know. When I was sick there, you know, it was just amazing the people you hear from, and how the word gets out throughout the country, you know, that I got cards from, and I couldn't possibly answer them all, and I think they understood that.

Q: Yes, I think so.

A: But it's just — it couldn't be any better. I don't think that any corps — other corps could be like that, line or what-have-you. I don't think — certainly, the other AMEDD's. Yes.

Q: Well, thank you very much.

A: Getting back to just those — you know, when we made our staff visit and made those trip reports, there was a lot to it. I mean, you know, sometimes we would complain about particularly two places, you know, and you had to make those reports up, and you had to have them in on deadline and everything, and many times you'd say to yourself, Mary, "Is anybody reading these things? Is anybody reading them?" And one day I got this little note in my mailbox. It was folded up, and it says To Colonel Plunkett and to Colonel Reddy. And I opened it up and it was the chief of staff's signature thing, and it was to the commanding general, who was General Strevey, and says, "This is an all-inclusive trip report from Panama. It really let us know what's going on in Panama. Typical of the staff work that comes out of Colonel Reddy," something, you know. And the TM on it was Tom Munley.

Q: Tom who?

A: Tom Munley.

Q: The XO.

A: Yes. And by the way, Mary, Pat, the lady that got me to go down to the civilian hospital, was his wife.

Q: Really? And they went to St. Louis?

A: Yes. He went to the Catholic hospital.

Q: St. Louis University or something.

A: Not university, but one of the orders. Headquarters was up there. They're back in San Antonio now. He retired. But anyway, you know, that was sent in to General Strevey, and the same day he initialed it, and put on the bottom "Good report," and I never complained again about writing a report after that. And that's all it takes sometimes is just a little recognition.

Q: A little appreciation.

A: Yes. That's all it is, you know. And then, the same way giving anesthesia. The surgeon to finish up and say "thanks," or tells the intern, "We couldn't have finished this case if we didn't have good anesthesia like we had here." It just gives you a lift, you know.

Q: You need that.

A: Yes, and just to get out, and I tell these kids there, you know, that they get up these jobs, you've got to get out and pat people on the back. You really do.

Q: So you are an icon really.

A: I enjoyed it. And again, this really brings it back, getting at this class again.

Q: Good.

A: Bill says if I last to 80, they're going to have to get a classroom for 500 — the Air Force, and Navy, and this year Public Health Service came to it.

Q: Really? They were there, too?

A: Yes. It's really good.

Q: And I'm sure you learn something when you go.

A: Oh, I do. It's amazing. Yes. It's amazing. That's why, you know, I sit in on all the things and all. It's really a good show.

Q: All right, well, thank you very much for your time, your memories, and your sharing.

A: I hope it helped you.

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Acronyms/Words

AANA	American Association of nurse Anesthetists
AIREVAC	Air Evacuation
AMEDD	Army Medical Department
ANC	Army Nurse Corps
ANCA	Army Nurse Corps Association
ANCCP	Army Nurse Corps Contemporary Practice
BAMC	Brooke Army Medical Center
BOQ	Bachelor Officer Quarters
BSN	Bachelor of Science, Nursing
CEU	Continuing Education Unit
CPA	Certified Public Accountant
FORSCOM	Forces Command
GI	Government Issue/Slang for Soldier
HSC	Health Services Command
IG	Inspector General
IGT	Inspector General Team
IV	Intravenous
JMMC	Joint Military Medical Command
L&D	Labor and Delivery
MEDSURG	Medical Surgical
MFSS	Medical Field Service School
MN	Male Nurse
MSC	Medical Service Corps
NMA	Nurse Methods Analyst
OB/GYN	Obstetrics/Gynecology

Army Nurse Corps

OR	Operating Room
PCS	Permanent Change of Station
PROFIS	Professional Filler System
QA	Quality Analyst
RANCA	Retired Army Nurse Corps Association
TDY	Temporary Duty
VA	Veterans Administration
XO	Executive Officer

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